

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:	12 February 2025
Centre ID:	OSV-0000254
Fieldwork ID:	MON-0041995

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:	75
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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
Wednesday 12 February 2025	09:10hrs to 18:20hrs	Aisling Coffey	Lead
Wednesday 12 February 2025	09:10hrs to 18:20hrs	John Greaney	Support

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspectors was that they were happy and liked living in Mooncoin Residential Care Centre. All residents spoken with were complimentary of the staff and the care and attention they received. Residents informed the inspectors the staff were "easy to speak to" and "couldn't do more for you". Visitors that spoke with the inspectors provided equally positive feedback, referring to the high level of care received by their loved ones and the communication with them as family members. The inspectors observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre.

The inspectors arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspectors chatted with many residents and spoke in more detail to 17 residents and four visitors to gain an insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

Mooncoin Residential Care Centre is a two-storey building. All residents' accommodation and facilities were on the ground floor, while the first floor accommodated staff changing, canteen facilities, offices, training and archiving accommodation.

Residents' bedrooms are set out over three separate wings: Oak and Ash, Beech and Sycamore, and Elms and Hawthorn. Bedroom accommodation comprised 74 single and two-twin bedrooms. All bedrooms have en-suite facilities, including a shower, toilet, and wash-hand basin. In addition, residents had access to two assisted bathrooms with bath facilities. Bedroom accommodation was seen to have a television, call bell, wardrobe and seating facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, ornaments, textiles and furniture from home. The size and layout of the bedroom accommodation were appropriate for resident needs.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various rest areas and communal areas.

These communal areas included a large dining room with an adjoining smaller dining area, a large sitting room with an adjacent oratory and a library room. There were also five smaller sitting rooms and an activities room. The centre also had a designated smoking room containing protective equipment, such as a call bell, ashtray and fire blanket. On inspection day, most residents spent time in the large sitting room and around the reception area, watching the comings and goings.

There was an onsite laundry service where residents' personal clothing was laundered. This area was observed to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

The décor in some parts of the premises showed signs of wear and tear. Some bedrooms, bathrooms, corridors, and communal areas were seen to have damaged walls, doors, door frames and skirting boards. Some areas of the corridor flooring were seen to be damaged and had tape covering these areas. While the residents' bedroom and en-suite bathroom accommodation were generally clean, some residents' equipment was seen to be damaged and unclean. Ancillary areas such as store, housekeeping, and sluice rooms also required enhanced cleaning. The floors and sinks in these areas were observed to be unclean. These matters are discussed under Regulation 17: Premises and Regulation 27: Infection control.

There was inappropriate storage in multiple locations throughout the centre. Ten specialised chairs and multiple walking aids were stored in the Hawthorn sitting room, impacting the ability of this room to be used by residents and their families. Inspectors were informed these chairs were due to be returned to their supplier. Assistive equipment, such as hoists, were also seen to be stored in the oratory and the Sycamore sitting room. Hoists, chair scales, and linen trolleys were seen stored in the corridors on the inspection day, potentially impacting these corridors being used as a means of escape in an emergency. This matter was brought to the immediate attention of the person in charge, who undertook to address this risk. These matters are discussed under Regulation 17: Premises and Regulation 28: Fire precautions.

The centre had a pleasant, large, secure garden with level pathways for residents to stroll. The garden was adjacent to a schoolyard, and children could be heard playing at break times. Despite the garden being secure, the inspectors found only one of the multiple doors leading into the secure garden was unlocked, meaning residents needed to ask staff for assistance should they wish to enjoy the outdoors.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. Several residents were seen relaxing in their bedrooms, listening to the radio, and reading papers and books according to their preferences. There was an activities staff member on duty. Roman Catholic Mass was live-streamed in the morning, followed by "sit and knit", enjoyed by four residents and then the rosary. After lunch, chair exercises and bingo took place. Notwithstanding these activities, inspectors observed residents sitting for lengthy periods in the main sitting room with the television on but without other meaningful activation. While some residents expressed satisfaction with the level of activities and entertainment available, two residents stated that there were insufficient activities geared towards their interests and capacities and said they were bored.

Residents could receive visitors within communal areas or in the privacy of their bedrooms. Multiple families and friends were observed visiting with their loved ones during the inspection day.

