



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

Issued by the Chief Inspector

Name of designated centre:	Mooncoin Residential Care Centre
Name of provider:	Mooncoin RCC Limited
Address of centre:	Polerone Road, Mooncoin, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	07 September 2021
Centre ID:	OSV-0000254
Fieldwork ID:	MON-0033043

About the designated centre

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

Mooncoin Residential Care Centre is a purpose-built two-storey premises, which provides residential care for 78 people on the ground floor. The centre can accommodate both male and female residents, for long-term and short-term stays. The centre caters for residents of all dependencies, low, medium, high and maximum, and 24 hour nursing care is provided.

In total there are 74 single and two twin bedrooms. All bedrooms have full en-suite facilities. Various communal areas are located around the centre which is surrounded by well maintained grounds including a secure garden area and courtyard.

According to their statement of purpose, Mooncoin Residential Care Centre aims to provide the highest quality of residential care in a happy and homely atmosphere in which each resident feels cared for, comfortable and content. They aim to provide a home away from home, with a highly professional care service, where staff promote individuality and encourage residents to enjoy the company of friends and companions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
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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
Tuesday 7 September 2021	10:30hrs to 18:45hrs	Liz Foley	Lead
Monday 6 September 2021	10:30hrs to 18:45hrs	Mary O'Donnell	Support

What residents told us and what inspectors observed

This centre promoted and respected the rights of residents and provided good standards of health and social care. There was a homely and relaxed atmosphere and staff were observed to be helpful, kind and respectful towards residents. Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time since the onset of the pandemic. However ongoing non-compliance with fire safety was posing a risk to the safety of residents and staff in the centre. Improvements were also required in infection prevention and control procedures, premises and staff training to enhance the well being of all residents. Inspectors observed practices and spoke at length with 11 residents to gain an insight into the lived experience in the centre.

Infection control procedures were in place on arrival to the centre which included a temperature check, hand hygiene and wearing surgical masks. The vaccination uptake in the centre was excellent with all staff and 99% of residents fully vaccinated against COVID-19. The associated benefits of the vaccine uptake among residents and staff had facilitated changes in some public health measures, including visiting. Residents informed inspectors that they were delighted that restrictions on visiting had been lifted and they could have indoor visits with friends and relatives. Inspectors met visitors who were coming and going during the day. Some residents met with visitors in the garden and others met indoors in residents' bedrooms. Visitors all wore masks and those observed arriving at the centre were seen to adhere to the recommended safety precautions.

Residents were very complimentary about the care provided and the dedication of staff. Residents were pleased with the range of activities on offer. One lady said you would never be bored because there was always something going on in the activity room. Resident's art work and photographs of residents enjoying events including the garden social in June 2021 were displayed in the centre. Residents were seen to engage in outdoor activities. One man spoke with pride to inspectors about his love of gardening as he attended the plants in the raised flower bed. The members of the Mens' Shed met in the afternoon where they completed and erected the two scarecrows which were a centre piece for the Harvest Festival. Residents were satisfied that they were supported with their religious practices. Guided meditation and rosary were some of the small group activities on offer. A variety of group and one to one activities were on offer. It was evident that residents' files that staff endeavoured to meet their social needs and the planned activities were informed by residents' choice.

There were two dining rooms in use and inspectors observed the lunch time experience in the larger dining room. There were 37 residents there for lunch and the atmosphere was very busy. Some residents who took their meals in their rooms said they didn't enjoy eating in the dining room. The dining experience lacked a homely ambiance. Inspectors observed a large number of residents leaving the room at the one time when they had finished eating. Five residents who wished to

leave were observed calling for assistance as they could not make their way out of the room due to a traffic jam. It took more than 20 minutes for these residents to be assisted out of the dining room which was excessive as some wished to use the bathroom.

Despite what inspectors observed, residents provided positive feedback and said the food was good, home baking was great and they received a choice at all meals. Residents were happy with mealtimes and with the changes that had been introduced following their feedback. Inspectors observed that staff were available to provide supervision and assistance while residents were eating and residents who required a modified diet or thickened fluids were given the correct diet. The food was attractively presented and a choice of beverages were on offer. A residents' satisfaction survey and resident representation on the food committee contributed to improvements such as the use of vacuum flasks to keep tea warm and the inclusion of hot chocolate on the beverage menu. A daily fish option was introduced at lunchtime. Snacks were served in the evening as residents said they were too full at tea time if they had an afternoon snack. Residents spoken with confirmed that drinks and snacks were available between meals and at night time. Some residents had a small fridge and an electric kettle in their rooms so that they could help themselves to hot and cold drinks anytime.

