



# 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,<br>Kilkenny |
| Type of inspection:        | Unannounced                          |
| Date of inspection:        | 12 November 2025                     |
| Centre ID:                 | OSV-0000254                          |
| Fieldwork ID:              | MON-0048051                          |

## 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.**

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| Number of residents on the date of inspection: | 78 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                       | Times of Inspection  | Inspector     | Role    |
|----------------------------|----------------------|---------------|---------|
| Wednesday 12 November 2025 | 08:30hrs to 17:15hrs | Mary Veale    | Lead    |
| Wednesday 12 November 2025 | 08:30hrs to 17:15hrs | Kathryn Hanly | Support |

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the inspection the inspectors spoke with residents, staff and visitors to gain insight into what it was like to live in Mooncoin Residential care Centre. The inspectors spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. The inspectors spoke in detail with 16 residents and three visitors. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared appropriately dressed and well-groomed. Residents and visitors expressed their satisfaction with staff, staffing levels, activities, the quality of the food, the standard of environmental hygiene and attention to personal care.

Mooncoin Residential Care Centre is a two storey designated centre registered to provide care for 78 residents in the village of Mooncoin in Co. Kilkenny. There were 78 residents living in the centre on the day of the inspection. All residents' accommodation and communal areas were located on the ground floor, while the first floor accommodated the staff canteen and changing facilities, administration offices and a training room.

The design and layout of the premises met the individual and communal needs of the residents'. The building was well lit, warm and adequately ventilated throughout. The centre was homely and mostly clean. There were sufficient communal spaces for residents and their visitors to enjoy including, six sitting rooms, dining rooms, an activity room and a library. Residents had access to a hair salon and an indoor smoking room. Communal areas were seen to be supervised at all times during the inspection.

The outdoor courtyard areas were well maintained and readily accessible, making it easy for residents to go outdoors independently or with support, if required.

The main entrance to the centre was staffed with a receptionist, who greeted and directed visitors and residents as they passed. The reception area had a sitting area, where a group of residents were observed chatting at various points during the day.

There was a calm and welcoming atmosphere in the centre. Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs.

Bedroom accommodation was divided into three separately wings: Oak and Ash, Beech and Sycamore, and Elms and Hawthorn. Bedroom accommodation comprised 74 single and two-twin bedrooms. All bedrooms had en-suite toilet and shower facilities. The privacy and dignity of the resident's accommodation in the two twin

rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

While the centre generally provided a homely environment for residents, inspectors observed that the décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including wall paintwork, wood finishes and flooring in some resident rooms and ancillary facilities including the housekeeping room were worn and poorly maintained and as such did not facilitate effective cleaning. A review was also required of furniture in bedrooms, such as bedside lockers to ensure they were in a good state of repair. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance, painting and furniture replacement.

Carpets remained in a large number of bedrooms. However, the provider had a plan to replace these on a phased basis to support effective infection prevention and control practices and to maintain a hygienic environment of residents.

Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean. Efforts had been made to de-clutter the centre. However, there was a lack of appropriate storage space resulting in the inappropriate storage of supplies including personal protective equipment (PPE) and incontinence wear in communal toilets and bathrooms. Inappropriate storage was also observed within one sluice room which remained cluttered with equipment including, cleaning machines, pressure relieving cushions and stocks of clinical waste bins.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were generally complimentary of the food choices and homemade meals made on site by the kitchen staff.

The centre provided a laundry service for residents. Residents' whom inspectors spoke with on the day of inspection were happy with the laundry service. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There were three sluice rooms for the reprocessing of bedpans, urinals and commodes. However, the detergent had expired in the bedpan washers which may impact the effectiveness of cleaning.

Conveniently located, alcohol-based product dispensers were readily available within bedrooms and on corridors. An upgraded clinical hand washing sink had been installed in one treatment room and nurses station to support effective hand hygiene. This complied with current recommended specifications for clinical hand hygiene sinks. However, there was a limited number of dedicated clinical hand wash sinks within close proximity of resident bedrooms and the sinks in the resident's bedrooms and ensuite bathrooms were dual purpose used by residents and staff.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. Residents sat together in the communal rooms participating in activities, watching television, listening to music, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and

were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. One resident told the inspectors that "they couldn't find fault with the place" "that the staff were lovely" another resident said " its lovely here, better then home".