Lunchtime at 1:00pm was observed to be a sociable and relaxed experience, with over 40 residents eating in the large dining room, while a smaller number of residents ate in the smaller dining area, the Elms's sitting room or their bedrooms aligned with their preferences. Staff provided discreet and respectful assistance where required. Meals were freshly prepared onsite in the centre's kitchen. The food served appeared nutritious and appetising. A choice of meals was offered, and ample drinks were available for residents at mealtimes and throughout the day. Residents spoke positively to the inspectors about the food quality, quantity and variety.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their wellbeing. While clear management and oversight structures were in place, some of these systems required strengthening to ensure regulatory compliance.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors reviewed the registered provider's compliance plan following the inspection of 13 July 2023 and inspection findings from the restrictive practice thematic inspection of 25 April 2024. While the provider had progressed aspects of the compliance plan, this inspection found that the provider had not fully implemented their compliance plan concerning inappropriate storage within resident communal areas. Some further actions were also required concerning several regulations as outlined within the report.

Mooncoin RCC Limited was the registered provider for Mooncoin Residential Care Centre. The company is comprised of five directors, one of whom attended onsite for feedback at the end of the inspection. The person in charge reported to the board of directors. Within the centre, a clearly defined management structure operates the service day-to-day. The person in charge is supported by an assistant director of nursing, a clinical nurse manager, a team of nurses, healthcare assistants, catering, housekeeping, activity, maintenance and administration staff. The provider had management systems to monitor the quality and safety of service provision. These systems included operational and staff meetings where quality and

safety were the focus, as evidenced by minutes of management and staff meetings. There was monthly surveillance of falls, wounds, infections and weight loss. Falls trending was seen to analyse key times, locations, and causal factors involved in residents' falls. An audit schedule covered areas including medication management, restraint usage and infection control. These audits identified deficits and risks in the service and had action plans to address deficits. Notwithstanding this good practice, this inspection found that some areas of oversight needed to be more robust to identify deficits and risks in the service effectively and to manage known risks promptly. This will be discussed under Regulation 23: Governance and Management.

Staff were appropriately supervised and clear about their roles and responsibilities. The records reviewed found emerging induction and appraisal systems were in the process of being enhanced. An extensive suite of mandatory training was available to all staff in the centre, covering areas such as safeguarding vulnerable adults at risk of abuse, fire safety, manual handling and infection prevention and control. The centre had an ongoing training schedule, and training took place on the week of the inspection. Notwithstanding these good practices, some improvements were required in staff training concerning the management of responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), which is discussed further in this report under Regulation 7: Managing behaviour that is challenging.

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill-mix were on duty each day to meet the assessed needs of the residents. Three registered nurses were working in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training programme supporting staff in their roles. The records reviewed confirmed staff had completed training concerning safeguarding vulnerable adults at risk of abuse, fire safety and infection control. Gaps in training to support and manage the needs of residents with responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) are discussed further in this report under Regulation 7: Managing behaviour that is challenging.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and other risks, including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required strengthening as they were not fully effective in identifying risks and driving quality improvement in areas such as individual assessment and care planning, healthcare, managing behaviour that is challenging, protection, residents' rights, premises, infection control, fire precautions and medicines and pharmaceutical services as found on inspection day.

The provider's compliance plan, which was submitted following the inspection on 13 July 2023, was not fully implemented concerning inappropriate storage within resident communal areas. Further action was required to address this matter as discussed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.

Judgment: Compliant

Quality and safety

While inspectors observed kind and compassionate staff treating residents with dignity and respect, some actions were required to ensure safe and effective care

delivery concerning individual assessment and care planning, healthcare, managing behaviour that is challenging, protection, residents' rights, premises, infection control, fire precautions and medicines and pharmaceutical services.

Residents had pre-admission assessments conducted by a member of nursing management to ascertain their care needs and ensure the centre could meet those needs upon admission. Residents were then assessed following admission using evidence-based tools for risks such as falls, pressure sore development, malnutrition, manual handling needs and dependency levels. However, there were some gaps in the use of these evidence-based assessment tools. There was also variation in the degree of personalisation of residents' care plans. While some care plans were detailed, others required more detail to guide staff on residents' individual preferences and needs. These matters are discussed under Regulation 5: Individual assessment and care plan.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as mental health services, chiropodists, physiotherapy, occupational therapy, speech and language therapy and palliative care services. Notwithstanding this good practice, inspectors found that residents were not always referred to a healthcare professional in accordance with their assessed needs and the centre's policies. This will be discussed under Regulation 6: Healthcare.