Through walking around the centre, inspectors observed that most residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient display space, and storage for personal items. There were appropriate handrails along the corridors to maintain residents' safety but most of the toilets/bathrooms required a second grab-rail to optimise independent functioning for residents.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. The décor in the centre was showing signs of wear and tear. Barriers to effective hand hygiene practice were also identified during the course of this inspection. For example, there was limited access to clinical hand wash sinks for staff and the location of hand sanitizers required review to ensure easy access. Zones had been created within the centre, in line with best practice, with rooms re purposed to provide separate staff areas and storage. Inspectors found that equipment such as hoists and linen trolleys were stored inappropriately on corridors and in communal day rooms. Inspectors observed examples of unclean armchairs and equipment, for example, oxygen compressors. Residents' personal items and hygiene products were found stored on floors in en-suite bathrooms and store rooms posing an infection risk.

Inspectors observed many examples of person-centered and respectful interactions between staff and residents throughout the day of inspection. Overall, inspectors found that residents' care needs were met. They were provided with a variety of interesting things to do, their opinions were elicited and their personal choices respected in relation to how they spent their day. Residents were central to the service and ongoing improvements were put in place to enhance their quality of life.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

Management systems in place required review to ensure key aspects of the service were monitored and informed ongoing quality and safety improvements. There was ongoing non-compliance with regulation 28 Fire precautions and risks found on inspection with infection control and training had not been identified by the provider.

Mooncoin RCC Limited was the registered provider for Mooncoin Residential Care Centre. There were five company directors, one of whom was the registered provider representative and was on site during the inspection. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time in the centre and was supported by an assistant person in charge, two clinical nurse managers and team of nursing, caring, activities, housekeeping, catering, administration, accounts and maintenance staff.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. There had been six pieces of unsolicited information received by the Chief Inspector since the last inspection. Concerns around health care, protection and visiting were unfounded. Concerns around the condition of premises had been identified by the provider and were being managed. To date the service had managed to prevent an outbreak in the centre and many controls remained in place to maintain the safety of residents and staff with respect to COVID-19 .

There were sufficient resources in place to ensure the effective delivery of care. The provider had commenced a phased plan of works to refurbish parts of the centre. This included redecoration, maintenance and upkeep of doors, walls and skirting boards. Regular management meetings formed part of the centre's quality and safety systems. There was evidence of good communication between staff and the management team and a sample of meetings viewed showed appropriate response to issues as they arose.

There were systems in place to monitor the quality and safety of care however some improvements were required as risks associated with infection control, fire and training had not been identified by the service and were impacting on the safety of residents. These risks are outlined under each specific regulation.

There were sufficient staff available to meet the needs of residents. There was a

minimum of two nurses on duty over 24 hours to allow the centre to implement their contingency plan for COVID -19 should they have a suspected or positive case. The centre had identified a high turnover of staff for various reasons over the past year and there was ongoing recruitment of suitable staff to fill any vacancies. The provider was reviewing the allocation of staff at lunch times as they had identified increased supervision requirements at this time. Supervision of residents in communal rooms had been improved following the previous inspection. Staff were knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene.

Gaps in mandatory training had been identified and some were being addressed by the management team, for example ongoing training in manual and patient handling and fire training. However oversight of training needs required improvement as several staff were overdue mandatory training and two staff had not received any training to date. Staff were supported to pursue further education in line the centre's needs, for example, infection control specialist training.

The centre were correctly submitting required notifications to the Chief Inspector within the required time frames. Complaints were recorded and managed in line with the regulations however the process could be improved if verbal feedback and complaints about minor issues were documented and used to inform quality improvements.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. There was a minimum of two nurses on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff had access to appropriate training to support them to perform their respective roles.

Although access the HSE land training had been impacted by the cyber attack, oversight of mandatory training and refresher training required improvement. According to the training records provided for inspection 10 staff were overdue safeguarding training. Eight staff were overdue manual handling training and a chef and household staff member who were employed for a number of weeks, had not

completed any training since they took up employment in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

Systems for monitoring the quality and safety of the service required review to ensure they were informing ongoing safety and improvements in the centre. For example, the provider had not identified risks found on inspection associated with fire safety, infection control and staff training requirements. Some audits were not effectively capturing the risks found in the centre, for example, the infection control audit.

