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

Issued by the Chief Inspector

Name of designated centre:	Moate Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Dublin Road, Moate, Westmeath
Type of inspection:	Unannounced
Date of inspection:	27 January 2022
Centre ID:	OSV-0000068
Fieldwork ID:	MON-0035826

About the designated centre

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

Moate Nursing Home is a purpose-built facility which can accommodate a maximum of 50 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long term residential care, respite convalescence, dementia and palliative care. Persons with learning, physical and psychological needs are also met in the centre. Care is provided for people with a range of needs including those of low, medium, high and maximum dependency. The centre aims to provide a nursing home that feels like home by providing a resident focused service.

The centre has 48 single and one twin ensuite bedroom. The nursing home is situated on the outskirts of the town of Moate in County Westmeath.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 January 2022	09:00hrs to 17:30hrs	Noel Sheehan	Lead
Thursday 27 January 2022	09:00hrs to 17:30hrs	Claire McGinley	Support
Thursday 27 January 2022	09:00hrs to 17:30hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

Overall, inspectors found that the residents received a good standard of care and support that met their assessed needs. Residents' medical and health care needs were being met.

This was an unannounced inspection. On arrival, the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. At the time of inspection one resident within this centre had COVID-19 and was in isolation.

The unit is registered to accommodate 50 residents, with 44 residents living in the centre on the day of inspection. Residents' accommodation is arranged over two floors with communal, dining and sitting rooms, and utility on each floor. The laundry is located on the ground floor.

The inspectors observed resident and staff engagement throughout the inspection that was polite, respectful and person-centred. This was supported by feedback from residents and relatives, who stated that staff were responsive, kind and caring. Staff members spoken with by inspectors were knowledgeable of residents individual needs. While some of the residents met with were unable to tell the inspectors their views on the quality and safety of the service, inspectors observed that these residents were at ease in the environment. However, one resident identified that due lack of staff the previous night her incontinence wear was not changed and that they were out of sorts today because of it. Staff spoken to were of the opinion that they were short staffed and that they did not have enough time to spend with the residents.

Following an opening meeting with the person in charge, inspectors walked through the centre. The inspectors noted that residents were given breakfast on trays in their bedrooms, the Person in Charge confirmed that this was usual, that a late breakfast was available to residents in the dining room should they wish. Inspectors had the opportunity to observe the residents lunch time dining experience where the Inspectors observed that residents were waiting in the dining room for their lunch for 30 minutes as there were no staff available to provide support and assistance. When it did begin, inspectors observed that food served was wholesome and there was adequate staff to support the residents during meal time. Residents had a choice of menu for the day. Inspectors observed staff assisting residents in a discrete and sensitive manner during meal times.

An activities schedule was on display for residents and staff were seen to support activities in line with the plan on the day of inspection. However these scheduled activities occurred on the ground floor with limited activities provided on the first floor. Inspectors spent some time observing the activities that were held and noted that activities were enjoyed by the residents when they occurred. Bingo was held in the afternoon on the ground floor with 14 residents in attendance. A significant

number of residents were observed to be spending the day in their own rooms. On the morning of the inspection, on the first floor, 15 out of 19 residents observed were still in bed in their night clothes at 10:30am. Residents told inspectors that there had been a breakfast club in place prior to March 2020 and that they were not aware of any plans to reinstate it. Inspectors observed that at 10:30 am there were no residents in the upstairs day/dining rooms and only three in the downstairs day/dining room. The person in charge told inspectors that some one to one activities were available for residents in their rooms during the morning. However inspectors saw limited activities happening on the morning of the inspection. Inspectors observed that residents who were not in isolation and who had not contracted the Covid-19 virus spent long periods of the day in their bedrooms watching television of listening to the radio and had limited opportunity for meaningful social interaction. Inspectors observed that residents waited for a prolonged time to be served dinner. Residents told inspectors that their daily routines had been severely disrupted by the recent outbreak and that they spent most of their time in their bedrooms because they felt safe there.

Overall, the premises was bright, clean and communal areas were pleasantly decorated. The atmosphere was calm and relaxed. Personal care was being delivered in many of the bedrooms and inspectors noted that this was delivered in a kind and respectful manner. There were jugs of fresh water on the lockers in residents' rooms. The inspectors observed many examples of kind and respectful care and interactions throughout the days of inspection. In the main, residents were complementary of individual staff and the services they received.