Inspectors viewed documentation related to the use of restraints in the centre. An up-to-date policy was in place to guide staff on best practices, and inspectors observed that efforts were made to reduce restraint usage by trialling alternatives. However, action was required to ensure the use of restraint was in accordance with national policy published by the Department of Health and that all staff had up-to-date knowledge and skills to respond to and manage behaviour that is challenging. This is further discussed under Regulation 7: Managing Behaviour that is Challenging.

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records seen, it was clear the person in charge had provided a robust and person-centred response when investigating and responding to these allegations. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The provider acted as a pension agent for several residents, and records of separate resident client accounts to safeguard such funds were seen. The provider held small quantities of money belonging to current residents onsite. The provider had a transparent system where two staff members signed all lodgements and withdrawals, and the balances were subsequently audited. Notwithstanding these good practices, action was required to ensure all reasonable measures were taken to protect residents from abuse. This will be discussed under Regulation 8: Protection.

Residents had their rights promoted within the centre. Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents had access to radio, television, newspapers and internet services. The centre had religious services in-house every four to six weeks. Residents also had access to independent advocacy services. Notwithstanding this good practice, some improvements were required to activity provision to ensure all residents had opportunities to participate in activities in accordance with their interests and capacities and to ensure residents' right to privacy within their bedrooms. These matters will be discussed under Regulation 9: Residents' rights.

Overall, the premises' design and layout met residents' needs. There was an onsite laundry service and a secure, well-maintained garden. Notwithstanding this good practice, action was required to ensure full compliance with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre had an infection control link nurse providing specialist expertise. Staff were observed to have good hand-hygiene practices. There was auditing of infection control practices in the centre and monthly surveillance of healthcare-associated infections. However, further oversight and actions were required to comply with the regulations and ensure residents had a safe, clean living environment, as discussed under Regulation 27: Infection control.

Medication administration was observed, and the inspectors found that the nursing staff adopted a person-centred approach. The inspectors noted that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the medication administration records following administration to residents, in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais. Robust measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. Notwithstanding these good practices, further oversight of medication administration and storage was required to ensure that best-practice guidance and the provider's policies for medication management were followed.

Regulation 11: Visits

The inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 13: End of life

Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end of life was facilitated.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- Decor in multiple areas, including bedrooms, bathrooms, corridors, and communal areas, had damaged walls, doors, door frames and skirting boards.
- There was damaged flooring on some corridors within the centre.
- There was a lack of suitable storage in the centre, resulting in the inappropriate storage of unused specialised seating in a resident's sitting room and assistive equipment, such as hoists, in some communal areas. Additionally, hoists, chair scales and linen trolleys were seen stored in the corridors and close to fire exits throughout the inspection day.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes, and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information for residents about the services and facilities available, the complaints procedure, visiting arrangements, accessing independent advocacy and many other aspects of life in the centre.

Judgment: Compliant

Regulation 27: Infection control

While the centre was generally clean on the day of inspection, some areas for improvement were identified to ensure residents were protected from the risk of infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) for example:

The oversight of staff cleaning practices in specific areas required review, for example:

- Ancillary areas, including the sluice housekeeping and store rooms, were seen to have unclean floors with debris and staining. Sinks in ancillary areas were seen to be unclean, with tissue and hair in the sinks. Ancillary areas require an acceptable standard of hygiene to support effective infection prevention.
- The cleanliness and maintenance of clinical hand wash facilities within the centre required attention as one clinical hand wash sink within clinical store 2 was seen to have a blocked outlet and a build-up of used water in the sink, meaning this facility was unavailable to support hand hygiene.

The decontamination of resident care equipment required review, for example:

- A sample of residents' equipment, such as wheelchairs and comfort chairs, were found to be visibly unclean, with significant debris within the seated area and under the pressure cushions, as well as dried-in liquid stains on the chairs. Furthermore, one such chair was observed to be torn, which would also prevent effective cleaning. There were no records for the cleaning of residents' seating systems.