Judgment: Substantially 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. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. Inspectors reviewed the complaints log which included details the complaint, investigation and outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Staff were familiar with the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents' care needs were being met and the provider supported residents to access allied health services including community services to which they were entitled. Residents were at the centre of the service and they were supported and encouraged to have a good quality of life, with meaningful activities which were respectful of their wishes and choices. Precautions against the risk of fire in the centre required review and urgent action.

The design and layout of the premises was suitable for 78 residents. All bedrooms had full en-suites and with the exception of two twin rooms, the residents had single rooms. The provider had installed physical breaks on corridors to provide an isolation area in the event of a COVID-19 outbreak in the centre. The provider was now undertaking to refurbish parts of the centre while beds were vacant. During the preparedness for COVID-19 some rooms in the centre had been re purposed and some of this work was ongoing, for example, a sluice room had been moved and a bathroom was used for storage. The provider told inspectors there was phased plan for refurbishing the centre and some of the temporary changes would remain. The provider undertook to submit a plan of works and relevant application to vary condition 1 of the centre's registration.

The provider had ensured there were sufficient supplies of PPE in the centre with all staff seen to be wearing the appropriate PPE on the day of the inspection. However, a number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example facilities for and access to hand wash sinks and sanitising gels were not readily available to support good hand hygiene practice. Environmental and equipment hygiene required review as there was no schedules for the cleaning of communal bathrooms or communal equipment.

Inspectors observed that visiting was facilitated in line with the latest public health guidelines. The visiting policy had been revised to facilitate safe indoor visits. Residents and their families confirmed to inspectors that they were communicated with in relation to changes to the visiting policy. Visitors were satisfied to comply with safety measures including wearing face coverings while indoors.

A computerised care planning system was in operation and the standard of assessments and care care planning was good. Residents had personalised care plans to meet their assessed needs. Validated risk assessments were routinely completed to assess various clinical risks including risks of malnutrition, pressure

sores and falls. These assessments informed the residents care plans.

Each resident had access to a general practitioner (GP) of their choice. The provider employed a physiotherapist who attended the centre weekly. Referral arrangements were in place to obtain community care services including: occupational therapy, palliative care, speech and language therapy and other services as required by the resident to help them achieve optimal physical function and independence.

A food and nutrition project saw changes to the menu based on residents feedback. Menus were evaluated by a dietician and found to be nutritionally balanced and offered a wide variety of menu options. Individual preferences were also catered for, for example, one resident had chips with her lunch instead of mashed potatoes. The project could be extended to review arrangements for meal times and serving of snacks to improve the dining experience for residents.

A restraint-free environment was promoted and there was a significant reduction in the use of bed rails in the centre. Each resident had a full risk assessment and regular safety checks were documented when bed rails were in use. The centre had a clear policy and procedure on the management and protection of personal property and finances including pension management. The provider was acting as a pension agent for two residents on the day of the inspection.

Residents were facilitated in accessing advocacy services. Inspectors found that positive approach was promoted to risk-taking which mitigated risks while respecting residents' choices and promoting independence.

Arrangements for maintaining fabric and building services and reviewing fire precautions required significant improvement. The electrical installations were inspected in January 2020. Fire-fighting equipment was in place throughout the centre and emergency exits were clearly displayed and free from obstruction on the day. Daily checks of fire exits and escape routes to ensure they were unobstructed were being completed but there were gaps in the records of these checks. Weekly checks of the fire alarm and fire doors were ineffective. Three of the four compartment doors tested on the day did not close completely to contain fumes and smoke in the event of a fire. Doors were held open and there were not automatic closures on many of the bedroom doors. There were no risk assessments for residents who did not have an automatic door closure. Fire training and fire drills also required improvement.

Regulation 11: Visits

The visiting policy supported access consistent with national guidance for residential centres. While outdoor visiting was freely available for some time arrangements were in place to safely support indoor visiting. Visitors were advised of risks and how to stay safe. Visitors names and contact details were recorded and they were provided with access to hand sanitizer and PPE as required. Residents and visitors confirmed that the number and duration of visits met their requirements. Some

visitors were content to meet outdoors while the weather was good and others said they preferred to visit in the resident's bedroom.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked and returned safely from the laundry. However many of the wardrobes inspected were found to be disorganised and untidy.