The inspectors observed that personal care needs were met to an excellent standard. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were very happy with the care and support their loved ones received.

Residents confirmed that they could choice to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week. On the day of the inspection, there were two staff members providing a social programme for residents. A range of recreational activities were available to residents, six days a week, which included exercise, ball games, movies, music and bingo. On the day of the inspection, the inspectors observed residents enjoying a knitting class and a lively music session. The inspectors observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection by two inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also had a specific focus on the provider's compliance with infection prevention and control.

Inspectors also followed up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection in February 2025. Overall, the findings of this inspection were that improvements had been made by the provider since the last inspection to enhance the quality and safety of care delivered.

There was evidence that the governance and management systems and oversight in the centre had been strengthened, as shown by the minutes of staff meetings, regular audits and monitoring of key performance indicators.

The registered provider for Mooncoin Residential Care Centre is Mooncoin RCC Limited. This company comprised of five directors, one of whom attended the centre on the day of inspection. The person in charge reported to the board. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge worked full time, was responsible for the centre's day-to-day operations. At the time of inspection the person in charge was on planned leave but attended the centre to support staff and the inspection. The person in charge was supported in their management of the centre by a assistant director of nursing (ADON), two clinical nurse managers (CNM), a team of staff nurses, senior healthcare assistants, healthcare assistants, activities, administration, catering, household and maintenance staff. Since the previous inspection an additional CNM was recruited to strengthen the management structure and systems in the centre.

Staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of the 78 residents living in the centre. Staff who spoke with inspectors had a good awareness of their defined roles and responsibilities. There was appropriate supervision of staff working in the centre.

There were also sufficient numbers of housekeeping staff assigned to each wing on the day of the inspection. These staff members were found to be knowledgeable in cleaning practices and processes within the centre. There was a full time maintenance person employed in the centre, who had good oversight of the premises.

Improvements were found in staff training since the previous inspection. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff had completed training in safe guarding, fire training, dementia awareness and infection prevention and control. The provider had nominated the assistant director of nursing to the role of infection prevention and control link practitioner. The link practitioner demonstrated a commitment and enthusiasm for their role. The management of behaviours that are challenging, dementia and restrictive practice training took place in the centre on the day of inspection. Fire training was scheduled to take place in the centre the day following the inspection.

The provider had strengthened the management systems to identify risks and drive quality improvement in the areas of care planning, healthcare, managing behaviours that are challenging, protection, residents' rights, premises, infection control and fire safety. The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Regular governance meeting and staff meeting agenda items included training, audits, staffing, and clinical risks. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from residents and audits. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls,

restrictive practice, medication management, and safeguarding audits. A schedule of infection prevention and control audits was also in place. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

Following outbreaks, outbreak reports were developed to document the response and outcomes. Reports included a detailed timeline of events, the number of residents and staff affected and details of infection control measures implemented. Key learning points and recommendations were included to support continuous learning and enhance preparedness for future outbreak management.

Key performance indicators (KPIs) which included information to monitor and track incidence of infection and antibiotic use were maintained and communicated to staff on a monthly basis. A review of documentation also found that new and updated national infection control guidelines were shared with staff.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However, a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents that were colonised with MDROs including Carbapenemase-Producing Enterobacterales (CPE) and Extended Spectrum Beta-Lactamase (ESBL). Findings in the regard are presented under Regulation 27; infection control.

An annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' forum meetings.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspectors followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

## Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Inspectors were informed that the provider had recently recruited additional housekeeping staff and a clinical nurse manager. There was a full staffing compliment on the day of the inspection, with no existing vacancies within the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and management of the service was robust. There were clear lines of accountability and responsibility in place so that staff were aware of their roles and responsibilities and to whom they were accountable. There were effective management systems in place to monitor the quality and safety of care provided to residents. The provider ensured that the centre had sufficient resources to ensure the effective delivery of care.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in Mooncoin Care Centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living

in the centre. Residents lived in an unrestricted manner according to their needs and capabilities.

