

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Moycullen Nursing Home
Centre ID:	OSV-0000365
Centre address:	Ballinahalla, Moycullen, Galway.
Telephone number:	091 868 686
Email address:	moycullennursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	Pat Shanahan
Lead inspector:	Geraldine Jolley
Support inspector(s):	Marie Matthews
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	16

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 July 2017 11:00	25 July 2017 19:00
26 July 2017 10:00	26 July 2017 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Non Compliant - Moderate

Summary of findings from this inspection

This inspection of Moycullen Nursing Home was an unannounced thematic inspection that focused on the care and welfare of residents who had dementia. On arrival at the centre, the inspectors met with the clinical nurse manager who was in charge and explained the purpose of the inspection.

Prior to the inspection, the centre completed the provider's self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016). As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Moycullen Nursing Home provides care for a maximum of 54 residents. On the day of inspection there were 38 residents accommodated. There were twenty residents with a formal diagnosis of dementia and another resident who had symptoms of dementia. The inspectors met with residents and varied member of staff during the inspection. They tracked the journey of residents with dementia within the service and looked at aspects such as nutrition, wound care and falls prevention in relation to other residents. They observed care practices and interactions using the validated observation tool, the quality of interactions schedule, (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in communal areas and included times when scheduled activity was underway.

The centre is a purpose-built single-storey premises that is located a short drive from the village of Moycullen and a twenty minute drive from Galway city. The atmosphere was home like, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspectors observed that staff had enhanced the environment for residents in ways that promoted their well being and independence. For example, there was signage in Irish and English in pictorial and written format to inform residents that they were entering dining and sitting rooms and there were several communal areas where residents could spend time and engage in activity or spend time quietly. While the signage in place was relevant the inspectors found that there was a lack of signage in hallways to direct residents to the varied facilities. There were numbers and names on bedroom doors however these were at a high level which many residents could not see easily especially if they were using wheelchairs or walking frames. The building was generally well maintained however, there were some areas where paintwork required renewal.

The inspectors observed several examples of good practice in the areas examined that which resulted in positive outcomes for residents. Staff were observed to be courteous and responsive to residents and visitors during the inspection. The results from the formal and informal observations were generally positive and most staff interactions with residents promoted positive connective care. In general the living environment was comfortable and provided opportunities for rest and recreation. The design of the centre enabled residents to walk around freely and to access the secure outdoor garden area. There were raised beds with cottage garden flowers that were in bloom to provide interest for residents when outside. The centre had a dog called Harvey that lived on the premises and he was much loved by residents and staff. Residents told inspectors that his welcoming presence, quiet and gentle nature was a source of great joy and comfort to them and contributed to the home like atmosphere in the home.

There were policies and procedures available to guide and inform staff on how to safeguard residents and prevent abuse. Staff the inspectors talked to confirmed that they had regular training on this topic and they conveyed a good understanding of what constituted abuse and how an incident of abuse should be reported and addressed. There was a positive, person centred approach towards the management of behaviours associated with dementia and the inspectors observed that residents were able to follow particular behaviour patterns without restriction and that

behaviour support plans were in place to guide staff practice. The centre promoted a restraint free environment and there had been a gradual reduction in the number of bedrails in use over the past two years. There were keypads in use to restrict access to some areas and to the outside. These were in use to meet the specific needs of some residents and the inspectors formed the view that the arrangements should be reviewed as residents' needs changed.

The inspectors found that the wellbeing and welfare of residents including people with dementia was promoted and met to a good standard in most areas. Staff undertook assessments of residents care needs prior to and on admission and reviewed these when circumstances changed. There was appropriate information in care plans in relation to communication needs and how dementia impacted on daily life however improvements were identified in the following areas:

- the information in some assessments and reviews did not accurately reflect residents needs
- the layout of care plans did not include information on how specific problems were to be addressed, for example, while there were good wound care records that outlined dressings in use and the progress of wounds there was no care plan to guide staff where residents were assessed as vulnerable to pressure area problems in relation to prevention, the most appropriate dressings to use when a wound arose or when to refer for specialist advice or medical opinion
- there were some instances where assessments and care plans residents did not reflect evidence based nursing care
- there was a comprehensive programme of social care as described in Outcome 3 however there were some residents who had significant cognitive impairment who did not have interventions that were consistent and meaningful and took into account other problems such as sensory impairments.