Judgment: Substantially compliant

Regulation 13: End of life

The residents' charts reviewed held advanced care plans to guide the management and care of a resident if they experienced a significant health event. Records showed that those residents approaching end of life received appropriate care and comfort. End of life care plans recorded the resident's preferences for place of care and types of treatments at the time.

Judgment: Compliant

Regulation 17: Premises

Areas of the centre required refurbishment and upgrading in line with the requirement of schedule 6 and to meet the increased cleaning requirements, for example:

- Several toilets throughout the centre did not have appropriate assistive hand rails for the safety of residents.
- Walls, doors, skirting boards and surfaces throughout the centre were damaged and scuffed rendering them difficult to clean.
- The storage of equipment was disorganised with equipment stored in several places. Hoists were stored in a residents' day room, and along corridors. They were occupying residents' communal space and could potentially impede the evacuation of residents in an emergency. Continence wear was stored on open shelves in the bathroom and a commode was stored in a sluice room. This posed a risk of cross contamination.

- The footprint of the designated centre was not in line with the statement of purpose and floor plans dated 04/03/2020 submitted at the time of registration. Some rooms were re purposed to create separate zones and the provider had plans to make some of the changes permanent.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to drinking water at all times and they were offered a choice at all mealtimes. Systems were in place to monitor residents intake and ensure that they were provided with adequate quantities of food and drink. Residents who required modified meals were offered choices similar to other residents and their food was attractively presented. Residents feedback was sought and used to develop menus and the menus were reviewed by a dietitian to ensure that they were wholesome and nutritious. Residents told inspectors they were satisfied with mealtimes and that drinks and snacks were available upon request both day and night. There were adequate staff to supervise meals and provide assistance to residents who could not eat independently.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was reviewed and found to include all the required information. The guide was in booklet form and it was available to residents.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy was in line with regulatory requirements. The risk register included environmental hazards which were assessed and included the controls put in place to mitigate the specified risks. The missing persons profile had recently been revised to include a recent photograph of each resident. Clinical risks were effectively managed and residents were routinely screened for risk of pressure ulcers, malnutrition and falls. A culture of positive risk taking was evident and each resident was reviewed following a fall. All the residents had a mobility and balance assessment on admission and residents were also referred for assessment at the falls clinic. Audits of falls were routinely done and they showed positive findings with

a reduction of falls and positive outcomes for many residents

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practice in the centre was not fully in line with the national standards and other national guidance. For example:

- Facilities for and access to hand wash sinks in the areas inspected were less than optimal. There was a limited number of hand wash sinks in the centre.
- Wall mounted alcohol gel dispensers were not easily accessible in one corridor where residents' bedrooms were located.
- Several items of resident equipment observed during the inspection were visibly unclean, including residents specialist chairs, seats in communal areas and oxygen concentrators which were stored in the treatment room.
- There was no system to ensure that shared equipment was cleaned between use.
- There was a lot of clutter in storage rooms and items were stored on the floor, along corridors and in sluice rooms. This posed a risk of cross contamination and prevented the floors from being effectively cleaned.
- There were no records for routine cleaning of communal bathrooms.
- A communal toilet was converted into a sluice room but additional installations were required to ensure that the room could function effectively as a sluice room. The bedpan washer was plumbed in but other necessary items such as sinks and a storage unit were not provided.
- Infection prevention and control audits required review as issues highlighted on this inspection had not been identified by auditors.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider was unable to demonstrate the effectiveness of fire compartment doors. None of the three compartment doors which were checked closed fully and one had a broken glass panel. Fire resisting compartment doors are essential in containing fire and form the basis of evacuation planning in the centre. The systems in place to monitor the effectiveness of these doors required review to ensure that all faults and issues were immediately resolved.

Daily checks of emergency exits and fire panels were not consistently completed. In addition equipment like hoists and linen trolleys were routinely stored on corridors which formed escapes routes. Any obstruction to an escape route or fire exit door

could potentially impede evacuation in the event of a fire.

The provider was unable to demonstrate competence in evacuating the centre in a safe and timely manner when staffing levels were lowest. A simulated evacuation drill of the centre's largest compartment, with night staffing levels had not been practiced since November 2019, therefore the dependencies of residents and competence of current staff were not tested. Ten staff were overdue fire safety training.