Inspectors observed residents' bedrooms. These appeared to be neat, tidy and bright with sufficient space and storage for resident's belongings. The bedrooms were decorated nicely and contained personal touches such as residents' photographs and ornaments. There was a pleasant balcony seating area off communal lounges on both floors. In addition there was a landscaped garden to the rear of the centre. Access to secure outdoor garden space was accessible to residents living on the ground floor of the premises via the day room, with a gazebo in the garden being used for an out door visit at the time of inspection.

Visitors were restricted from indoor visiting on the morning of the inspection, however this restriction was eased on the day of inspection and visitors were observed coming into the centre and meeting with residents in their bedrooms.

The following section of this report outlines the findings in relation to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

Inspectors found that the provider had taken significant action since the last inspection in addressing issues raised in the urgent complaince plan issued,

however, further progress was required in bringing the centre towards compliance. In particular this related to, the arrangements for infection control, staffing, fire-safety, provision of adequate shower facilities and access to meaningful recreation and activities. Some areas of non compliance were found to be partially addressed or unaddressed from the previous inspection of 12 January 2022 regarding Regulations 23 Governance and Management, Regulation 15 Staffing, Regulation 27 Infection Control, Regulation 28 Fire Precautions and Regulation 9 Residents Rights.

Specific examples of improvements noted since the previous inspection on 12 January 2022, included;

- There was sufficient numbers of staff on this inspection to provide a timely response to residents' ringing their call bells for assistance.
- Activities staff were redeployed from healthcare assistant duties.
- There was a receptionist/administrator available
- A number of fire safety improvements had been made including repairs to a number of fire doors.
- All fire doors in the building had been surveyed by facilities specialists based in Mowlam head office.
- Night and daytime fire drills had taken place including with night time staffing levels in the largest compartment.
- An evaluation of aids to facilitate fire evacuation had taken place.
- The premises had been re-painted.
- Extra storage capacity was in place.

This was an unannounced risk inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Inspectors also followed up on the findings of the previous inspection of 12 January 2022 and notifications submitted to the Chief Inspector. The provider is Mowlam Healthcare Services Unlimited Company and is an experienced provider with a number of designated centres in Ireland.

There was a clear management structure in place that identified the lines of authority and responsibility. Managers were known to residents and their visitors. Residents told the inspectors that they could talk to senior staff if they had any concerns. The person in charge was supported by a regional manager and had access to the facilities available within the Mowlam Healthcare Group. Individual roles were clearly set out and managers and staff were aware of their individual responsibilities and lines of reporting. The person in charge was supported in the centre by a team of nursing, health care, maintenance, cleaning, catering and administration staff. Records were maintained in line with the regulations and were made available to the inspectors when requested.

Further oversight of staffing resources was required. Inspectors found that the number of staff available according to rosters reviewed when cross referenced with the staffing requirement as detailed in the centres Statement of Purpose submitted and accepted by the office of the Chief Inspector evidenced shortfalls at times. Rosters reviewed by the inspectors continued to evidence challenges in maintaining the appropriate number and skill mix of staff to meet the assessed health and social

care needs of the residents at all times.

The clinical nurse manager post remained vacant, however inspectors were informed that a suitable candidate had been recruited and was due to start in the following weeks. The person in charge explained that the post was being back filled in the meantime by senior staff nurse who was allocated 15 hours supernumery.

Similar to the findings of the previous inspection and in spite of the best efforts of management, inspectors were not assured that the centre's COVID-19 contingency plan was effective and risks associated with insufficient staffing resources during the COVID-19 outbreak were not adequately assessed.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A review of staff records showed that staff were recruited and inducted in accordance with best practice. Inspectors spoke with some staff about their recruitment, induction, and on-going professional development who reported being well supported through the induction process. A review of staff records showed that staff were recruited and inducted in accordance with best practice. A sample of staff files was reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2 including garda vetting. Current registration with regulatory professional bodies was in place for all nurses.

There was evidence of good systems of communication that included monthly governance meetings with the provider and the management team, quality and safety meetings, staff meetings and daily handover and safety pauses. There was evidence that the management team discuss all clinical and operational matters on an ongoing basis. To ensure the centre was operating in line with the regulations and standards, the provider had implemented a number of oversight arrangements including the Mowlam audit management system (MAMS). Audits reviewed by inspectors were comprehensive however, where improvements were identified actions plans to address the gaps had not been kept up to date.

There was a comprehensive quality management system in place including audits and key performance indicators. This information was used to monitor the safety and quality of care and services. For example the person in charge used audits, complaints and incidents to develop weekly and monthly management reports which were communicated to the provider to ensure that they had oversight of the service and what was happening in the designated centre. Commitments given in response to the urgent compliance plan issued following the previous inspection had been implemented. This included enhanced involvement of the healthcare manager in the running of the centre and weekly analysis and reporting of KPIs. However, where audits identified improvements were required an action plan was not always followed through and put into place. For example, there had been an IPC audit in Jan 2022 and a quality improvement plan was seen but the completion dates and responsibility needed to be formalised.