Several storage practices posed a risk of cross-contamination, for example:

- A store room was seen to contain clean linen alongside pressure cushions, bed wedges and a mattress. There was no identifiable mechanism to determine if the resident equipment had been cleaned before being stored alongside the linen.

- A number of storerooms throughout the centre had objects and boxes stored directly on the floor, which would impact the ability to clean the area effectively.
- A clinical sharps bin with contents was observed to be open and did not have its safety mechanism engaged. This sharps bin was located at nurse's station 2, which was open and accessible to residents, with a resident seen sitting in this area unattended. Open sharps bins without their safety mechanism engaged could lead to a needle stick injury.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The oversight of fire safety within the centre required review as the provider had not identified and managed some of the risks found during the inspection.

The arrangements for maintaining means of escape required review, for example:

- The inspectors found hoists, chair scales and linen trolleys stored in the corridors and close to fire exits. The inspectors found a camp bed stored in a stairwell close to an emergency exit. These practices could impact these corridors and stairwells being used as means of escape in an emergency. Escape routes must be kept free of obstruction and inappropriate storage.

Precautions against the risk of fire required review, for example:

- A hoist battery was seen to be charging in the Beech sitting room. Charging hoist batteries in a communal area introduces a fire risk to this area.
- Thirteen oxygen cylinders were found unsecured in clinical store room 2. This finding was brought to the attention of management who undertook to secure the cylinders.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While good practices were observed concerning medication management procedures, further oversight of medication administration and storage was required to ensure that best-practice guidance and the provider's policies for medication management were followed.

The system of transcribing prescribed medications required strengthening to ensure that medications were correctly administered and to avoid potential errors occurring, for example:

- Prescriptions were routinely transcribed by nursing management. However, transcription practice did not always comply with the provider's medication policy. For example, some prescriptions were signed by the transcribing nurse and co-signed by a second nurse but were not signed by the prescribing doctor. Others were signed by the resident's general practitioner (GP) but were not signed by the transcriber or a second nurse.

The storage of medicinal products required review as oral nutritional supplements were observed to be stored on a medication trolley located at an open and unlocked nurse's station.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While residents had pre-admission assessments conducted prior to admission to the centre to ascertain if the centre could meet the residents' needs, there were gaps in the assessment process that could enhance the development of care plans for residents. For example:

- A comprehensive assessment tool aligned to the holistic care plan was not routinely completed to inform the development of residents' care plans.
- While residents admitted for short stays such as convalescence, respite or transitional care were weighed on admission, their nutritional status was not routinely assessed using the evidence-based nutritional assessment tool.
- Evidence-based assessment tools to support the nursing assessment of residents' cognitive status were not routinely used.

Action was required in relation to care plans. While residents' needs and required supports may have been recorded in the wider care plan, they were not always recorded in the care plan specific to that need. For example:

- The communication care plan for one resident did not detail that the resident had a visual impairment.
- The mobility care plan for a resident did not identify the assistive device used by the resident to aid their mobilisation.
- The care plan for one resident did not reflect actions being taken by management to support the resident's return home.

Judgment: Substantially compliant

Regulation 6: Health care

Notwithstanding the access residents had to a range of healthcare professionals to support their wellbeing, the inspectors found one resident who had experienced weight loss and was assessed to be at risk of malnutrition had not been referred to a dietitian for professional expertise in line with the provider's policies.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The centre's use of restraint, such as bed rails, was not in accordance with national policy published by the Department of Health or the centre's restraint policy. Inspectors found that two bed rails and a lap belt had not been appropriately risk-assessed.

Management had not recognised the restricted access to the secure garden as a restrictive practice. All doors to the secure, enclosed garden were locked except for one door in the oratory. This restriction and the rationale for its implementation were not appropriately risk-assessed.

The provider had not ensured that staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour. A review of mandatory training records found that 15 staff had not completed training on managing challenging behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse, for example:

- One staff member did not have the required Garda Síochána vetting clearance in place before they commenced employment in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. This vetting disclosure was in place for the staff member on the inspection day.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Improvements were required to ensure residents' privacy and dignity in their bedrooms, for example:

- Several bedroom doors had clear glass windows fitted, allowing an unobstructed view into residents' bedrooms. There were no further privacy screens or curtains in the bedrooms, which meant residents could not undertake personal activities privately in their bedrooms.