Bedroom doors did not have automatic closing devices to help contain fire. The provider was currently trialling one device and planned to install them throughout the centre, however, there was no assessment of the current level of risk this posed to each resident. The centre's fire procedures did advise staff to close all bedroom doors in the event of a fire however, not all staff who spoke with inspectors were familiar with this. Assurances were required around the providers ability to contain smoke and fire and protect escape routes in the event of a fire.

Personal evacuation plans to guide staff on the resident's needs in the event of an emergency had been completed for most residents, however, they were not dated and therefore it was not possible to know if they reflected the residents current needs. Two new residents did not have an evacuation plan in place and therefore staff were not guided on their individual evacuation needs. This could impact on the timely evacuation of the centre during a fire and on the residents' safety following an evacuation.

Oxygen was stored in a temporary treatment room at the front of the centre and appropriate signage was in place. The centre's policy on oxygen storage and use was not available on the day of inspection, therefore there was no guidance for staff of how to safely store and manage oxygen supply. A risk assessment provided during the inspection did not consider the potential combustion risks of oxygen in relation to fire safety.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors followed up on the compliance plan following the previous inspection and found the compliance plan was completed. Inspectors reviewed a sample of medication charts and found medicinal products were appropriately dispensed and stored. Medicines were administered in accordance with the doctor's prescriptions. Residents who had difficulty swallowing tablets were prescribed medication in liquid form and whenever crushed medications were required, they were individually prescribed. The pharmacist came on site and was facilitated to meet their obligations to residents as stipulated by the Pharmaceutical Society of Ireland.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed and inspectors found residents' care plans were person-centred, implemented, evaluated and regularly reviewed. They reflected the residents' changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met. Residents with diabetes were carefully monitored and well managed and each resident had a separate glucose monitor. Residents had access to appropriate equipment to meet their assessed needs, such as pressure relieving equipment or manual handling equipment. Wounds were appropriately assessed and managed. Specialist advice was reflected in the care plans and implemented in practice.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents' overall health care needs were met, and that they had access to appropriate medical and allied health care services. The provider employed a physiotherapist who facilitated group exercise classes, assessed individual residents and provided treatments to individual residents. Residents with GMS cards were supported to access community services and national screening programmes. However, lack of wheelchair access for retinal screening had prevented some residents from accessing this service. The provider was engaging with the HSE in relation to this matter and delays with the provision of optical screening to nursing home residents. Most of the residents wore spectacles and 10 residents who were approved for eye tests were overdue for their two yearly eye tests.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behavioural assessments were completed and used to assist staff to identify and determine any underlying emotion or unmet need which could trigger the behaviour. The three residents tracked all had behavioural

support plans which were person centred and tailored for the individual resident.

Significant progress had been made to reduce the use of restraint in the centre. In April 2021 there were 18 residents who used bed rails and this had reduced to 8 at the time of inspection. There was potential for further improvements if half-length bed rails were made available for residents who requested bed rails for their personal safety. This would mitigate the risk of the resident falling from the bed and allow the resident to get out of bed independently if they wished to do so.

Judgment: Compliant

Regulation 8: Protection

Staff and the management team were aware of the procedure to follow if they suspected, witnessed or received a report of alleged abuse. Records evidenced that reports of suspected abuse were managed in line with the centre's policy and referrals were made to external agencies as appropriate. Residents stated that they felt safe living in the centre and all staff had a Garda Vetting disclosure on file prior to taking up employment. Not all staff had attended safeguarding training and this is discussed under regulation 16.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld and residents' dignity were respected when care was provided. However, there was room for further improvements:

The dining room was overcrowded at lunchtime and had a canteen rather than a homely atmosphere. When the meal was over, some residents who could walk independently were not able to leave the room because there was a traffic jam. Five residents were observed calling for help due to the delay.

Arrangements for serving refreshments and snacks required review to ensure that residents could eat in a dignified manner. Inspectors saw residents being handed a cup of tea and a biscuit with nowhere to leave them down. The biscuit crumbs fell onto the carpet at the resident's feet.