The annual review of the quality and safety of care for 2021 was in the process of completion. The review for 2020 was available to residents and their families along

with the resident information guide and the most recent inspection report.

It was apparent that the registered provider and person in charge encouraged and were responsive to feedback about the service from residents and families. Inspectors reviewed the complaints log and found that records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. The complaints procedure was displayed at the main entrance. Residents reported feeling comfortable with speaking to any staff member if they had a concern.

In conclusion the findings of this inspection were that Mowlam Healthcare are required to take further action to improve the quality of life for residents. Areas for improvement that had been identified on previous inspections persisted in relation to staffing arrangements, infection prevention and control, fire safety and access to meaningful recreation and activities for all residents.

Regulation 14: Persons in charge

The person in charge worked full time in the designated centre and was well known to residents and staff. The person in charge was an experienced nurse who met the requirements of the regulations.

They facilitated the inspection and were knowledgeable about their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that the number of staff available cross referenced with the staffing requirement as detailed in the centres Statement of Purpose submitted and accepted by the office of the Chief Inspector evidenced shortfalls. For example, 9 nurses on roster and 12 on statement of purpose and function, 25 health care attendants on the roster and 30 on the statement of purpose. As a result of this, on the occasions that staffing requirements could not be maintained when agency staff could not be provided the provider continued to experience challenges in maintaining the appropriate number and skill mix of staff to meet the assessed health and social care needs of the residents.

For example:

- Staff that called in at short notice leave were not replaced in some instances.

For example, an extra staff nurse had been rostered to support the COVID 19 outbreak on the day of inspection. However the person in charge told inspectors that she was having difficulty in sourcing a nurse for that night. A staff member that called in at short notice of absence had not been replaced on the previous night's roster.

- The centre did not have adequate numbers of cleaning staff available to ensure the environment and equipment was appropriately cleaned and to ensure residents were protected from risk of infection. An extra cleaner that had been engaged in response to the outbreak was taken off the roster the previous week.
- Similar to the findings of the previous inspection, inspectors observed a lack of staff available to provide assistance to all residents at meal times.
- An inspector observed a resident who wanted to get out of bed but could not alert staff to assist.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were supported in their work and had good access to training and development. Records showed that all staff had a comprehensive induction when they started working in the centre. Staff training records identified mandatory training requirements for each member of staff and there was a process in place to ensure that staff attended mandatory training when it was due. As a result staff who spoke with the inspectors were clear about their roles and the standards that were expected of them. A training matrix was in place showing all the mandatory and relevant courses completed by the majority of staff.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Roles and responsibilities were identified and staff were clear about what was expected of them in their work and who they reported to. However, while some improvements were noted from the previous inspection on 12 January 2022, Inspectors found that further development of management systems in place to monitor the overall quality and safety of the service continued to require further strengthening. For example:

- Repeated non compliance found under Regulations 23 Governance and Management, Regulation 15 Staffing, Regulation 27 Infection Control, Regulation 28 Fire Precautions and Regulation 9 Residents Rights.
- The centre's COVID-19 contingency plan was not effective and risks associated with provision of adequate staffing resources in the event of another COVID-19 outbreak were not adequately addressed.
- Sufficient staffing levels were not maintained at all times to meet the needs of residents.
- The centre does not have access to person or persons with appropriate knowledge and skills to manage other key areas of infection prevention and control within the centre.
- There were insufficient cleaning resources provided to ensure that the environment and resident equipment was cleaned to a safe standard.
- Deployment of staff did not ensure that all residents were provided with appropriate recreational and stimulating activities to meet their needs and preferences.
- There was an unmanaged risk found in the the hairdressers room where a number of built in electrical hairdryers and appliances were in a room that also accommodated a shower.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose which had been updated and contained the information as required in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with time frames specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints log. There was evidence that when a complaint is logged appropriate steps are taken as per the centre's policy. The documentation in place evidenced that the management engaged with the complainant to ensure that all reasonable measures were taken to ensure a satisfactory outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a suite of policies in place in the designated centre. The policies set out in Schedule 5 of the regulations were made available to staff. All policies reviewed by the inspectors had been reviewed within the last two years and reflected current best practice guidelines.

Judgment: Compliant

Quality and safety

Overall, inspectors found good evidence that residents were receiving quality care delivered by a multi-disciplinary team. The inspectors reviewed resident files relating to assessments, care planning, access to health care, maintenance of records and policies available governing care. However there was ongoing issues that had not been addressed by the provider relating to fire precautions, infection prevention and control and residents rights.