In the pre-inspection self assessment document, the provider assessed the arrangements in relation to health and social care as compliant however the inspectors assessed the centre as moderately compliant due to the shortfalls outlined above.

Residents were consulted with and participated in the organisation of the centre. Overall, a culture of person-centred care was evident and staff worked to ensure that each resident received care in a dignified way that respected their privacy and their wishes. A range of staff training opportunities including dementia specific training courses were provided. All staff were up to date with training on the mandatory topics of moving and handling, fire safety and adult protection.

The action plan responses from the last inspection which was conducted in April 2016 were reviewed. Areas that had been addressed included the completion of behaviour support plans for residents with behaviours associated with dementia, codes on the staff rota indicated the varied periods that staff worked, the use of bedrails was informed by assessment and dementia care needs were evident in care records. Actions in relation to care documentation continued to need attention in addition to the areas described earlier.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors focused on the experience of residents with dementia and reviewed the care pathway of five residents prior to and following admission. Information in care plans, medical and medicine records were reviewed. The inspectors also examined other aspects of care such as nutrition, wound care management, mobility, access to health care and allied health professional supports, medicines management, end of life care and how residents at risk of falls were protected. The inspectors also based their judgments on observations of the delivery of care and feedback from residents. Residents who were able to express their views said that staff cared for them well and were kind and gentle in their approach. Care practice was based on a range of evidence based assessment tools and interventions. There were formal assessments completed for nutrition, pressure area vulnerability, falls risks, communication and continence. The assessments completed were used to develop care plans however the inspectors noted that care plans were not available to support and guide all staff interventions. This was noted particularly in relation to the management of skin vulnerability and wound care.

There were 38 residents in the centre during the inspection. 30 residents had been assessed as maximum or high dependency. The remaining eight residents were assessed as having medium or low level care needs. The centre mainly accommodated residents on a long term basis but offered respite and short term care to residents who have convalescence or palliative care needs. Over half of the current resident group had a diagnosis of dementia or some degree of cognitive impairment.

The inspectors found that the wellbeing and welfare of residents was promoted and protected by staff, however there were improvements required in some areas that included the delivery of evidenced based nursing care and the way care plans outlined residents' care needs and guided care practice. There were assessments completed before and following admission that conveyed information about medical needs, mobility, dementia care needs and social circumstances. However, the inspectors noted that care practice was not always informed by comprehensive reviews that would inform care practice when residents' needs or circumstances changed and contributed to

increased vulnerability.

There were six pressure related wound care problems that had developed in the centre in receipt of treatment. Three were minor in nature where redness in skin condition had been observed and appropriately rated. Three residents with wounds ranging in severity from grade 2 to grade 3 had wound assessments and dressing records in place. There was photographic evidence that indicated that all wounds were responding to treatment and resolving. However, the inspectors noted that where residents were assessed as vulnerable to pressure area deterioration there were no specific care plans to direct care and prevent deterioration. There were progress notes maintained at each dressing change and the response to treatment was recorded. These records were noted to be of a good standard and conveyed that all pressure wounds were showing signs of improvement.

Inspectors found that residents had pressure area risk assessments completed on admission and these were regularly reviewed. Twelve residents had been supplied with air mattresses and others had varied types of pressure relieving equipment to address their specific needs. Position changes were introduced to help prevent or alleviate pressure area problems but some of the records reviewed were incomplete and conveyed that position changes were not undertaken in a regular manner that would ensure effectiveness. For example, some records indicated that four to six hours elapsed between each change and this did not convey that appropriate prevention measures were in place. Nurses relied on an assessment scale to indicate if pressure relieving mattresses were required. However the inspectors were told that one pressure area problem arose while the resident was waiting for a specialist mattress and another was attributed to a chair that did not provide the appropriate level of support. The inspectors formed the view that while appropriate care practice was in place when wounds developed preventative measures were not always commenced in a timely manner to prevent skin breakdown. It is a requirement of this report that assessments and care plans to guide staff when skin integrity is identified as a risk are based on evidence based practice, comprehensive assessment of all the circumstances relevant to each resident and include prevention measures to prevent skin breakdown.

There was information that described dementia or periods of confusion and the impact this had on residents' day to day life recorded in care records. Some residents exhibited behaviours associated with dementia and there were behaviour support plans in place to guide and inform the actions of staff when such behaviours were evident. This had been identified for attention in the action plan from the last inspection and had been addressed appropriately. Care and activity staff could describe residents' cognitive conditions, abilities, care needs and dementia related behaviours. They were aware of the actions to take when residents were distressed and could describe a range of interventions such as distraction or engagement in activity that proved successful. The inspectors saw these interventions were in place with good outcomes for residents.

