



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Moycullen Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinahalla, Moycullen, Galway
Type of inspection:	Announced
Date of inspection:	28 and 29 January 2019
Centre ID:	OSV-0000365
Fieldwork ID:	MON-0022799

About the designated centre

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

Moycullen Nursing Home is a purpose built facility located in Moycullen, Ballinahalla, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on ground level. Residents are accommodated in 47 single bedrooms and 3 double bedrooms. Resident living space is made up of a large sitting room and a large dining room. In addition, the centre has a smaller lounge, a visitors room and an oratory. Residents also have access to an enclosed courtyard and gardens. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
28 January 2019	10:30hrs to 18:30hrs	Una Fitzgerald	Lead
29 January 2019	10:00hrs to 15:30hrs	Una Fitzgerald	Lead

Views of people who use the service

Feedback, both verbal over the two days of inspection and through ten residents' questionnaires, was highly positive about the care received by residents. All residents spoken to confirmed that they felt safe and very well cared for by a team who know them well. A common theme from the feedback is that staff go above their duty to ensure that resident's needs are met. The inspector spoke briefly with residents who have dementia. Residents with dementia were observed to be very happy in the environment.

The resident comments on the standard and the choice of food offered within the centre was overwhelmingly positive. All of the residents spoken with knew who the chef was and informed the inspector that any requests made were accommodated. The dining experience was observed to be a social event. The interaction between residents and staff was free flowing. Conversation was engaging and residents were seen to come and go from the dining rooms at their own pace. Residents who required assistance were given same discretely.

Residents informed the inspector that they had a voice in the centre. Resident meetings were held monthly and minutes reviewed showed a high level of attendance including residents with dementia. Residents told the inspector that they had no complaints. Residents did state that they would not hesitate to bring any concern to any member of the team. They had full confidence that their opinion was listened to and any suggestions were taken into consideration.

Capacity and capability

The governance and management in this centre was well organised. This was an announced inspection following the receipt of an application to renew the registration of the centre. The management team work cohesively to ensure that the service delivered is safe and of high quality. The provider and person in charge had systems in place to ensure that they have oversight and governance to oversee the quality of care received by residents. The information requested by the inspector was made available in a timely manner and presented in an easily understood format.

The centre has recently appointed a new person in charge. The management team in the centre meet to discuss all operational matters on a weekly basis. The team are updated on all complaints, accidents and incidents reported. Appropriate follow up is taken when required. Discussion takes place on all areas of management within the centre. Statistical information is gathered to inform the management

plan. The management team had completed the 2018 annual review in consultation with the residents. A copy of the annual review was available at the reception.

A comprehensive auditing schedule was in place. Where improvements were identified as required, action plans and changes are communicated to staff. For example, the centre management had identified an increase in the number of falls over a two month period. A full audit and review had been conducted. As a result of steps taken the number of falls has decreased and now stabilised. The management team have oversight of risk within the centre. The policy was seen to be followed in practice. For each risk identified it was clearly documented what the hazard was, the level of risk and the controls in place to minimise further risk. This document was kept live and regularly updated by the person in charge.

Records indicated that staff are supervised in their roles and supported by the management team. Training records evidence full compliance with mandatory training. Additional training in dementia care, infection control and cardiopulmonary resuscitation (CPR) is also provided. Annual staff appraisals for all staff had been completed in 2018.

The inspector spoke with multiple staff from every department. The inspector summarised from the staff conversation had that there is a very strong culture within the centre that the resident comes first. The centre has a welcoming and homely atmosphere. The staff knew resident needs, their likes and dislikes. Staff informed the inspector that they would not hesitate to bring any issue concerning a resident to the attention of the person in charge and had full confidence in management to take action if required. The staff confirmed that the nursing management team have a presence in the centre and were readily available for support.

Registration Regulation 4: Application for registration or renewal of registration

The required information for registration purposes was submitted by the provider for renewal of registration. On a walkabout of the premises the inspector observed that the floor plans and Statement of purpose submitted had inaccurate information and required resubmission. For example, room 29 is an Oratory and not a bedroom.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The centre was managed by a suitable qualified and experienced nurse who is newly appointed since January 2019. The person in charge has been working within the centre as a clinical nurse manager. She had a strong presence within the centre and was known to the residents and families. She held authority, accountability and

responsibility for the provision of the service.

During the inspection she clearly demonstrated that she had sufficient knowledge of the regulations and standards of the care and welfare of residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a good skill-mix of registered nurses, social care workers and healthcare assistants on duty. Staffing levels were kept under review by the person in charge. The current staffing levels were appropriate for the layout and design of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and records reviewed evidenced that all staff had received training in safeguarding and safety, manual handling and fire safety. The inspector found that training in other areas such as infection control, dementia care and medication management was also in place. Staff were supported and facilitated to attend training.

