

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Moyne Nursing Home
Centre ID:	OSV-0004373
Centre address:	The Moyne, Enniscorthy, Wexford.
Telephone number:	053 923 5354
Email address:	carolinearle@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Whitewood Carela Limited
Provider Nominee:	Caroline Earle
Lead inspector:	Ide Cronin
Support inspector(s):	Sheila Doyle
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 March 2017 10:20 To: 08 March 2017 17:40

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over one day and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, and risk management processes. The views of residents, relatives and staff members of the centre were also sought. Pre-inspection questionnaires completed by residents and/or their relatives or representatives were also reviewed. Overall, the questionnaires indicated satisfaction with the services provided. Actions from the previous inspection of October 2016 had been addressed with the exception of the premises which will be progressed with the new build.

The management and staff in the centre were striving to improve the quality of the service and the outcomes for residents. Residents appeared well cared for and

expressed satisfaction with the care they received and confirmed that they felt safe and had a choice in their daily routine. Residents and relatives spoke positively about the staff who cared for them.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee and person in charge demonstrated sufficient knowledge and an ability to meet regulatory requirements. Staff interacted with residents in a respectful, warm and friendly manner and demonstrated knowledge of residents' needs, likes, dislikes and preferences.

Care, nursing and ancillary staff were well informed and were observed to have friendly relationships with residents. Staff who spoke with the inspector could convey a comprehensive understanding of individual residents' wishes and preferences. Quality of life and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care programmes and in social activity. There was a varied programme of activities and a dedicated activities coordinator was available to ensure activities took place as scheduled.

All documents submitted by the provider, for the purposes of application to renew registration were found to be satisfactory. The fitness of the nominated person on behalf of the registered provider and the person in charge were assessed through ongoing regulatory processes. They demonstrated knowledge 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) throughout the inspection process.

The findings are discussed throughout the report and actions required are outlined in the action plan at the end of this report.

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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. The inspectors found that there was a clearly defined management structure that identifies the lines of authority and accountability specifies roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose and staff were familiar with their duty to report to line management. This structure consisted of a family owned and operated service. There were regular scheduled clinical governance, staff meetings and health and safety meetings between the provider, person in charge and staff team.

Systems were in place to monitor quality and safety of care in place while data was being collated on a weekly basis on key performance indicators (KPI's) of clinical care such as; falls, pressure injuries, medication errors and nutrition management. These KPI's were used as a way to assess the standard of care being delivered in the centre. Monthly audits were completed in various aspects of clinical and non clinical care as observed by the inspector. Corrective action were developed following audits with responsible persons clearly outlined. There were 145 audits completed in 2016 with 64 corrective action plans identified. The inspector observed that those action plans which were not completed in 2016 had been carried forward to 2017.

The management team at all levels engaged with the residents on a daily basis to provide information and obtain feedback from residents as observed by the inspector. Interviews conducted with residents and relatives during the inspection were in the main positive in respect of the facilities and provision of services and care provided. Residents told the inspector that they were always consulted regarding any changes/improvements within the centre. There were regular residents' meetings taking place.

An annual review of the quality and safety of care delivered to residents was completed since the previous inspection to inform areas for improvement in 2017. Satisfaction surveys had been issued in January 2017 of which two were returned indicating satisfaction with services provided.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors read a sample of completed contracts and saw that they met the requirements of the regulations. The contracts included details of the services to be provided and the fees to be charged.

Inspectors reviewed the Residents' Guide and noted that it met the requirements of the regulations. It was available to all residents.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not changed since the time of the last inspection. The person in charge provided an appropriate standard of governance and clinical leadership to the staff team in all aspects of care delivery. She was suitably qualified as a registered nurse

and had the authority accountability and responsibility for the provision of the service. During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

The person in charge works on a full time basis and is supported by a senior nurse. The senior nurse assumes responsibility of the designated centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Only the component of medication records was considered as part of this inspection. Inspectors found that a stock balance of a controlled drug did not match the stock of the medicine held in the centre even though a stock count had been completed that morning. This is further outlined under Outcome 9.

Judgment:
Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge demonstrated they were aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

The person in charge told the inspectors that this senior staff nurse will deputise in the absence of the person in charge and for annual leave. The inspectors were satisfied that there were suitable arrangements in place for the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. However, the use of restraint was not in line with national guidelines and required improvement to safeguard residents.

Ongoing improvements were noted around the use of bedrails and overall usage continues to reduce. Risk assessments had been completed. However, a complete assessment was not undertaken including the use of possible alternatives and the assessment regarding the risk of entrapment. In addition inspectors saw that sufficient guidance was not documented in the individual care plans regarding safety checks to be completed when restraint was in use.

Additional equipment such as low beds and sensor alarms had been purchased to reduce the need for bedrails. Regular checks were completed when in use. Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting

procedures.

Due to complex medical conditions some residents had episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were in place and described triggers and possible interventions to use. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Additional support and advice were available to staff from the psychiatric services.