Record-keeping and file-management systems were largely computerised and inspectors were provided with access to the online record systems. Inspectors reviewed a sample of resident records and found that validated nursing assessments were used to assess residents risk of impaired skin integrity, falls risk, risk of malnutrition, dependency level and a social care needs. Care plans were then developed from these assessments to guide staff on how to support residents with their care needs. While it was evident that staff knew residents individual needs well, further oversight was required to ensure that residents assessed needs and associated risks had an appropriate care plan in place to support them. Further findings are discussed under Regulation 5: Assessments and Care Plans.

Residents had unrestricted access to a General Practitioner (GP) and a GP was on-

site the morning of inspection reviewing residents. Where residents required further health and social care expertise, they were supported to access these services which included dietitian services, speech and language, physiotherapy, occupational therapy and psychiatry of later life. However, where changes in the residents care and treatment were recommended, these changes were not consistently updated into the resident's plan of care. For example when a resident developed an infection and was commenced on antibiotics there was no evidence of an updated care plan.

A small number of residents experienced episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. Inspectors reviewed a sample of records for these residents and found that behaviour support logs were not always maintained in line with the care plan, however a person-centred care plan was in place and staff were aware of each residents individual needs and de-escalation techniques.

Systems were in place to ensure accurate clinical and social needs information in regard to each resident was communicated to staff. Handover of resident information between teams was person centred and respectful and inspectors observed a daily report in use by the clinical staff that detailed residents specific care needs to ensure timely communication of resident care needs.

Residents nutritional status was monitored and where specific dietary requirements were prescribed, this was seen to be implemented. Residents identified as nutritionally at risk were appropriately assessed, monitored and referred to dietitian services for further assessment. Inspectors were informed that residents were not provided with a choice of where to dine by staff. The dining experience observed by the inspectors showed differences in the dining experience for residents in the day room and the dining room with a lack of staff available to provide assistance as was also found on the previous inspection. Further findings are discussed under Regulation 18: Food and Nutrition.

Medication management practices were observed by the by inspectors and medications were administered safely to residents, however the time of administration was not recorded. Medicines were securely stored, and staff were knowledgeable on medication management processes. Medication audit were in place and there findings showed that medication reviews were not compliant. Further findings are discussed under Regulation 29: Medicines and pharmaceutical services.

The designated centre is a purpose built nursing home accommodating residents in 48 single rooms and one twin room all with en-suite toilets and wash hand basins. The accommodation is laid out over two floors with a passenger lift between floors. Overall the accommodation provided a homely and comfortable environment for residents. The registered provider had made recent improvements to the premises. An external shed had been installed to accommodated equipment such as a hoist, seating cushions, boxes of personal protective equipment (PPE), etc. The interior of the building had been newly painted. The sluice and housekeeping rooms did not support good infection prevention and control practices. This is discussed under

Regulation 27.

Fire drills were completed that included night time simulated drills to reflect night time conditions. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Appropriate documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. The fire alarm system met the L1 standard which is in line with current guidance for existing designated centres. Annual fire training had taken place in 2021 and was attended by all staff. All newly recruited staff had been inducted in fire safety procedures. Since the previous inspection on 12 January 2022 fire doors had been reviewed and repaired to ensure containment of smoke. Fire escape routes were noted to be unobstructed by chairs, trolleys and boxes etc. However a fire safety risk assessment of the building is required to assess fire safety containment as referenced under Regulation 28: Fire Precautions.

Overall care was person centred. Staff were kind and respectful in their interactions with residents. Since the previous inspection activity staff had been redeployed back from delivering personal care. Residents had access to an independent advocate and residents were invited to resident meetings. However the frequency of these meetings had decreased. The previous resident meeting was held on the 24/11/2021. Records showed that residents raised ideas and suggestions during these meetings and that they were fed back to the relevant department, for example menu menu choice, laundry etc. Staff were familiar with each resident's preferences for care and support including their daily routines and how they liked to dress and present themselves. Activities were available to the residents seven days per week and they included group as well as one to one activities. However, Inspectors observed and were informed by staff and residents that no meaningful activities occur in the morning on the first floor. Residents were observed spending long periods sitting in their bedrooms and communal areas without supervision, stimulation or engagement on the first floor. These issues are further discussed further under regulation 9 Resident rights.