Staff were appropriately supervised. The management team had completed staff appraisals for all staff in 2018. The documentation in place evidenced that performance was monitored. In addition, areas for improvement and development were discussed. Staff informed the inspector that they were well supported by the management team.

Judgment: Compliant

Regulation 19: Directory of residents

The centre maintains a Directory of residents. Further review is required to ensure that all of the information required by Schedule 3 is entered into the register.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed staff files and found full compliance with Schedule 2 regulation requirements.

Judgment: Compliant

Regulation 22: Insurance

There was confirmation that valid insurance until May 2019 was in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. The systems in place ensure that the service is safe, appropriate, consistent and effectively monitored. The 2018 annual review of the quality and safety of the care delivered to residents was completed and was available for review.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract of care that met with regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was dated 23/01/2019. Further review of the detail is required to ensure that the Statement of purpose is accurate and contains all of the information set out in Schedule 1.

Judgment: Substantially compliant

Regulation 30: Volunteers

The roles and responsibilities of all volunteers is set out in writing. A Garda Síochána (police) vetting disclosure was in place for all volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector as set out in the regulations. The centre management has keypad locks on the entrance and exit doors that are a form of restraint. This was not reported in the quarterly notifications. This was discussed with the provider who will report this going forward.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents felt able to make a complaint if necessary and the procedure for doing so was prominently posted at the main entrance. The person in charge maintained a complaints register which detailed the subject of the complaint, investigation and all communication made with the complainant. An appeal process was available.

Judgment: Compliant

Regulation 4: Written policies and procedures

Evidenced-based policies and procedures were available to staff to inform all aspects of care and service provision. Policies were regularly reviewed and updated as necessary.

Judgment: Compliant

Quality and safety

The inspector found that the residential centre was providing a high standard of care, support and quality of life for residents. The centre has effective arrangements in place to manage risk and protect residents. The design and delivery of the service maintains and supports physical and psychological wellbeing for residents, while achieving best health and social care outcomes.

Residents' rights to privacy and dignity was respected. Staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. There were measures in place to safeguard residents from abuse. A policy was available to inform management of any suspicions, allegations or incidents of abuse. Residents told the inspector that they felt safe in the centre.

Residents' assessed needs were addressed by person-centred care plans that reflected their individual preferences and care choices. The documentation in place was easily understood. The inspector found good evidence of consultation between the clinical team and relatives. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. A social care worker then met with residents and families and developed the residents personalised care plan. Each care plan reviewed had the life history of the resident documented in great detail. Resident and family members spoken with was knowledgeable about what a care plan was and confirmed that the nursing team consulted with them on all changes to their plan. The inspector found that the communication between the registered nurses carrying out clinical assessments and the social care workers who write the care plans could be strengthened. This would ensure that clinical care plans on specific needs like pain management would be developed to the same standard.

Medicines management within the centre required further review. The centre had completed four medication management audits in 2018. The management team were aware that nurse transcribing practices were not in line with their own policy. This gap had been highlighted with the medicines management audit conducted by the clinical team. For example, there is a time delay outside of the policy of 72 hours from when a medicine is prescribed and when the medicine is then signed by the prescriber on the residents medicines chart within the centre.

The centre had residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. A positive approach was taken to support these residents' care needs. Each resident had a detailed, person-centred behaviour support care plan in place that clearly identified their support needs and informed prevention management strategies. Compassionate, sensitive and supportive care from staff positively impacted on their wellbeing and quality of life in the centre.

The clinical management team informed the inspector that they were actively

promoting a restraint-free environment. Less restrictive alternatives to bedrails such as low low beds and crash mats were available. The required documentation regarding bedrail use was in place and all residents were monitored on an hourly basis.

Residents were supported to experience a good quality of life in this centre. The inspector observed that the privacy and dignity of each resident was respected. The choices they made in relation to their lives were facilitated on a daily basis. This was demonstrated by staff members knowing individual residents' needs, personalities and preferences. The inspector observed multiple examples throughout the two day inspection whereby all staff used personal information about a resident to start a conversation.

Residents availed of a varied activity programme. Activities developed for people with cognitive impairments formed part of this programme, and this had a positive impact on those who participated. Residents' links with the community were maintained where possible, and this was supported by access to local media, Internet and telephone services.

The centre is purpose built. Corridors are wide and have a spacious feel. Residents move freely around the centre. The main sitting room, lounge room and dining room are at the entrance to the centre. These rooms were a hub of activity throughout the two days. In addition, there is a separate quiet area, an oratory and a visitors room available for resident use. The inspector also observed residents using the enclosed courtyard for a walk to get some fresh air. The centre is well maintained and was noted to be clean. Residents confirmed that their bedrooms are cleaned daily. The design and layout of the premises meets with the current resident needs.