Judgment: Substantially 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	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mooncoin Residential Care Centre OSV-0000254

Inspection ID: MON-0033043

Date of inspection: 06/09/2021

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Mandatory training will be completed in house as per the training matrix by the 31st of October. Challenging behavior had been identified as a requirement and arrangements were made for 2 staff (CNM and SN) to receive training externally to provide continuous support to the remaining staff and to ensure appropriate and person-centered care plans were developed for the residents. Education had begun in this area and to date we have had 3 formal sessions in this calendar year to supplement the staff’s basic training from their foundation courses. This training will be on a continuous basis to support new staff. A training needs review is taking place monthly to review training needs for the months ahead and work has commenced on a training matrix for 2022.</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>A comprehensive environmental audit has been sourced and auditing will commence monthly. IPC lead has begun level 9 training in IPC. A cleaning schedule and a method for identifying chairs once cleaned has been implemented.</p> <p>Training is ongoing and a commitment to have all mandatory training completed for current staff by October the 31st is in place.</p> <p>Review of systems to monitor centre responsibilities with respect to Fire checks, (Daily/Weekly etc,) has been undertaken and process improvements are being implemented to ensure required works are prioritised for immediate repair/maintenance.</p>	

A program of works to address deficits with respect to Fire Safety identified on inspection has commenced.	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We are currently sourcing a mobile hang rail system for laundry staff to enable them to deliver clothing to the resident's room on hangers. Environmental audit will audit resident's wardrobes monthly. Additional bathroom shelving has been installed in bathrooms.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Toilets are being assessed to determine compliance requirements with respect to assistive handrails, where deficits are confirmed, handrails will be fitted. As we reverse out of our covid protection measures we will be in a position to return all operational equipment to more appropriate locations within the facility. As part of this reversal, we are undertaking a substantial refurbishment program of works which will address scuffed and damaged surfaces which have not been a priority over the course of the last 18 months. The footprint of the centre will once again be in line with the statement of purpose and also the floor plans, and if there are any temporary changes to be made permanent the appropriate administrative tasks to ensure compliance in this regard will ensue.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An environmental audit has been expanded and will include the following: A weekly cleaning schedule of resident's personal chairs and will be monitored by the care manager. A cleaning schedule for resident equipment has been implemented and this will form part</p>	

of the clinical monthly audit.

A cleaning schedule for the bathrooms is now in place and is checked and signed for three times a day for the main communal bathrooms and a daily checklist is in place for the resident's personal toilet, subject to review under the environmental audits by management.

We have installed a further 5 Hand sanitizing units at locations throughout the facility. There are the required number of hand wash sinks available to the team located throughout the building are per design guidelines at time of construction. Request to install further hand wash sinks to a subsequent standard is a hugely complex infrastructural task which may also result in rendering our facility non-compliant with our Fire Safety Certificate and Disability Access Certificate.

Communal armchairs are cleaned and have an identity system to record when cleaned as part of the ongoing schedules.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Concerns raised at inspection with respect to regulation 28 are being entirely addressed as part of a planned refurbishment within the centre, to include the installation of automatic door closers to all Resident's bedroom doors. All Fire doors within the centre have undergone a review and remedial work where required is scheduled for completion immediately where possible and during current scheduled work.

A Fire Drill had been completed on the 18th of August prior to this inspection, and a subsequent fire drill was planned as part of our scheduled fire training which occurred 4 days after this inspection. A schedule of fire drills going forward is being prepared to safely manage evacuations going forward.

A review of procedures for all necessary daily checks is being conducted, any necessary amendments will be effected immediately.

PEEPs have been audited and system put in place to ensure review dates are amended when required.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Prior to the inspection a refurbishment plan to make the dining room more homely had begun. Ideas for this were received from residents at nutrition meetings and were discussed at management meetings. The residents were involved in choosing the tablecloths, glasses, wall clock and the delph for newly refurbished dining room. The break structure for staff is under review to enable an extra staff member to be

available in the dining room during lunchtimes to prevent the residents from experiencing any delay in leaving the dining room.
Additional tables are in use in communal areas for residents to use when they want to have snacks or meals there.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	31/10/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Not Compliant	Orange	03/12/2021

	which conform to the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2021
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.	Not Compliant	Orange	31/10/2021
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.	Not Compliant	Orange	03/12/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency	Not Compliant	Orange	03/12/2021

	procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	03/12/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	03/12/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Not Compliant	Orange	03/12/2021

	persons in the designated centre and safe placement of residents.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	31/10/2021