Regulation 11: Visits

One resident was COVID positive on the day of inspection and inspectors were informed that visitors were restricted from indoor visiting. This restriction was not in line with the latest HSPC guidance. This restriction was eased by the provider on the day of inspection and visitors were observed coming into the centre and meeting with residents in their bedrooms

Judgment: Substantially compliant

Regulation 17: Premises

The communal shower/bathroom facilities were not appropriate to the number and needs of the residents. There were two communal shower/bathrooms for 22 residents on the first floor and three communal shower/bathroom facilities for 28 residents on the first floor. Construction of additional bathroom accommodation was well advanced, however this had not been completed at the time of inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

The dining experience for residents observed by the inspectors requires review. Inspectors were informed that residents were not provided with a choice of where to dine as independent residents were allocated to the dining rooms and those who required assistance with eating were seated in the day room.

During the lunchtime dining experience the inspectors observed that residents in the dining room were provided individual meals on a trays. The inspectors observed that in the day room, 13 modified diet meals covered in cling film with resident room numbers written on the film were left on a trolley, with a jug of sauce which was applied to meals without asking the resident. The inspector observed one residents meal being left in front of her with the cling film removed and staff were not available to assist this resident until requested to do so.

Staff were not available to provide support and assistance to residents on the day of inspection with residents waiting for 30 minutes for assistance in the dining room

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A sample of residents records were reviewed. Records showed that on all occasions where a resident is transferred to hospital a transfer letter had been completed, however on one occasion the transfer and was not entered into the directory of residents in line with regulation 19(3) and on another transfer the reason for the transfer was not contained within the record.

Judgment: Substantially compliant

Regulation 27: Infection control

Regulation 27 requires that the registered provider ensures that procedures, consistent with HIQA's National Standards for infection prevention and control in community services (2018), are implemented. Consequently, registered providers must implement these standards in order to be compliant with Regulation 27.

There was not adequate management arrangements in place to ensure the delivery of safe and effective infection prevention and control (IPC) within the service. For example:

- There was still no identified person or persons with appropriate knowledge and skills to manage key areas of infection prevention and control within the centre.
- The centre does not have access to person or persons with appropriate knowledge and skills to manage other key areas of infection prevention and control within the centre.
- There were insufficient cleaning resources provided to ensure that the environment and resident equipment was cleaned to a safe standard.
- Hand hygiene facilities remain not adequate, only one compliant clinical hand wash sink in the reception area. However, the provider assured the Inspector that there were more clinical hand wash sink on order.

Despite extensive cleaning, remedial and improvements since the last inspection the inspectors continued to identify inconsistencies in applying standard and transmission-based precautions as per "HIQA National Standards for infection prevention and control in community services" For example:

- Communal items still seen in hairdressing room.
- Internal storage had extensively been de-cluttered, but a lot of these items had been moved to external areas, such as the maintenance workshop, which was not appropriate and a new corrugated metal shed had been installed. The shed in its current state was not suitable for storage of resident or centre equipment, as it was not insulated, or water/vermin tight, and it was directly onto the tarmac with no flooring. The provider assured the inspector that the workman were due back to finish the shed and make it more appropriate for storage.
- Three out of three sharps boxes examined were signed on assembly which was an improvement but all temporary closures were still left in the open position instead of the closed position.
- There was only a healthcare risk waste bin in the dirty utility room which meant staff would use this bag inappropriately as there was no other bin to throw non-healthcare risk waste.

The environment did not minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:-

- The centre had had a deep clean since the last inspection and visually it was

much improved. However, they had reduced the housekeeping staff back to two (from three) since the last inspection but informed the inspector that a recruitment process was taking place to increase these numbers and to implement a supervisor role.

- Despite the housekeeping staff having a very good understanding of the cleaning process and using the correct disinfectant and two-step process the disinfectant was out of date. The centre needs to have an improved system to check expiry dates on all items that it is displayed on.
- There was still some overlap between the dirty utility and housekeeper's room whereas they should be separate functioning rooms. A new janitorial unit had been installed in the dirty utility and the dirty utility still housed the cleaning chemicals. The inspector was informed that this would be remedied and the janitorial unit was to be moved into the housekeeper's room alongside the cleaning chemicals.
- The laundry had also benefited from a deep clean and de-clutter and all unlabelled items had been removed allowing more space for the laundry staff to work safely.
- The laundry process still included the use of a domestic style washing machine Commercial-type purpose-designed washers are preferable to domestic types. As washers should be fitted with accurate heat sensors capable of controlling the disinfection stage to a level that ensures disinfection parameters are met

Judgment: Not compliant

Regulation 28: Fire precautions

A comprehensive fire safety risk assessment of the building by a competent person is required for submission to the chief inspector to review areas such as, but not limited to:

- An assessment on the requirement for a repeater panel on the first floor.
- Some areas of the centre did not have fire detection, for example the assisted bathroom on first floor and stores under a number of the stairwells inspected.
- There was no smoke detector in the garden shed used by residents for smoking.
- The lift which opens to bedrooms was not compartmentalised.
- There was no fire risk assessment for felt roof in place on a first floor balcony area.
- There was no fire risk assessment of the newly installed storage shed that contained flammable items such as paint and cardboard boxes.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed a medication administration round and medications were administered in accordance with the prescribers instructions. The nurse demonstrated knowledge about the medication, and and took time with residents when administering medications, however the time of medication administration was not documented.