The provider nominee managed monies for some residents. She discussed plans underway to change the current system to provide additional safeguards to residents. Inspectors reviewed the current system and saw that all deposits and withdrawals were documented and balances checked were correct. Regular auditing took place to ensure compliance with the policy in place.

Some small amounts of pocket money were also managed and inspectors reviewed the documentation and checked the balances which were correct.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

Inspectors were satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management environmental and clinical issues. A health and safety committee was in place. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. Inspectors read the risk management policy and noted that it met the requirements of the regulations.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. Inspectors noted that the fire panels

were in order and fire exits, which had daily checks, were unobstructed. Weekly fire prevention checks were carried out. These included checking the interior and exterior of fire exits, waste disposal, fire safety mechanisms and a check of equipment. The fire alarm system was in working order.

There was evidence of frequent fire drills taking place which was an action required from the previous inspection. Inspectors saw that all staff had attended training and this training included day time and night time simulated evacuation drills which was identified as an area for improvement at the last inspection.

Action plan required from the previous inspection relating to a fire door had been addressed. A full review of all fire doors had been undertaken and remedial action was carried out when required. Personal emergency evacuation plans (PEEPs) were in place for each resident and this identified the resident's mobility levels and requirements for assistance in the event of an emergency evacuation.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required. All staff had attended the mandatory training in moving and handling.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found staff were knowledgeable about medicines management and administered medicines safely. There was a comprehensive medication management policy in place to guide practice which gave clear guidance to nursing staff on areas such as ordering, prescribing and p.r.n medicine (a medicine taken only as the need arises), refusal and withholding medications, disposal of un-used and out of date medications and medication errors. However, inspectors picked up on a medication error that had not been noticed by staff.

The practice in place was that the administration records and the end of shift checks were recorded on the same page in the drug register. Inspectors saw that the running balance had decreased but there was no documented entry for administration. When this was checked by the nurse, the resident had received the medication but neither the

nurse who administered the medication nor the nurse who had checked it, had signed the entry in the controlled drugs register in line with professional guidelines. This is actioned under Outcome 5.

Otherwise, having reviewed a sample of prescription and administration records, inspectors were satisfied that management practices were safe. Written evidence was available that three-monthly reviews were carried out. A secure fridge was provided for medications that required specific temperature control. Inspectors noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The pharmacy staff visited the centre on a regular basis and provided support and advice as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Inspectors were satisfied that each resident's wellbeing and welfare was maintained by an appropriate standard of nursing care and appropriate medical and allied health care. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also an appropriate pain assessment tool. A care plan was developed within 48 hours of admission based on the resident's assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process.

Inspectors reviewed the management of clinical issues such as wound care and incontinence and found they were well managed and guided by robust policies. Weight management is discussed in more detail under outcome 15. Residents were satisfied with the service provided. Based on a sample of records reviewed inspectors saw that residents' health needs were met and they had timely access to GP services including out-of-hours. There was evidence of referral for assessment to allied health services such as dietetics, speech and language, occupational therapy, chiropody and dental. Records were maintained of referrals and follow-up activities. Action required from the previous inspection relating to access to physiotherapy was addressed.

The 'Key to me' and the PAL assessment tool were used to inform a care plan to meet the social needs of each resident. Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. This is further outlined under Outcome 17 Residents' Rights, Dignity and Consultation.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

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

Findings:

While the premises were homely and comfortable, there are several deficits, already identified at each previous inspection, which require attention in order to meet residents' individual and collective needs in a comfortable and homely way in accordance with the regulations and standards.

These included some inadequate size bedrooms, a lack of suitable space for storage of equipment, limited space in the laundry, cleaners' room and sluice room. The layout and space provided in many of the twin bedrooms and some single bedrooms did not meet the needs of residents in terms of adequate personal storage, use of assistive equipment such as hoists and wheelchairs and maintaining privacy and dignity.

The provider and person in charge outlined the proposed plans in place to address

these. Costed plans have been submitted to HIQA. Building works were due to commence in the coming months.

Despite this, inspectors found that the premises were well maintained and nicely decorated. Moyne Nursing Home is a single-storey, purpose built centre with ten single and eight twin rooms. Three bedrooms had en-suite facilities. There are additional wheelchair accessible toilets located around the building. The centre has two main day rooms, a dining room and a conservatory. A kitchen, pantry, cleaning room, laundry room, sluice room and equipment storage room, the office of the person in charge and nurse's office complete the accommodation.

The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. The communal areas such as the dining room and the day rooms had a variety of comfortable furnishings and were domestic in nature. Inspectors saw that toilet doors had been painted a red colour to assist residents identify them. Contrasting colours were also evident in the toilets and shower rooms.

The building is wheelchair accessible. All walkways and bathrooms were adequately equipped with handrails and grab-rails and working call-bells were evident in all areas. Non-compliances from the previous inspections that related to confined space of twin bedrooms and the location of two single rooms off the sitting room are to be addressed when planned refurbishment and building works were undertaken. The lack of suitable space for storage of equipment, limited space in the laundry, cleaners' room and sluice room will also be addressed.