The provision of activities observed for residents did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. While group-based activities were observed on the inspection day, residents were also seen sitting for lengthy periods in the main sitting room with the television on but without other meaningful activation. Additionally, two residents informed the inspectors that insufficient activities were geared towards their interests and capacities.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mooncoin Residential Care Centre OSV-0000254

Inspection ID: MON-0041995

Date of inspection: 12/02/2025

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Overall, having 4 set weeks for training per year ensures all new staff have an opportunity to attend mandatory training within a reasonable period of their start date. In June 2025, training is scheduled for Behaviors that may challenge, so the 15 outstanding and any new staff will attend this training then.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In recognition of the overall level of compliance to be achieved throughout all our systems, Mooncoin RCC Ltd. (The Provider), have completed the recruitment of a new full-time, permanent Clinical Nurse Manager. This appointment will enable the management team to review and strengthen systems and more effectively identify risks and drive quality improvement in all areas. • Individual assessment and care planning: A comprehensive assessment has been enabled for use at admission to assist with the completion of the Holistic care plan. This has now been completed on all residents and will be completed on admissions going forward. Nutritional status of all residents regardless of the duration of stay will Now be assessed using a MUST assessment. Routine use of cognitive assessment tools has limited if any role in supporting care planning in our setting. The provider has ensured nursing staff and management received training on the Assisted Decision making Act 2015 by ADM lead in safeguarding and protection team on 18/02/2025. Training on	

Documentation for nursing staff will take place on 9th June, 2025 to support nursing staff on appropriate clinical documentation. The resident care plans are on an audit schedule and will be monitored by both CNM's.

- Healthcare: The provider will ensure the Nutritional/End of life policies are reviewed and amended to incorporate the will and preference of residents. The CNM's will continue to monitor and assess residents through auditing monthly KPI's and will refer to allied health services where indicated and as per residents wishes.
- Managing behavior that is challenging: Training for Managing behavior that is challenging is scheduled for training week in June 2025. Any existing staff requiring training and all new staff will take part in training on that day.
- Protection: All staff have Garda vetting prior to commencement of employment. The staff member who did not have the required Garda Sióchana vetting clearance was an oversight. Our check list will in future be checked by two people.
- Residents' rights: All bedrooms with clear glass have now been frosted to ensure privacy. We now have a full activities team who will in conjunction with residents review the summer programme of activities to ensure that all resident interests are met.
- Premises: The provider has developed a schedule of redecoration which has commenced to include bedrooms, corridors and all communal areas. Some storage has been identified for equipment when not in use. Other areas have been identified but we need to discuss same with the Chief Inspector for approval.
- Infection control: All our cleaning schedules have been revised, a cleaning schedule has been drawn up and same will have all cleaning recorded. Staff nurses have been met to ensure that they are all aware of safe use of sharps bins
- Fire precautions: Staff have been advised that under no circumstances anything is to block fire doors and signs to this effect are in place. The camp bed has also been removed. Oxygen cylinders will be stored and secured in clinical rooms when not in use and we will only store an essential stock which will be secured at all times. The battery charger has been removed to a suitable area and is clearly marked.
- Medicines and pharmaceutical services Our policy on transcribing prescribed medications has been re-issued to all nursing staff and nurses have been made aware of the requirement to implement same. This has also been put on an audit schedule. Oral supplements are now being stored inside the locked trolley.

We have noted the area's highlighted within the report for follow up monthly at management meetings, which are attended for oversight by a number of Directors of

Mooncoin RCC Ltd.

This sentence has been circulated to all staff via meetings from HIQA feedback -

"equipment seen on corridors and at fire exits on inspection day, such as hoists, chair scales, and linen trollies, cannot be stored in front of fire exits or on corridors, as these are the means of escape in an emergency. When equipment is in use, it may be transiting from one resident's bedroom to another, but it should not be in front of fire exits at any point"

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

As above

A schedule of painting has commenced to include bedrooms, corridors and all communal areas.

Damaged floor covering has been replaced.

Personalized seating stored in a resident's sitting room has been returned to the supplier as these chairs are no longer required.

Some storage has been identified for equipment storage when not in use and other areas have been identified but we will need to discuss these with the chief inspector for approval.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Following inspection, a full review of all areas for deep cleaning was compiled and all these areas are now on a regular cleaning schedule and are signed for.