The inspectors found that a person-centred approach to the delivery of care had been adopted. For example residents' preferred routines in relation to when they got up and went to bed were described and observed by staff. Nursing and care staff knew residents well and adhered to their choices in relation to how they wished to spend their time and what activities they wished to attend.

There were communication systems in place to ensure appropriate communication between the acute hospital and the centre. Copies of transfer documentation were available in residents' files and described their health, medicine regimes and their specific communication needs.

Residents and their families, where appropriate were involved in the care planning process and their contributions to critical decisions in relation to care practice including end of life care were recorded. Staff said that relatives were facilitated to stay overnight and to spend as much time as possible with loved ones at this time. Community palliative care services were accessible when required. There were care plans for end of life care but the information was noted by inspectors to be variable and in some cases did not adequately guide staff. For example some care plans indicated that staff should contact family members when residents' health deteriorated to establish what to do and many did not describe the spiritual care to be arranged. The inspectors formed the view that more comprehensive information should be determined to ensure that end of life care could be planned and undertaken effectively in accordance with residents' wishes. There was no resident receiving end of life care on the day of inspection.

Residents had access to allied healthcare professionals. During the inspection an occupational therapist was engaged in assessing residents for suitable seating. An action plan in the last report outlined that some residents did not have regular medical reviews. The inspectors found during this inspection that changes in circumstances and aspects of residents' health had not been comprehensively reviewed to ensure that a high standard of evidenced based care was delivered.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration or deficits in nutrition however records that supported the interventions in place required improvement. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. There were ten residents experiencing weight loss and who were being monitored in accordance with dietetic recommendations. Food intake records were maintained to help staff and dieticians assess intake and level of risk however the standard of completed records was variable. Some provided a good outline of food consumed but others were noted to lack specific detail and provide only a general overview and did not specify amounts consumed. Care records did not indicate where weight loss was related to other conditions or related to end stage dementia. Residents were prescribed supplements to enhance nutrition and prevent deterioration however the inspectors noted that some supplements had not been prescribed by doctors as required and where a supplement was poorly tolerated there was no information available to indicate if an alternative option was tried.

Residents were provided with a choice of hot meal at mealtimes. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. An inspector observed the service of one lunchtime meal and found that this time was used as an opportunity for social interaction and conversation. Staff spent time talking to residents and assisted them where necessary. There was adequate staff available to assist residents and where residents liked to take

a long time over meals they were facilitated by staff to do this. Adapted and specialist cutlery was available for residents who had problems with dexterity.

There were arrangements in place to review accidents and incidents and residents were assessed to determine risk of falls. There was information that indicated that residents were reviewed following falls and that further injury and deterioration was prevented by assessment of neurological function. There was a programme of social care as described in Outcome 3 and there was information on residents' backgrounds and social interests recorded to guide staff interventions and the development of the activity schedule.

Nurses completed a daily record of residents' health and condition. These records focused on physical care interventions and lacked detail on social care participation or reflections on emotional health. When wound care problems were addressed on particular days a commentary on the progress or condition of the wound was not always described.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. An inspector reviewed the medication storage and administration arrangements. Secure storage was in place and met legislative requirements for general and controlled medicines. There was an ongoing programme for medication management training and records viewed indicated that all nurses had attended training in 2017. Pain relief was prescribed where required and nurses said they were vigilant in relation to residents' demeanours and observed for any signs of distress that would indicate pain where residents had dementia or could not communicate their needs. There were regular audits of practice in relation to medicines however the system required review as supplements were noted to be given without an appropriate signed prescription. The clinical nurse manager had developed a system that was due to be introduced to ensure that medicines were reviewed regularly to ensure optimum benefit to residents.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that there were policies and procedures in place to ensure residents were appropriately protected from abuse. All staff had received training on the prevention of elder abuse and staff spoken to had a good understanding of their role

and responsibility to identify and report abuse. Staff were knowledgeable about possible signs and symptoms, how to respond to and manage an incident of abuse. In conversations residents confirmed that they felt safe and secure in the centre. They attributed this to staff being available when they needed them and to staff having kind and positive attitudes to their work.