A sample of medication prescriptions were reviewed. Prescriptions were in a printed format and contained the necessary details for the safe administration including resident name, photograph, allergy status, route, dose and time.

Medication management audits were conducted regularly, the last audit completed in November 2021 identified that prescribed medication review was not compliant. Further documentation reviewed identified that three monthly review documentation was not being kept upto date and the inspector was not assured that medication was being reviewed in line with the centres policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of six resident's files and found evidence that validated assessment tools were used to assess residents dependency needs, risk of falls, risk of impaired skin integrity and nutritional risk screening.

A computerised care planning system was in place with 11 core care plans being used, the system also allowed for specific care plans to be developed. The care plans reviewed were person-centred, however they were not clear and concise as they contained information which was not relevant to the care plan for example a washing and dressing care plan contained the residents past medical history and nursing diagnosis, this impacts on the ability of the care plan to inform continuity of care.

Care plans reviewed by the inspector were not consistently updated with changes in resident condition. For example when a resident developed an infection and was commenced on antibiotics there was no evidence of an updated care plan. A communication care plan for a resident was not completed.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were aware that a general practitioner (GP) was on site to review residents on the morning of the inspection. Residents were further supported by a team of allied health care professionals including physiotherapy, dietitian, speech and language therapist, occupational therapist , chiropodist and dentist. In addition, inspectors found that advise received was followed which had a positive outcome for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had a good knowledge on the management of responsive behaviours. A comprehensive care plan was in place. The antecedent, behaviour and consequence (ABC) chart was in place to identify triggers of responsive behaviour however this was not completed on a daily basis as indicated in the care plan. There was a low incidence of restrictive practices and minimal use of psychotropic medications.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Improvements were required to ensure that all residents were provided with appropriate recreational and stimulating activities to meet their needs and preferences. For example:

- Deployment of staff did not ensure that all residents were provided with appropriate recreational and stimulating activities to meet their needs and preferences.
- The inspectors were informed that prayers were provided by the activity person in the morning for the resident on the first floor and care staff provide a half hour of unscheduled activities in the afternoon on the first floor, however this staff member is also required to answer call bells during this time.
- Throughout the day inspectors observed that a significant number of residents spending the day in their bedrooms watching television or listening to the radio and had limited opportunity for meaningful social interaction.
- Inspectors observed that residents waited for a prolonged time to be served dinner.
- Inspectors observed the Rosary and a quiz being held on the ground floor on the morning of the inspection, however there was no supervision of the day room in the absence of the activities person. In addition, the activities co-ordinator was noted doing a tea round for the entire ground floor while

allocated to activities from 11:00 to 18:00.

- Residents told inspectors that their daily routines had been severely disrupted by the recent outbreak and that they spent most of their time in their bedrooms because they felt safe there. These findings were similar to those of the inspection of October 2020.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	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	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Moate Nursing Home OSV-0000068

Inspection ID: MON-0035826

Date of inspection: 31/01/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Since the last inspection, an Assistant Director of Nursing (ADON) has been appointed to provide clinical leadership and to support the PIC. • A Staff Nurse has commenced in post. • Five new Healthcare Assistant (HCAs) have joined the team. • There is a system in place for ongoing staff recruitment to ensure that there are always sufficient numbers of suitably qualified staff in all departments in the nursing home. • The PIC will ensure that the staffing levels are maintained in accordance with the Statement of Purpose. • The housekeeping hours have been increased to include a housekeeping supervisor, and there is an additional housekeeping staff member on duty every day to ensure that standards of cleanliness and hygiene are maintained. • In the event of an infection outbreak, we will ensure that the staffing levels can be supplemented through contracted agencies where required, as per the contingency plan. • In the event of another infection outbreak, the PIC will ensure that the number of staff on duty will always be sufficient to continue to meet the health and social care needs of all residents.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The covid 19 contingency plan was reviewed by PIC and HCM, and a plan is in place to ensure that all staffing requirements will continue to be met in the event of a further outbreak.	