2. Chairs and comfort chairs are now on a cleaning schedule and are signed for. The importance of cleanliness has been addressed with housekeepers and care staff.

3. Staff have been advised that only items that have been laundered are suitable to be stored in the hot press.

4. All items in store rooms have been removed from store room floors and notices put up to remind staff not to place any items on the floor.

5. The mechanism for closing sharps boxes in use has been demonstrated to all staff nurses and will be monitored by the IPC link nurse during environmental audits, and management on regular walk abouts to residents.

New cleaning schedules based on the National recommendations of the NCEC National Clinical Guidelines No 30 are being utilised.	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Items will not be stored at fire exits in future, this is being monitored daily but also has been raised at all staff meetings and now has signage on fire exit doors "Fire exits Do not obstruct" 2. The camp bed for the use of residents of sick residents is now kept in the training room. 3. Oxygen cylinders will be stored and secured in clinical rooms when not in use. We will hold essential stock going forward which will be secured at all times. 4. The battery charging has been removed from the sitting room an area for charging batteries has now been clearly identified and marked on the batteries. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Our policy on transcribing prescribed medications has been re-issued to all nursing staff and nurses have been made aware of the requirement to implement same and has been put on an audit schedule.</p> <p>Oral nutritional supplements are now being stored inside the locked trolley.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A Comprehensive assessment has been enabled for use at admission to assist with the completion of the "Holistic Care Plan". This has now been completed with all residents</p>	

<p>and will be completed with future admissions.</p> <p>The nutritional status of all residents regardless of their length of stay will be assessed using the Malnutritional Universal Screening Tool.</p> <p>The routine use of cognitive assessment tools has limited if any role in supporting care planning in our setting. The provider has ensured management and nursing staff have received training in the Assisted Decision Making Act 2015 by the ADM lead in safeguarding and Protection team in February 2025. Based on this act all residents are assumed to have capacity until proven otherwise and when required functional capacity assessment will be done.</p> <p>Training in documentation for nursing staff will take place on the 9th June 2025. The aim of this training is to support nursing staff in appropriate clinical documentation. Resident care plans are on an audit schedule and will be monitored by both CNMs to ensure relevant information is present in the relevant sections.</p> <p>Our current CNM and new CNM will work with staff to develop care plans in line with the above, and the documentation training in June will further enhance the care plan provision. This is also subject to audit so it can be evaluated and reviewed at director level through the monthly management meeting structures.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Provider is confident that the Nurse Management team is of sufficient experience to weigh up the beliefs and will and preference of residents when they are at the end of life. The Nutritional/ End-of-Life policies have been reviewed and amended to include the will and preferences of residents. The CNMs will continue to monitor and assess residents through auditing monthly KPIs and will refer to Allied Health Professionals where appropriate and as per residents' will and preferences.</p> <p>The Provider seeks assurances from the PIC and Nurse Management through the management meetings and reviews evidence that company policies and best practice are evaluated and used consistently for residents who will benefit from such expertise as that of a dietician and/or SALT.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Training for Managing Challenging Behaviour is scheduled to take place in June 2025. Any existing staff requiring training and all new staff will take part in training on that day.</p> <p>Doors from communal rooms to our secure garden are now open during the day and are locked at night for security purposes.</p> <p>All restrictive practice currently in use have been assessed and recorded. We have reviewed our restrictive practice documentation to ensure that it is in line with the National Restrictive practice guidelines and instructed nurses to record all trials of alternatives in the resident's care plan.</p> <p>Restrictive practice training is scheduled for 11/06/2025.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All staff have Garda Vetting prior to commencement of employment. The staff member who did not have the required Garda Siochana vetting clearance was an oversight. Our check list will in future be checked by two people.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All bedrooms which had a clear glass window fitted have now had the windows frosted to ensure privacy.</p> <p>We now have an activities team consisting of two full time and one parttime person. The team in conjunction with residents will review the summer program to ensure that their interests are catered for.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
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	30/09/2025
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/06/2025

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/03/2025
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.	Substantially Compliant	Yellow	31/03/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	28/02/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with	Substantially Compliant	Yellow	31/03/2025

	the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	28/02/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/03/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the	Substantially Compliant	Yellow	28/02/2025

	care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/06/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/03/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/03/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2025
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	30/04/2025

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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