The centre had a policy on and procedures in place to support staff with working with residents who have responsive behaviours (how people with dementia and other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff the inspectors talked to were positive in their comments about responsive behaviours and viewed these as a way of residents communicating frustration or distress. There was a person centred approach towards the management of responsive behaviours. Staff were familiar with how to address the behaviours of individual residents. The care records of a number of residents who currently have responsive behaviour plans were reviewed. Incidents were documented and there was a clear responsive behaviour plan individual to each resident in place to guide practice and ensure a consistent approach to care.

The inspectors observed that a culture of promoting a restraint free environment particularly in relation to the use of bedrails was promoted. There was evidence of a gradual reduction in the use of such restraints over recent years. There were six bedrails in use and all had been assessed as necessary to protect residents from falls where other options had not proved successful. Alternative measures such as low-low beds, bed wedges and sensor alarms were available and in use. There was a documented rationale in residents' care plans in relation to the use of bed rails. The inspectors reviewed a sample of the decisions made to support the use of bedrails. There was evidence of the communication and consultation held with residents and families about bedrail use which included information in relation to the risks such equipment presented. There were however a number of areas where keypads restricted access to particular areas. This included some toilet areas and bedroom doors. The inspectors were told the arrangements were required to meet the specific needs of the present resident group however the inspectors formed the view that a review should be undertaken as residents' needs change to ensure that the environment does not restrict the freedom of movement of other residents who do not require this level of restriction.

The inspectors saw positive and respectful interactions between staff and residents and found that residents were comfortable talking to staff and could bring issues of concern to them without difficulty. A resident told the inspector that he found the staff "calm and kind" and said that if he had problems he would talk to any staff caring for him and felt they would help. Other residents spoken to said that they had confidence in the staff and expressed satisfaction with the care being provided. An inspector reviewed the system for issuing contracts to residents and for managing money on behalf of residents. The centre's staff did not handle any money for residents, the inspector was told. Contracts are issued to all residents. An additional charge of €35 per week is made for social care. Other charges are made for services such as specialist mattresses and visits from allied health professionals. The charges were clearly outlined in the contract documents. The inspector noted that the type of room to be occupied was not identified as required by recent legislation or the entitlement to any services from the Health Service Executive.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' privacy and dignity was respected and they were facilitated to maximise their independence and exercise choice and control over their lives. Residents, including residents with dementia, participated in meaningful activities that reflected their needs, interests and capabilities. The inspectors observed that some improvement in care practices and social engagements opportunities was required to ensure residents who were very frail, who had particular behaviour patterns or sensory difficulties had meaningful engagement and regular staff input to prevent isolation.

There were dedicated activity staff and other staff known as social care facilitators who had a role in ensuring that a social model of care was in place. There was an activity programme available throughout the day and evening Monday to Friday. The day usually started with an interactive activity such as reading the papers and discussing the news, or with prayers or exercises. Activity staff were present in the main sitting room to greet residents and to chat with them when they came in each morning. Other social activities included crosswords, wordsearches, baking, flower arranging, skittles, bingo, and music sessions. One to one treatments for hands and nails were available and the hairdresser visited every Wednesday. Activities were observed to be well organised and residents were supported to actively participate. Some residents had the opportunity to engage in outside activity, attend local day care services and go on holiday. The inspectors noted that several residents went out with family members for meals and to attend social events.

There was a weekly music session that was valued by residents. They told inspectors that they "liked the music" and both staff and residents actively participated throughout the session inspectors observed. The activity programme was prominently displayed so residents knew what activity was scheduled each day. The centre had a dog named Harvey who featured prominently in the life of the centre. Residents said that they "loved having him around" and that he had contributed positively to their wellbeing.

As outlined above, many residents could participate in activities throughout the day and evening. However, the inspectors noted that some residents who were very frail or who had responsive behaviours related to dementia did not have meaningful engagement with staff for long periods of the day. Some residents who walked around, had active

behaviour patterns and were regularly met by staff were not regularly greeted or acknowledged throughout the day. The inspectors were told that specialist activity - Sonas, which is a multisensory activity targeted to meet the needs of residents with dementia - had been available as part of the activity schedule, but the member of staff who had training in this activity had left and other staff had not yet completed the required training. In view of the findings outlined above and the prevalence of dementia care needs the inspectors formed the view that the activity schedule should be revised to include some specialist activities suitable for very frail residents including residents with dementia.