• Staffing shortage identified during the inspection has now been rectified: the vacant CNM post has been filled by an ADON; a staff nurse has commenced in post; five new HCAs have joined the team.
• An outbreak review was completed by the PIC and HCM. The Healthcare Manager, Quality & Safety also reviewed Infection Prevention & Control standards in the home. A quality improvement plan identified learning outcomes that will be applied to any further outbreaks, with special emphasis on infection control practices, effectiveness of housekeeping, psychological and recreational wellbeing of residents, and adequate skill mix and staffing. The quality improvement plan has been added to the Covid-19 contingency plan of the home.
• The ADON will be the Lead IPC nurse for the nursing home. We will ensure that enhanced IPC training is provided to the ADON, who will chair the IPC Committee meetings in the home and will report on key issues to the monthly management team meetings.
• A deep cleaning schedule is in place which is being overseen by the PIC and the housekeeping supervisor. A daily checking system is in place to ensure that high standards of cleanliness are always maintained.
• A housekeeping manual is available as a reference guide for housekeeping staff regarding the appropriate procedures of cleaning and decontamination of equipment to meet the required standards of infection prevention and control in the nursing home.
• Clean Pass training has been provided for housekeeping staff.
• All residents have a social and wellbeing care plan in place which will be facilitated by activity staff in the event of any further infection outbreaks.
• A risk assessment is in place in relation to the electrical equipment in the hairdressers' room.
• A fire safety engineer has carried out an inspection of the nursing h

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
• In accordance with advice received from Public Health on 25/01/2022, visitor restrictions were in place. These restrictions were eased on the day of inspection following further consultation with Public Health.
• Visiting to the nursing home has now been normalised, and in the event of another outbreak, visiting to the home will be maintained in accordance with HSPC guidelines.
• A risk assessment is in place for visiting the nursing home during an outbreak.
• A nominated visitor system will be in place for all residents in isolation if there are any further infection outbreaks.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Construction of two additional shower facilities has been completed on 02/02/2022, and these showers are now in use.
• Provision of handwashing facilities at the point of care is currently being addressed and the works are scheduled to be completed on 30/04/2022.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• The PIC/ADON will conduct a comprehensive review of the mealtime experience of residents and will implement improvements to the quality of the mealtime service as required.
• The PIC will ensure that residents who require assistance with meals or those who require a modified diet will have their meals served in a person-centred and dignified manner, and that gravy or sauce will be offered and served in line with the residents' choice.
• The PIC/ADON will continue to monitor mealtimes on a regular basis thereafter, to ensure that the meals are supervised appropriately to ensure that the residents can enjoy a social and unhurried occasion, and that appropriate assistance is provided as required.
• Residents will have a choice of where to dine, including the choice to attend the dining room, day room or to take their meals in their own bedroom. The PIC will ensure that wherever the residents choose to dine, they will receive the same standard of service and assistance as identified in their individual care plan.
• The lunchtime Safety Pause by staff is facilitated at 12.30hrs to ensure all staff are available to assist residents with their meals.
• Improvements in meal service have been introduced, including the kitchen staff serving the meal directly from the bain-marie to ensure that it is served at the appropriate temperature for residents.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
• An electronically generated transfer record is kept for all resident transfers from the