The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP) practices, specialist services such as palliative care, tissue viability and in-house physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian, occupational therapist.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antibiotics. A review of residents' files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Inspectors identified some examples of good antimicrobial stewardship. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

Improvements were found in care planning since the previous inspection. Resident care plans were accessible on a computer based system. There was evidence that residents' were comprehensively assessed prior to admission, to ensure the centre could meet residents' needs. Care plans were reviewed by staff at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.

The general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. The provider had a Legionella management programme in place. Unused outlets were regularly flushed and routine monitoring for Legionella in hot and cold water systems was undertaken.

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. This is detailed under Regulation 17; premises.

Inspectors identified several examples of good practice in the prevention and control of infection. For example, staff applied standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection. A new tagging system, to identify equipment that had been cleaned, was in the process of being implemented at the time of inspection.

Staff demonstrated a proactive approach to infection prevention and control by maintaining a high level of vigilance for early signs and symptoms of infection

among residents. When symptomatic residents were identified, staff immediately implemented appropriate infection prevention and control protocols. This helped to minimise the risk of transmission to other residents and staff.

Discrete symbols were displayed on bedroom doors to identify residents colonised with MDROs. This approach supported staff awareness and compliance with infection prevention and control measures while preserving residents privacy and dignity.

Notwithstanding the good practices observed, inspectors identified small number of areas that required review to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. Improvements were required in MDRO surveillance, hand hygiene facilities and equipment management. Findings are detailed under Regulation 27: infection control.

Immediate fire obstruction risks were identified and brought to the attention of the clinical nurse manager on the morning of inspection. An armchair was obstructing an automatic door from closing in the Elms sitting room and a bedroom in Elm wing. Both chairs were removed.

Improvements were found to fire safety since the February 2025 inspection. The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all communal rooms and all compartment doors. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. There was fire evacuation maps displayed throughout the centre. On the day of the inspection there were four residents who smoked and detailed smoking risk assessments was available for these residents.

The person in charge had good systems in place to manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). There was policy in place to inform management of responsive behaviours and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging . Residents' had access to psychiatry of later life. The use of bed rails as a restrictive device was kept to a minimum. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as low beds. The

entrance door to the ground floor reception area was locked. The intention was to provide a secure environment, and not to restrict movement.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training. Staff were knowledgeable of what constituted abuse and what to do if they suspected abuse. Staff had An Garda Síochána (police) vetting disclosures on file. The provider was acting as a pension agent for a resident living in the centre. Records reviewed found these pensions were paid into a separate account to ensure residents' finances were safeguarded. The provider issued quarterly statements regarding balances within the resident's pension agent account. The provider held small quantities of monies in safe keeping for a resident. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff. The provider also audited the balances on a regular basis.

There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Residents confirmed that they could choose to socialise and participate in activities and there was a varied and flexible activities schedule each day. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities and meals. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radios. Mass took place in the centre regularly. Residents had access to an Oratory room in the centre.

## Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

## Regulation 17: Premises

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

- Improvements to storage had been made following the previous inspection, however some issues remained. For example, supplies of PPE were stored in a communal bathroom and inappropriate equipment including cleaning

machines and pressure relieving cushions were stored within one sluice room. This posed a risk of cross contamination.

- Some flooring and wood finishes were worn and poorly maintained and as such did not facilitate effective cleaning.

Judgment: Substantially compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example:

- Accurate surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff regarding which residents were colonised with MDROs including CPE and ESBL. As a result accurate information was not recorded in three resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's ensuite bathrooms were dual purpose used by residents and staff. Clinical hand wash sinks in sluice rooms and one treatment room did not comply with HBN-10 specifications.
- Improvements were required in the standard of equipment hygiene and oversight of same. Two nebuliser machines stored within a treatment room were visibly unclean. The covers of several mattresses were worn. This compromised effective cleaning and decontamination.
- The detergent in the bedpan washers had expired. This may impact the effectiveness of decontamination.