As part of the inspection, inspectors spent periods of time observing staff interactions with residents. Inspectors used a validated observational tool, the quality of interactions schedule (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place at different times including a period of scheduled activity. Staff conveyed that they were familiar with residents' care needs and family backgrounds and the inspectors saw that efforts were made to chat to them about daily life and local news. Instances of warm and caring interactions between staff and residents were observed during the observation periods, however despite this there were some residents who had very little staff interaction except when care was required or they needed assistance to go to the dining room or have support at meal times.

Inspectors found that residents received care in a dignified way that respected their privacy and dignity. Staff approached residents calmly and were kind and empathetic when engaging with them or encouraging them with a particular intervention. Staff knew the preferred names and titles that residents wished to be called. Some residents liked to lock their bedroom doors and had been provided with keys or keypads to support this choice.

Residents were facilitated to exercise their civil, political and religious rights. The nurse in charge outlined how residents were supported to vote in elections and to practice their respective faiths. Mass was celebrated weekly and staff were familiar with the religious faiths and practices followed by all residents.

There were no restrictions on visiting, and residents had a choice of areas in which to receive visitors including their bedrooms. Visitors were observed to come and go throughout the day and were made welcome by staff. Telephones were available for residents' use, and a supply of national and local papers were delivered daily.

Residents and their families or advocates were consulted about services in the centre. A resident and relatives survey was conducted in November 2016 and respondents were requested to provide feedback on a range of areas. While feedback was predominantly positive, an action plan was developed around the suggestions for improvement. The action plan included improved information for relatives in relation to activities and an expansion of the activity schedule "to ensure all residents remain active and can participate in the daily life of the home".

There was an advocacy service available to residents and the inspectors were told that this service had been used by some residents with a beneficial outcome.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had a policy and procedure for the management of complaints that was in accordance with legislative requirements. While many residents were unable to communicate their views, three residents interviewed said they knew how to make a complaint and said that would make a complaint to any member of staff or the nurse in charge. They said that they had been told about the complaints procedure when admitted and that complaints are often discussed at meetings.

The complaints procedure was available and a summary was included in the information given to residents such as the residents guide and contracts of care. There was a record of complaints maintained. This record included the details of the complaint, the results of investigations completed, actions taken and if the complainant was satisfied with the outcome.

A range of matters had been addressed according to the record viewed and these included the time taken to respond to call bells, the presentation of meals and aspects of care practice. All complaints had been resolved and there were no active complaints being investigated at the time of the inspection. The inspector noted that complaints were addressed in a timely manner and that satisfaction with the outcome was recorded.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that during the inspection days there was an appropriate number and skill mix of staff to meet the assessed needs of residents including residents with dementia. Inspectors observed that staff were attentive to residents' needs throughout the day and residents were adequately supervised in communal areas. There was a planned and actual staff rota, with changes due to illness, holidays or other absences clearly indicated. The action plan outlined in the last report had been addressed fully. The hours worked by staff were outlined using the 24 hour clock and there were codes to indicate annual leave and study days.

There were effective recruitment procedures that ensured that staff were appropriately selected for their work with vulnerable people. There was an induction programme for newly-recruited staff and an annual appraisal system was also in place to review staff progress.

A sample of staff personnel files was reviewed by inspectors, and these were found to contain all the required Schedule 2 information required by Regulation 14: Persons in Charge and Regulation 15: Staffing. The clinical nurse manager who facilitated the inspection confirmed that all staff had vetting disclosures in place.

A summary of the training completed for all staff was provided to inspectors. This indicated that all staff had completed training in the mandatory topics of moving and handling, fire safety, and the prevention, detection and response to abuse. The staff team had also completed training on food hygiene, dementia care and responsive behaviour management, and on infection control. Training on other topics that included emergency resuscitation and medicines management had been completed by nurses. Staff who regularly used hazardous substances had been provided with training on the use substances that could be hazardous to health. Staff who spoke with inspectors said that they were scheduled for training regularly and valued the opportunities to learn new skills and be appropriately informed about good practice. As described earlier in this report some staff should be provided with specialist training on activities related to dementia care to ensure all residents have suitable social care opportunities and regular interactions that are meaningful to them.

Staff meetings were held on a regular basis, and minutes of these meetings were provided to inspectors. There were weekly staff meetings where the needs of residents were reviewed and discussed. In addition there were regular meetings for nurses where aspects of care practice were discussed. The minutes recorded for the March and June meetings of 2017 were reviewed by inspectors. Issues discussed included the need for improvement in the records of wound care problems and the management of falls.