Regulation 11: Visits

All visitors are requested to sign in at reception on entering and leaving the centre. There were no restrictions on visits and family members said that staff were welcoming and approachable at all times.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that care staff and nurses recorded all items and took care with personal clothing. Residents spoken with were satisfied with laundry services provided.

Judgment: Compliant

Regulation 13: End of life

There were no residents receiving end-of-life care on the two days of inspection.

The inspector reviewed the file of a deceased resident. The care plan was detailed and person centered. There was good evidence of appropriate advance care planning to ensure that the residents wishes were recorded. The daily progress notes that record the general deterioration and the residents journey into dying were not detailed. For example, the resident had received pain medication on multiple occasions but the inspector could not find any recording of where the pain was and if the medication administered was effective.

Judgment: Substantially compliant

Regulation 17: Premises

The centre was purpose built and was in a good state of repair externally and internally. The layout and design of the premises met residents individual and collective needs. Residents had free access to enclosed gardens.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available for review. It contained all of the information required under the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector tracked the file of a resident who had been admitted to an acute setting from the centre. The electronic system in place generates a comprehensive transfer letter that contains all relevant information about the resident to the acute hospital.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register was a comprehensive and detailed document that was kept under review by the person in charge. The person in charge ensured that operational risks were documented. Resident individual risk assessments were also conducted.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean. All areas of the centre including residents bedrooms are cleaned daily. There were hand hygiene alcohol dispensers strategically placed along all corridors. Residents spoken with told the inspector that the centre is always clean.

Judgment: Compliant

Regulation 28: Fire precautions

The management of fire safety in the centre was comprehensive. Quarterly servicing was last completed in January 2019. The fire alarm was checked weekly. Daily checks on exits were carried out throughout the premises. Fire drills were carried out. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Practices on nurse transcribing are unsafe and not in line with the centres own policy. The systems and process in place require a review to ensure that residents are protected by safe medicines management practices. For example, medications that are transcribed should be prescribed within 72 hours. There was clear evidence that this time frame is not adhered too.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment of personal and social care needs was carried out on admission. Based on the resident's assessed needs a detailed personalised care plan was prepared. The inspector found that in the main care plans were reflective of the residents needs. Care plans were reviewed every four months in consultation with the resident and where appropriate, the resident's family.

The inspector reviewed the management of resident pain. Further development is required. Pain assessments are not documented. Residents who have pain do not have pain management care plans in place to guide staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had appropriate access to allied healthcare professionals. Visiting specialist teams spoken to over the two day inspection informed the inspector that advice given by them was followed. They reported that the clinical management team kept them updated on resident progress.

Residents had a choice of General Practitioner (GP). There was evidence of quarterly reviews conducted. The centre also has out of hours access to GP services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia were assessed and good practice was followed in the management of such behaviours to ensure the wellbeing and safety of residents.

The clinical team is promoting a restraint-free environment. There was no chemical restraint in use within the centre. There were systems in place to assess if a restrictive practice, such as bedrails, was appropriate to support a resident. All bedrails in use had been appropriately assessed and there was a consent form in place.

Judgment: Compliant

Regulation 8: Protection

There were system in place to support the identification, reporting and investigation of allegations or suspicions of abuse. All staff had received training in the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were aware of their rights, including, civil, political and religious rights. These rights were respected by staff, and residents were supported to exercise their choices as much as possible. Advocacy services were available to assist residents where required.

Residents were facilitated to maintain their privacy and undertake any personal activities in private.

Residents were supported to engage in activities that aligned with their interests and capabilities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moycullen Nursing Home OSV-0000365

Inspection ID: MON-0022799

Date of inspection: 28/01/2019 and 29/01/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The floor plans of the building and the Statement of Purpose have been amended to ensure the information accurately reflects use of space in the Home, particularly as it relates to the room which is now an Oratory.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: All transfers to a hospital will be entered into the register and will include the name of the hospital and the date of transfer. The register will be routinely checked by the Person In Charge (PIC).</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

<p>The Statement of Purpose has been reviewed and updated to ensure that it is accurate and in compliance with all requirements as set out in Schedule 1.</p>	
<p>Regulation 13: End of life</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 13: End of life: Documentation around the journey into dying will be more detailed and individualised, to include location of pain and effectiveness of pain medication administered. Pain management will be discussed at all handovers and subsequent documentation will be reviewed by PIC and CNM.</p>	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A review of medication management practices has taken place and all Nurses will transcribe in line with our policy. The PIC and CNM will ensure that all transcribed medications are prescribed by a GP within 72hrs.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans will be further developed for each resident who is experiencing pain and will be written in conjunction with a pain assessment. Pain management plan will be incorporated into the resident's daily life care plan and will be developed by the multidisciplinary team in consultation with resident.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	28/02/2019
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which	Substantially Compliant	Yellow	31/03/2019

	addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/02/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Yellow	28/02/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/02/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	31/03/2019

	<p>under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p>			
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