Rooms were personalised with photographs, pictures and ornaments. There was adequate wardrobe space and each resident had access to secure lockable storage. There was a large garden area to the rear of the building and a secure safe patio area had been created at the front, which residents could access freely. Suitable garden furniture was in place.

Adequate parking was available at the front and side of the building.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. Inspectors also noted that individual preferences and habits around mealtimes were recorded.

Inspectors saw that residents had been reviewed by a speech and language therapist if required. Inspectors observed practices and saw that staff were using appropriate assistive techniques as recommended.

Inspectors visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences.

The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. Inspectors saw that residents who required their meal in an altered consistency had adequate choices available to them.

Inspectors saw that the dining experience was pleasant. Tables were nicely laid and meals were appetisingly presented. There was good humoured banter between staff and residents. Residents spoken with commented on the food choices available to them. All said that staff would get you anything you wanted and one resident said it was like being in a hotel.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with and had opportunities to participate in their daily routine and in the organisation of the centre. A residents' committee was facilitated for residents to meet on a regular basis and minutes were viewed by an inspector. There was also a quarterly forum in place which was chaired by an independent advocate from Sage. An advocate for residents with dementia was due to commence once Garda vetting was completed.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices. Mass took place on the day of inspection. The inspector was informed by the activities coordinator that voting was facilitated for all residents in the centre. The inspector observed that picture enhanced communication used for residents with communication difficulties.

Practices observed demonstrated residents were offered choices. Residents who spoke with the inspector and those who completed questionnaires said they were able to make choices about how they spent their day, when and where they ate meals, rise from and return to bed. Residents and relatives that spoke with inspectors knew who to complain to. Residents were positive in relation to their quality of life in the centre.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. Inspectors also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person centred way.

Staff, including the provider and person in charge were observed to take time to chat to each resident about their family, how they were feeling or to discuss local community news. For those residents who sat apart alone and did not fully participate, staff made time to sit with them, hold their hand or chat to them quietly and encourage communication. An inspector observed that some residents who had multiple complex needs were referred to appropriate services to enhance their social and recreational needs.

There was a varied activities programme with arts and crafts, bingo, balloon tennis, exercise and music included. This was delivered over a five day period. The inspector spoke with the activities coordinator and found that she was knowledgeable regarding the social needs of all residents. There were also a mix of group and individual sessions including hand massage and crochet. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation. The inspector observed that some residents used assistive technology to listen to music and participate in online educational courses.

A register of visitors was maintained at the entrance to the centre. There were no

restrictions to visiting in the centre and the inspectors observed a constant stream of visitors throughout the inspection. Inspectors saw that residents' privacy and dignity was respected and personal care was provided in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

On the previous inspection it was found that volunteers did not have their roles and responsibilities set out in a written agreement as required by legislation. This action had been completed.

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

A training programme was in place, which supported staff to provide care that reflected up-to-date, evidence-based practice. Training records indicated that all staff had completed mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse.

An induction programme was in place in the centre, which included training and supervision. Staff were supervised appropriate to their role, and staff appraisals were conducted annually as observed. The person in charge held meetings with the various levels of staff on a frequent basis, and the minutes of these meetings were reviewed by an inspector.

Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspector confirmed that they were supported to carry out their work by the provider and person in charge.

There was a recruitment policy in place which ensured that staff were selected and vetted in accordance with best recruitment practice. The provider confirmed to the inspectors that Garda vetting was in place for all staff and volunteers. The inspector reviewed a sample of staff files, and found that they contained all of the information required by Schedule 2 of the regulations, including professional registration for nursing staff. Volunteers had their roles and responsibilities set out in a written agreement as required by legislation.

Judgment:
Compliant

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:

Ide Cronin
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:	The Moyne Nursing Home
Centre ID:	OSV-0004373
Date of inspection:	08/03/2017
Date of response:	27/03/2017

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

A medication error that had not been noticed by staff.

Inadequate records were maintained regarding the administration of drugs that require additional controls.

1. Action Required:

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

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:

We have introduced a treble checking system for the administration of controlled drugs. In addition to our controlled drug register record and medicine administration record, we have introduced a second controlled drug register. In effect, this increases our checking system which should prevent a recurrence of the error identified on the day of inspection.

Proposed Timescale: 27/03/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

A complete assessment was not undertaken prior to the use of restraint including the use of possible alternatives and the assessment regarding the risk of entrapment.

Sufficient guidance was not documented in the individual care plans regarding safety checks to be completed when restraint was in use.

2. 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:

In addition to our restraint record, all care plans have been updated regarding safety checks required. As the assessment tool that was in place at the time of inspection did not capture the data required to identify the risk of entrapment, we have reverted back to our previous assessment tool which provides us with this information. This will be audited monthly.

Proposed Timescale: 27/03/2017

Outcome 12: 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 premises did not meet the requirements of the regulations.

3. 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 have completed refurbishments in the dining room and one of the sitting rooms as well as constructing an enclosed garden. We will continue to update HIQA as to the progress of the extension which is now in the testing phase. In the meantime, we will continue to ensure that the privacy and dignity of the residents are maintained at all times and that they live in pleasant and comfortable surroundings.

Proposed Timescale: 31/12/2021