The person in charge was on holiday when the inspection was completed. The inspectors found that the clinical nurse manager who was in charge provided good leadership to the staff team, was familiar with residents' care needs and was well informed about the regulations and standards. She facilitated the inspection in a competent manner and provided information promptly when requested to do so.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The premises met the assessed needs of residents in some aspects, and inspectors found that the design and layout promoted the dignity, independence and wellbeing of residents including residents with dementia, however a range of improvements were identified. Further development of signage within the centre for example would support residents to navigate throughout the premises and assist residents to find their way to essential locations such as sitting and dining rooms and the garden area.

The centre is a modern building located in spacious grounds and is a short drive from the village of Moycullen. There were some design features that contributed positively to dementia care practice. Bedrooms were mainly single occupancy and shared rooms had full screens around beds to protect residents' privacy. Residents' bedrooms were personalised with photographs, ornaments and other personal items to promote a sense of personal identity. Staff said that they encouraged residents to bring in personal belongings to remind them of family, of important events and to ensure that their rooms were personal to them. Bedroom furniture was arranged to suit the preferences of residents the inspectors were told and they observed that this happened in practice. Bedrooms were found to be of an appropriate size to meet the individual needs of residents.

Residents had a choice of places to spend time during the day. There was a large sitting room with a television and radio which was busy throughout out the day and was the setting for most activities. There were other quieter sitting areas where residents could spend time quietly away from activities and television. Sitting area had lamps and fire places that contributed to creating a home like environment. These areas were noted to be used by some residents throughout the day and evening. The dining room was spacious, had good lighting and had appropriate stable furniture to enable residents to spend time and have their meals in comfort. The centre was arranged around a central garden space and residents could walk around without encountering doors or blocks to their walking activity. There were place to sit at varied points. The garden was attractively laid out and had raised flower beds with country cottage style flowers to provided interest for residents. The centre was visibly clean and staff were observed to be diligent in clearing up spills promptly. There was signage on doors in Irish and English to indicate the purpose of rooms. This signage was clear and in pictorial and written formats. Handrails and grab rails were available in corridors, circulation areas and toilets and shower rooms and promoted residents independence throughout the centre.

The following premises issues were noted to require attention to ensure effective dementia care practice and appropriate premises standards:

- In zone 3 there were several cracks in the walls that required repair and renewal of paintwork
- There was a lack of signage to guide residents from bedroom areas and hallways to the main facilities and the garden and it was difficult for residents to identify their rooms as door numbers and identifying features were not at eye level.
- The garden although an attractive space had a raised lawn area that presented a trip hazard and there were no rails at the entrances to support residents when going out.
- Hallways were unobstructed however there were areas where there was poor light or changes in the level of light which could cause confusion where residents had dementia.
- Walls were light in colour however there was a lack of contrast in the colours used on walls, furniture and floors making it difficult for confused residents or people with vision problems to differentiate fixtures and fittings.
- There were few fixtures that could aid or promote reminiscence. For example while the hallways had tables and chairs where residents could sit there was a lack of interesting features to prompt them to spend time in these areas
- The smoking area did not have a call bell linked to the main call bell alert system to enable residents to summon help if needed. A hand bell was available however this may not be audible to staff.
- Some bathroom/shower/toilet facilities identified as assisted facilities did not have appropriate aids such as sinks at an appropriate height to accommodate wheelchairs, a call bell or handrails on both sides of toilets. One area was used for the storage of equipment which presented a hazard to residents who could freely enter the area.

Access to areas that may pose a risk to residents such as sluice rooms is restricted. There was a call bell system in place so that residents could request help when in bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment was available however the inspectors were told that residents who required specialist chairs for their comfort and posture could not be provided with this equipment if they had the means to purchase it themselves. This had resulted in an adverse outcome for some residents who sustained injury due to using a chair which did not support posture effectively.

The entrance opens onto an open plan area and the nurses station where some residents liked to sit for periods during the day. This area was noted to be well used. Residents told inspectors that they liked to chat together and to watch the general activity as this was where visitors entered the centre and was also the main access point to the sitting and dining rooms. Staff said they were aware that the constant activity and background noise could be a stress factor for some residents and said they ensured that residents were seated in the sitting rooms which were quieter and more suitable to their needs.

