Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Mooncoin Residential Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Mooncoin RCC Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Polerone Road, Mooncoin, Kilkenny</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>01 April 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000254</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022221</td>
</tr>
</tbody>
</table>
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 centre, which provides residential care for 78 people. All resident accommodation is 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 twenty-four-hour nursing care is provided. In total there are 74 single and two twin bedrooms. All bedrooms have full en-suite facilities. Each bedroom was appropriately decorated and adequate screening was available in the shared rooms. 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.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>31/08/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>75</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 April 2019</td>
<td>10:00hrs to 18:00hrs</td>
<td>Sheila Doyle</td>
<td>Lead</td>
</tr>
<tr>
<td>02 April 2019</td>
<td>09:00hrs to 14:30hrs</td>
<td>Sheila Doyle</td>
<td>Lead</td>
</tr>
</tbody>
</table>
## Views of people who use the service

The inspector met with some residents both individually and in small groups. Residents were complimentary about the care they received and felt happy and safe in the centre. Residents gave very positive feedback about staff and were aware of who the person in charge was and how to make a complaint although, all spoken with said they never had to make a complaint.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. Several residents spoke about the choice of areas where meals were served with some commenting that they prefer the smaller quieter areas so they can chat with friends.

There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents’ satisfaction.

Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. One resident commented that staff just know them so well.

Residents said they were happy with their rooms and felt their privacy was respected.

Residents told the inspector that staff were kind and respectful. Many residents spoke about the activities they are involved in with some commenting that they love the music and the sing songs. Some residents said they loved getting their nails done and the hand massages.

Several residents told the inspector how grateful they were to be able to watch the ceremonies from the local church which were streamed live into the centre.

## Capacity and capability

Overall, a good service was being provided to the residents.

The inspector found that a robust governance structure was in place. There was a clearly defined management structure. The person in charge was a registered nurse, worked full-time in the centre and had the required experience in nursing older people.

The person in charge assured the inspector that Garda Síochána (police) vetting was
in place for all staff.

Following a review of the staff rosters, residents' care records including dependency levels, and feedback from residents, the inspector was satisfied that there were sufficient staff on duty to meet residents' needs.

The inspector found that the quality of care, and experience of residents was monitored, and reviewed on an ongoing basis. Non-compliances identified at the previous inspection had been addressed within the agreed timescale. The inspector saw that the annual review of the quality and safety of care was completed although some improvement was required. In addition, an auditing schedule was in place. Staff discussed plans to develop this further.

On admission, residents were issued with a contract of care which clearly outlined the fees payable and the services covered by that fee.

Having reviewed the training records, the inspector was satisfied that a culture of learning was promoted through training and professional development. A robust induction procedure was in place to ensure that staff had the required competencies to care for residents.

A residents’ guide was available. Policies and procedures were in place for the management of complaints but additional detail was required in the complaints log.

**Regulation 14: Persons in charge**

The person in charge is a registered nurse and has the required experience in nursing older people.

She continues to attend clinical courses such as restraint management.

During the inspection she demonstrated her knowledge of the regulations and the standards and outlined plans in place to further improve the service.

Judgment: Compliant

**Regulation 15: Staffing**

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents.

Judgment: Compliant
### Regulation 16: Training and staff development

All mandatory training was up to date. The inspector noted that a detailed training schedule was in place. This included training on responsive behaviours, safeguarding and infection control.

**Judgment:** Compliant

### Regulation 19: Directory of residents

The directory of residents was complete. It contained all information required by the regulations.

**Judgment:** Compliant

### Regulation 21: Records

Four staff files were reviewed and the inspector found that they were complete and contained the information required by the regulations.

**Judgment:** Compliant

### Regulation 22: Insurance

Evidence was available that insurance was in place.

**Judgment:** Compliant

### Regulation 23: Governance and management

A clear management structure and management systems were in place to ensure the service was provided in line with the statement of purpose.

Some improvement was required to ensure that the annual review was prepared in consultation with residents and their families.
Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Contracts of care were in place and they set out the services provided and the fees charged.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that policies and procedures were in place for the management of complaints. The action required from the previous inspection relating to the complaints policy had been completed. However, sufficient detail was not consistently being recorded. For example, details of any investigations or actions taken on foot of the complaints were not recorded in the sample viewed.

The number of complaints received was minimal. The complaints procedure was displayed in the front foyer.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

A collection of policies was in place and included the policies required by the regulations. There was evidence of regular review.

Judgment: Compliant

### Quality and safety

Overall, residents in this centre were well cared for and the quality and safety of care provided was to a high standard.

Residents' well-being and quality of life were enhanced and promoted through ongoing resident review and assessment using a range of recognised tools covering clinical issues such as the risk of pressure ulcers, risk of malnutrition.
and falls risk assessments. Each resident had a care plan developed based on this ongoing assessment. Some improvement was required to ensure that sufficient detail was consistently included and that residents or their family member were consulted at care plan reviews.

Improvements to the premises were noted. This included the replacement of some floor covering and ongoing painting and redecoration. The inspector found that the centre was homely and provided adequate physical space to meet each resident's assessed needs. All areas were clean and well maintained.

The person in charge discussed plans afoot for further improvements. This included putting some raised beds in the existing secure garden area along with a wild flower section.

Noted improvements in the quality and safety of care included both the choice available and the serving of meals. Mealtimes were now a social occasion with adequate assistance available when needed.