Staff said that they manually decanted the contents of commodes, bedpans and urinals into residents toilets prior to placing in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.

- Open-but-unused portions of wound dressings were observed in the treatment rooms. Reuse of open but unused wound dressings is not recommended due to risk of contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management

servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to Mooncoin Residential Care Centre and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Care plans were sufficiently detailed to guide staff in the provision of person-centred care.

Judgment: Compliant

### Regulation 6: Health care

Residents living in the centre had good access to medical care and from a review of records, it was evident that residents were reviewed regularly and when required. A full time physical therapist was employed in the centre and provided both one to one and group sessions for residents. Residents were referred to health and social care professionals such as dietitian, speech and language therapists, tissue viability specialists as required. Community palliative care specialists also attended the centre as required.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspectors reviewed a sample of care plans and saw that person-centred care plans, outlining where evident, triggers and appropriate interventions, to support residents with responsive behaviour. The use of bed rails was monitored by the management team and alternatives to bed rails such as low low beds and crash mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title                                     | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                       |                         |
| Regulation 15: Staffing                              | Compliant               |
| Regulation 16: Training and staff development        | Compliant               |
| Regulation 23: Governance and management             | Compliant               |
| Regulation 31: Notification of incidents             | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 11: Visits                                | Compliant               |
| Regulation 17: Premises                              | Substantially compliant |
| Regulation 27: Infection control                     | Substantially compliant |
| Regulation 28: Fire precautions                      | Compliant               |
| Regulation 5: Individual assessment and care plan    | Compliant               |
| Regulation 6: Health care                            | Compliant               |
| Regulation 7: Managing behaviour that is challenging | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Compliant               |

# Compliance Plan for Mooncoin Residential Care Centre OSV-0000254

Inspection ID: MON-0048051

Date of inspection: 12/11/2025

## 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 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: The painting and floor covering is now complete in all areas within the centre, and the provider is also in mid consultation in respect of an application to vary condition one to address storage with the Chief Inspector.</p> <p>Flooring in the housekeeping store has been added to the risk register and will be updated with the 2026 schedule of flooring replacements.</p> <p>Our Environmental audits pick up bedroom furniture, which we have commenced replacing and will have additional attention via audit to make a comprehensive plan for replacement. This will also be reflected on our risk register.</p> <p>Carpet replacement remains a focus of our risk register, and is all listed for replacement.</p> <p>Detergent in bedpan washers has been replaced.</p> <p>Inappropriate storage has been addressed with staff directly.</p> <p>With the spare PPE requirements for outbreak. Mooncoin RCC has a requirement and wish to create additional storage space, which we are working through with the Office of the chief inspector in relation to an application to vary.</p> <p>IPC standard sinks for handwashing will be inserted in this year in treatment room 1 and all 3 sluice rooms.</p> |                         |

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

A full review of all discharge letters has taken place. Of note, some people had what might be considered an MDRO in another circumstance, where it is resistant to multiple antibiotics, however, some residents who may have had an e-coli infection etc., had a form that responded to multiple antibiotics.

Storage of floor machines and other items(PPE, Incontinence wear and clinical waste bins) have been temporarily relocated but a small amount are required close by for immediate isolation when a resident presents with evidence of infection. Mooncoin RCC are in a process to achieve a more permanent store by varying condition one of our current registration to make better use of space.

Pressure cushions have a designated space existing, staff reminded of the importance of this.

Handwash sinks – see previous response.

Other equipment in storage has either been cleaned and added to a schedule, or decluttered and removed from the center, e.g. nebulizers.

The IPC link practitioner has had several IPC huddles to address the correct method of sluicing in the center. The next topic for this week is wound dressings and appropriate storage and disposal.

]

## 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 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      | 31/07/2026               |
| Regulation 27(a) | The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff. | Substantially Compliant | Yellow      | 31/07/2026               |