home.
• The PIC will ensure that the resident register is maintained up to date regarding all admissions, discharges and temporary transfers. The ADON will review the residents' register on a weekly basis to ensure ongoing compliance and accuracy.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The ADON is the designated IPC Lead Nurse in the nursing home. Enhanced IPC education and training will be provided to the ADON, who will chair monthly IPC Committee meetings and report on key IPC issues to the monthly management team meeting in the nursing home.
• The installation of additional hand washing facilities at the point of care is in progress, and works are scheduled to be completed on 30/04/2022.
• All staff attended infection control training with special emphasis on management of sharps and sharp injuries. A poster is in display in the treatment rooms to guide staff in correct management of sharp and handling of sharp bins.
• Communal items have been removed from the home. All residents have their own toiletries.
• The housekeeping staffing hours have been reviewed, and a third shift is introduced to ensure adequate hours are allocated to housekeeping. A housekeeping supervisor has been appointed, who will ensure that effective cleaning and decontamination procedures will be monitored daily.
• All outdated cleaning products have been disposed of. There is a monthly top-up delivery system in place. The housekeeping supervisor will monitor stock to ensure that all items are in date.
• The new external storage shed has been insulated. A concrete floor has been installed and it is now fully water & vermin tight. All excess items have been removed from the Maintenance Workshop into the two external sheds on site.
• The janitorial sink has been removed from the dirty utility room. A new storage cupboard for chemicals has been installed in the housekeeping room.
• Structural modification is being carried out in the housekeeping and 'dirty' utility area to be compliant with the home's infection control policy. The facility for general and waste disposal bins has been reviewed and appropriate waste receptacles are provided in housekeeping and 'dirty' utility rooms.
• The flat laundry has been outsourced now and personal items will continue to be laundered in the nursing home.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• A fire safety risk assessment has been carried out by a Fire Safety Engineer.
• A fire repeater panel has been ordered and will be installed on the first floor of the nursing home.
• The timber gazebo in the garden is not a designated smoking area; an internal room has been dedicated for this purpose. Notwithstanding this a fire detector, fire extinguisher & fire blanket have been installed in the gazebo.
• The storage in the external shed has been reviewed and all items are appropriately stored, including removal of flammable items such as paint, to alternative off-site locations.
• A risk assessment is in place in the nursing home's risk register regarding the felt roof of the balcony.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• All nurses have completed the medication management course and the PIC has communicated with them about the importance of adhering as closely as possible to the time of administration of prescribed medication. This will be audited during medication and clinical documentation audits by PIC/ ADON.
• A system is in place for reviewing of medications by GP and pharmacist every three months. The PIC and ADON will monitor residents' prescriptions to ensure ongoing compliance and pharmacovigilance.

Regulation 5: Individual assessment and care plan	Substantially Compliant

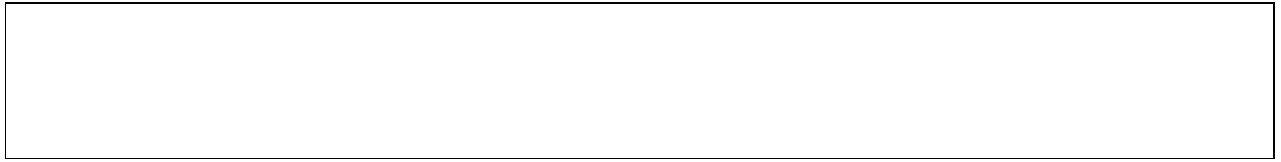
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• The PIC and ADON will audit the care plans on a regular basis to ensure all necessary and relevant details are updated in the care plans, and that the care plans accurately reflect the current individual care needs of each resident.
• There is a named nurse system in place to ensure the care plans are updated at least every 4 months or as indicated by any change in an individual resident's condition.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• All residents with any behaviours that are challenging have an individualised care plan in place that is based on the triggers to such behaviours for the individual resident. The care plan is developed after an Antecedent, Behaviour and Consequence (ABC) chart has been recorded that identifies individual patterns and trends in a resident's behaviour. This also assists in identifying techniques or interventions that may de-escalate the responsive behaviours.
• Person-centred plans are discussed by the PIC with all staff during handover and Safety Pause meetings.
• All staff have had the opportunity to attend training in dementia care and management of behaviours that challenge. Staff have been educated and are aware of the appropriate use of ABC charts. A referral system is available to psychiatry of later life service with a periodic review of residents by the community mental health nurse.
• All nursing and care staff have had education and training on restrictive practices.
• The appropriate use of restraints is reviewed monthly and discussed with staff during health and safety committee meetings. A multidisciplinary approach is ensured in decision making regarding the use of restraint, if necessary, in consultation with the resident and/or their representative as appropriate.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• There is an activity schedule in place for residents in both dayrooms; the activities schedule on the first floor will be coordinated by a designated HCA who is allocated daily with protected time for the provision of activities in accordance with residents' preferences. This will be scheduled and guided by the Activity Coordinator.
• The activity staff will be assisted by HCAs if any resident needs assistance during activities so that there is no interruption or delay to the activities programme.
• The PIC will ensure that activity staff are available to provide meaningful activities to residents during the rostered hours.
• A HCA will be allocated to supervise activities in the absence of activity staff.
• The timing of the midday Safety Pause is changed to 12:30 so that all staff will be ready to assist residents for their meals before the dinner is being served.



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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	27/01/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	28/02/2022
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	30/04/2022

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	28/01/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2022
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.	Not Compliant	Orange	31/03/2022
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the	Substantially Compliant	Yellow	28/01/2022

	person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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	31/03/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2022
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	15/03/2022
Regulation 5(4)	The person in	Substantially	Yellow	31/03/2022

	charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Compliant		
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/03/2022
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.	Not Compliant	Orange	31/03/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities	Not Compliant	Orange	28/01/2022

	for occupation and recreation.			