Clocks were available to orient resident to time however many were again like signage on bedroom doors at a high level and were difficult to see.

The inspectors saw that some residents had been provided with aprons made from

varied tactile materials to encourage sensory stimulation. These items were noted to be well used by residents who were observed to find them comforting.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Moycullen Nursing Home
Centre ID:	OSV-0000365
Date of inspection:	25/07/2017 and 26/07/2017
Date of response:	15/09/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspectors noted that while there was appropriate practice in place when wounds were evident there were no care plans to ensure good tissue viability was maintained and skin damage was prevented when there were indicators such as weight loss, poor nutrition intake or other changes in circumstances that could make residents vulnerable to wound care problems.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

There were no care plans to indicate to staff the type of dressings/treatment regimes to be put in place for different wound types.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

There are care plans in place to support the current good practice in maintaining skin integrity and tissue viability for all residents in the centre.

The Person in Charge will monitor the Care Plans to ensure that they consistently identify preventative measures to guide nurses in appropriate treatment and care for those susceptible to developing a pressure wound.

Proposed Timescale: 30/09/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Nutritional assessments were completed and dietary supplements were added to promote healing however the inspectors noted that where a supplement did not prove suitable for a resident there was no information on alternatives considered or trialed to ensure the resident's well being.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

We will ensure that the procedures for completing nutritional assessments for all residents continue to be adhered to by nurses in the centre. We will also ensure that the residents' wellbeing is maintained by considering an alternative nutritional supplement in the event that a prescribed supplement does not prove suitable or palatable for an individual resident.

Proposed Timescale: 15/09/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspectors noted that the arrangements for comprehensive assessments and reviews of residents' care required improvement to ensure nurses could deliver informed evidenced based care.

3. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

We will ensure that the arrangements for comprehensive assessments and reviews of residents' care are completed routinely and according as residents' care needs change, which will ensure that nurses deliver informed evidence based care.

Proposed Timescale: 30/09/2017**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some residents with complex care needs who required specialist equipment as assessed by occupational therapists were unable to access the equipment needed while in the centre according to information supplied to inspectors.

4. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

All residents assessed as requiring assistive equipment will be provided with this.

Proposed Timescale: 15/09/2017**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were care plans for end of life care but the information was noted by inspectors to be variable and in some cases did not adequately guide staff and did not meet the requirements of Regulation 13. For example some care plans indicated that staff should contact family members when residents' health deteriorated to establish what to do and many did not describe the spiritual care to be arranged.

5. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to

a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

All end of life care plans in the centre are written in consultation with, and signed by the residents or their nominated care representative. A strong emphasis is placed on maintaining and documenting end of life care to a high standard within the home. The Person in Charge will monitor the quality of end of life care plans and identify improvements as required. The spiritual care will be discussed appropriately and recorded in care plans where spiritual needs have been discussed with residents and their representatives.

Proposed Timescale: 15/09/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Food intake records were maintained to help staff and dieticians assess intake and level of risk however the standard of completed records was variable and did not support anyone viewing the records to determine if the diet was adequate. Some provided a good outline of food consumed but others were noted to lack specific detail and provide only a general overview and did not specify amounts consumed.

6. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

The Registered Provider will ensure that procedures for assessing and managing the food intake of residents at risk of malnutrition are consistently managed and recorded in the centre. 3 day intake charts are completed on all residents who present with a nutritional risk. Food charts are completed by care staff. Charts are reviewed by the nursing staff and concerns are discussed with catering manager. There is a clear care pathway for any residents showing signs of poor intake. The Person in Charge will ensure that the quality and detail of documentation will be consistently applied through training and supervision of nursing staff, care staff and catering staff.

Proposed Timescale: 30/09/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The daily records completed by nurses did not reflect the full range of care provided each day and did not describe wound care problems addressed, residents' emotional health or social care participation.

7. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

The daily records describe notable changes in residents' wellbeing. Wound care issues are assessed, care plans developed and progress recorded in the wound management section of the electronic resident record.

Social participation is recorded on the touch screen by the social care team. We will monitor compliance with the expected standards in clinical documentation.

Proposed Timescale: 30/09/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were a number of areas where keypads restricted access to particular areas. These included some toilet areas and bedroom doors. The inspectors were told the arrangements were required to meet the specific needs of the present resident group however the inspectors formed the view that a review should be undertaken as residents' needs change to ensure that the environment does not restrict the freedom of movement of other residents who do not require this level of restriction.