It was noted that visitors were welcomed in the centre, and encouraged to participate in the residents' lives. Visitors spoken with confirmed this to the inspector. Visiting was unrestricted during waking hours.

The inspector noted that although use of restrictive practices remained high, ongoing efforts were underway to promote a restraint-free environment.

Residents were safeguarded by effective procedures in the centre. Robust infection control procedures were in place. Fire safety procedures, servicing records and training were up to date.

The provider had clear processes in place to protect residents' finances. Residents had the option of retaining a small amount of cash for safekeeping within the centre. Double signatures were maintained for withdrawals and deposits. The provider acted as a pension agent when requested, and arrangements were in place to afford adequate protection and access to these finances.

**Regulation 10: Communication difficulties**

The inspector noted that, where appropriate, residents' communication needs were recorded in their care plan and appropriate interventions listed. For example, the inspector saw that a pictorial menu and flash cards were available to assist residents. In addition the inspector saw that a resident was referred for review to speech and language services.

Judgment: Compliant
Regulation 11: Visits

Visitors were made welcome in the centre except at meal times if disturbing other residents. The inspector saw visitors attending the centre at various times throughout the inspection. Visitors spoken with said they were very grateful for the flexibility as it allowed them to visit whenever they could. They also told the inspector that they were offered tea and snacks when visiting. The inspector noted that some relatives liked to spend most of the day with their loved ones and this was accommodated.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was organised and well-equipped. Appropriate procedures were in place for the safe return of clothes.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the laundry service provided.

Adequate storage space, including lockable space, was provided for residents’ possessions.

Judgment: Compliant

Regulation 13: End of life

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Having reviewed a sample of care plans, the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. Advice and support was available from the local palliative care team. The non-compliance identified at the previous inspection relating to the packing and storing of deceased residents' belongings had been addressed.

Judgment: Compliant
### Regulation 17: Premises

Overall, the centre was suitable for the number and needs of the residents.

The location, design and layout of the centre were suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way.

All areas looked clean and well maintained. The centre was observed to be homely, warm, bright, and furnished to a high standard. There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents. Resident’s bedrooms were personalised with photographs, pictures and ornaments.

There was clear directional signage located at an appropriate height, around the centre to assist orientation.

**Judgment:** Compliant

### Regulation 18: Food and nutrition

Non-compliances identified at the last inspection relating to lack of table settings for some residents and lack of assistance for residents at mealtimes were addressed. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Catering staff met with residents on an ongoing basis to ensure that preferences were met.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic services and speech and language services when required. Reviews were documented including recommendations for each resident. The inspector reviewed a sample of care plans and noted that they were updated to reflect these recommendations. This had been identified as a non-compliance at the last inspection.

**Judgment:** Compliant
### Regulation 20: Information for residents

A recently updated residents' guide was in place and contained the information required by the regulations.

Judgment: Compliant

### Regulation 27: Infection control

Infection control procedures, in line with national guidelines, were in place. A staff member was currently attending additional training with the intention of coordinating hand hygiene training for staff. Infection control training had also been provided and additional training was planned. Hand hygiene gels were located around the centre and the inspector saw staff and relatives using them.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible, if needed. All staff had attended training, and fire drills were carried out on a regular basis, and these included night-time scenarios. The inspector noted that the registered provider representative was currently undertaking additional training to provide additional support and expertise as needed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls and skin integrity. The inspector reviewed the documentation relating to the management of clinical issues such as wound care and found that the planned care was in line with evidence based guidelines. However, on reviewing diabetic care, the inspector noted that sufficient detail was not consistently recorded. For example, one care plan...
reviewed did not outline the requirements for specific foot or eye care.

In addition, there was no documented evidence that residents or where appropriate that resident's family were involved in the care plan reviews.

**Judgment: Substantially compliant**

### Regulation 6: Health care

Residents’ health care needs were met through timely access to treatment and therapies. Resident's had access to general practitioners (GPs), and allied health care professionals either in house or in the locality. There was evidence within the files that advice from allied health care professionals was acted on in a timely manner.

**Judgment: Compliant**

### Regulation 7: Managing behaviour that is challenging

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspector noted that although use of restrictive practices remained high, ongoing efforts were underway to promote a restraint-free environment.

**Judgment: Compliant**
### Regulation 8: Protection

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for one resident and this was managed in line with guidelines.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Views of people who use the service</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Governance and management:

The annual review will be discussed with our residents and where appropriate their family representative at the next resident forum meeting to be held on the 11/04/2019.

The annual review will subsequently be updated where appropriate to reflect the contributions of the residents and their family representative. The annual review will be completed by the 10/05/2019.

| Regulation 34: Complaints procedure            | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Complaints procedure:

The required detail as discussed with the inspector in relation to investigations and arising actions from a complaint is now being fully recorded and completed on our complaints form in accordance with our complaints policy. Completed 08/04/2019.
<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

**Individual assessment and care plan:**

All diabetic residents have had their care-plans reviewed and amended to record the specific foot and eyecare that is required by those residents. Completed 08/04/2019.

All care-plans are currently being reviewed with our residents and where appropriate their family representative. This review will be completed on the 10/05/2019.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23(e)</td>
<td>The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>10/05/2019</td>
</tr>
<tr>
<td>Regulation 34(1)(f)</td>
<td>The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>08/04/2019</td>
</tr>
<tr>
<td>Regulation 5(3)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>08/04/2019</td>
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<tr>
<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>10/05/2019</td>
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</table>