8. Action Required:

Under Regulation 07(3) you are required to: 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.

Please state the actions you have taken or are planning to take:

We will continue to ensure that where restraint is used in the centre, it is only used in accordance with national policy on the use of restraint in residential care settings. The Person in Charge will continue to work towards a restraint-free environment where possible and will ensure that all incidences of restraint usage are notified appropriately to the Authority as required.

We will continue to review environmental restrictions to ensure they do not interfere with the movements of residents who have the capability and capacity for unrestricted movement.

Proposed Timescale: 30/09/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Many residents could participate in activities throughout the day and evening, however, the inspectors noted that some residents who were very frail or who had responsive behaviours related to dementia did not have meaningful engagement with staff for long periods of the day. The activity schedule should be revised to ensure all residents have meaningful activity and engagement.

9. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:

Members of staff have received specific training in providing appropriate and meaningful reminiscence activities for residents with a diagnosis of dementia. There is a comprehensive social care programme in place for all residents, which incorporates the social care needs of residents who wish to remain in their rooms and residents with advanced and complex care needs. This schedule is displayed prominently within the home.

We will ensure that each resident with responsive behaviour related to dementia has a clear plan of engagement in meaningful activity. Weekly team meetings are held to ensure a comprehensive care plan is in place for all residents.

Proposed Timescale: 30/09/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While staff had a range of training opportunities including training in dementia care the inspectors found that some residents did not have adequate social care opportunities. In view of the prevalence of dementia and the lack of specialist expertise in the current team training on the provision of social care to residents with dementia was required to enable staff to address residents' needs effectively.

10. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

The Person in Charge will continue to ensure that all staff have access to appropriate training. All staff in the centre receive education and training on the care needs of residents with a diagnosis of dementia as part of their induction as well as regular educational updates. Four staff members have completed a Sonas training course, which focuses specifically on reminiscence therapy for residents with a diagnosis of dementia. Social Care Practitioners are employed in the centre, who are qualified and experienced in Social Care. There is an online education programme available for all staff, which includes a number of programmes about aspects of care of residents with dementia; the programmes are enhanced with resource learning materials and assessment tools.

Proposed Timescale: 15/09/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The following matters were noted to require attention:

- The smoking area did not have a call bell linked to the main call bell system and while a hand bell was available this may not be audible to staff
- Some bathroom/shower/toilet facilities identified as assisted facilities did not have appropriate aids such as sinks at an appropriate height to accommodate wheelchairs, a call bell or handrails on both sides of toilets.

One area was used for the storage of equipment which presented a hazard to residents who could freely enter the area.

11. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

We will link the call bell in the smoking room into the main call bell system.
We will review the ensuite facilities to ensure they meet accepted standards.

Proposed Timescale: 30/11/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The following areas were noted to require attention to meet the aims and objectives of the service and the needs of residents with dementia:

- There was a lack of signage to guide residents from bedroom areas and hallways to the main facilities and the garden and it was difficult for residents to identify their rooms as door numbers and identifying features were not at eye level
- The garden although an attractive space had a raised lawn area that presented a trip hazard and there were no rails at the entrances to support residents when going out
- Hallways were unobstructed however there were areas where there was poor light or changes in the level of light which could cause confusion where residents had dementia
- Walls were light in colour however there was a lack of contrast in the colours used on walls, furniture and floors making it difficult for confused residents or people with vision problems to differentiate fixtures and fittings.
- There were few fixtures that could aid or promote reminiscence. For example while the hallways had tables and chairs where residents could sit there was a lack of interesting features to prompt them to spend time in these areas

Clocks were available to orient resident to time however many were again like signage on bedroom doors at a high level and were difficult to see.

12. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

We will undertake a review of directional signage in the centre, with a view to improving the opportunities for residents to find their way around the centre.

We will ensure that room identification numbers and identifying features are located at eye level where possible.

A risk assessment of the lawn area will be undertaken to determine whether a handrail would enhance the safety for residents.

We will undertake a review of the internal décor and fittings to ensure compliance with standards.

Proposed Timescale: 30/11/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some residents had not been supplied with adaptations, and such support, equipment and facilities that were required to meet their needs.

13. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

designated centre.

Please state the actions you have taken or are planning to take:

All residents assessed as requiring assistive equipment will be provided with this.

Proposed Timescale: 15/09/2017