

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Moyne Nursing Home
<b>Centre ID:</b>	OSV-0004373
<b>Centre address:</b>	The Moyne, Enniscorthy, Wexford.
<b>Telephone number:</b>	053 923 5354
<b>Email address:</b>	carolinearle@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Whitewood Carela Limited
<b>Provider Nominee:</b>	Caroline Earle
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	0

## **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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 30 August 2017 06:30 To: 30 August 2017 16:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of a one day unannounced triggered inspection following receipt of unsolicited information of concern received by the Health Information and Quality Authority (HIQA) prior to this inspection. These concerns alleged issues including institutional practices, inadequate staffing and a poor quality of care provided to residents. However, the inspector found no evidence during this inspection to substantiate these concerns.

During this inspection the inspector focused on the issues identified in unsolicited information of concern and the inspection commenced at 6.30am to ensure that the arrangements in relation to care provision during night duty/early morning could be reviewed. The inspection also considered progress on some findings following the last inspection carried out on 6 March 2017 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, the provider representative, the person in charge, and staff members during the inspection. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs.

Overall, the inspector found the staff team, the person in charge and provider representative were committed to providing a good quality service for residents that

was homely and person centered.

The inspector saw that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. There was a homely ethos and respect and dignity for residents was evident. For example, there was a designated staff member assigned to the function of activity coordinator who knew all residents well and provided one to one as well as group activities. In this small center, the inspector observed that staff connected with residents as individuals. Staff were observed interacting with residents in a respectful, positive and warm manner. The inspector found that residents appeared to be well cared for and residents and relatives spoken to gave positive feedback regarding all aspects of life in the center. The inspector found that staff were knowledgeable about all residents' likes, dislikes and personal preferences. The inspector spoke with a number of residents, who confirmed that they felt safe and were happy living in the centre.

Overall, the atmosphere within the center was homely, comfortable, in keeping with the statement of purpose and assessed needs of the residents who lived there.

From the eight outcomes reviewed during this inspection, five of the eight outcomes were compliant and the following two outcomes were deemed to be substantially compliant: safeguarding and safety and health and social care needs. In addition, one outcome was found to be moderately non-compliant: health and safety and risk management. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

**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:**

The inspector met with the provider representative and person in charge who both clearly described the management structure that included who was in charge, who was accountable and what the reporting relationships were. Staff who spoke with the inspector were able to demonstrate good knowledge of this system. The provider representative was based on site three days a week and stated that outside of these days; she was always contactable. The person in charge worked full time in the centre and informed the inspector that she was also always contactable to provide support to staff out of hours. One relative spoken to confirmed this arrangement and gave an example of when the person in charge had come into the centre during the night and had stayed with their relative to support them when they had been unwell.

There was also a system in place to improve the quality and safety of the service which included undertaking weekly data collection in relation to occurrences in the centre for example, regarding residents' falls, pressures sores, wounds, level of restraint and any significant events. There was a quality and safety group which regularly met to review any accidents, incidences or near misses and manage the risks and hazards in the centre. There was a governance management group that included the provider representative, the person in charge and the person participating in management that met each month. This group reviewed issues such as complaints, HIQA standards, staffing levels, training, care issues and the information obtained from the weekly data collection. There was evidence of regular residents' surveys and audits. The results of the most recent survey dated August 2017 had 21 respondents from a potential 26 and the results were overwhelmingly positive. There were regular audits completed which included, amongst others: falls, health and safety, the use of restraint and medication management.

Deputising arrangements for the person in charge were satisfactory. The person in

charge outlined to the inspector suitable arrangements for staff supervision and mentoring. These arrangements were confirmed by staff to the inspector spoke with. The inspector spoke with nursing and caring staff who explained their areas of responsibility and were found to be knowledgeable and resident oriented, in their approach. They were aware of the regulations governing the sector and the updated national standards. Evidence of consultation with residents was available in the aforementioned survey results and from a review of the minutes of residents' meetings. Relatives and residents spoken with by the inspector were very complementary of their experience of care and facilities in the centre. The inspector was informed that resources were available to ensure on going premises upkeep and plans were well advanced in relation to significant premises refurbishment works. Supervision and appraisal of staff was on-going. The annual review of the safety and quality of care had been completed for 2016. The person in charge made a copy of this report available to the inspector and to residents.

There was evidence of meetings with staff and regular meetings were held with residents and the person in charge was well known to residents and relatives to whom the inspector spoke with. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge was proactive in addressing any concerns or issues raised. For example, the issue of an uneven outside path had been raised at one of these meetings and the provider representative had the path repaired.

The inspector found where areas for improvement were identified in the course of the inspection both the person in charge and the provider representative demonstrated a conscientious approach to addressing these issues and a commitment to compliance with the regulations. For example, all actions from the previous inspection that were due to be implemented; had been completed.

**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 been appointed in to this post in September 2016 and worked full time in the centre and was a nurse with extensive experience in the area of nursing and the older person. The person in charge had been a nurse manager for many years

and demonstrated excellent clinical knowledge to ensure suitable and safe care. During this inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was very clear in her role and responsibilities as person in charge and displayed a commitment towards providing a person centred high quality service. For example, she had developed the care planning system to capture residents' recreational and social needs by introducing the "key to me" document into the care planning system. She was fully engaged in the governance and administration of the centre on a consistent basis for example, by attending morning handovers, all management and staff meetings. She met regularly with residents and their representatives, the members of the management team, the activities staff, the care staff and nursing staff. Minutes were maintained of these meetings. The person in charge outlined that she had a specific interest in providing a homely and person centred service. She explained to the inspector how she promoted continuous improvement in residents' care by for example, ongoing monitoring of residents needs, continuously updating staff training and documenting staff appraisals yearly. Residents spoken with, described the person in charge as very supportive. Staff spoken to also described her as a very approachable manager that she had the residents' at the centre of everything that happens in the centre. A number of relatives described to the inspector that the person in charge and "the staff could not do enough for you" and the center was "home from home for their loved one".

**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:**

There was suitable policies and procedures in place to guide staff in the care and protection of residents. For example, there was a policy on prevention, detection and response to elder abuse dated as most recently reviewed in December 2016. The inspector found that there were measures in place to protect residents from suffering harm or abuse. For example, staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention. They were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Safeguarding training was provided on an on-going basis in-house. From a review of the staff training records, all staff had received up-to-date training in a programme specific to protection

of older persons. This training was supported by the aforementioned policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

There was few residents in the centre who presented with challenging behaviour at the time of inspection. There was a policy on managing challenging behaviour dated as reviewed most recently in January 2017. Staff were provided with training in the centre on challenging behaviour which was on-going. Training records showed that all staff had received up-to-date training in this area at the time of the inspection. There was evidence that for the residents who presented with challenging behaviour they were reviewed by their General Practitioner (GP) or other professionals such as psychiatry of old age for full review and follow up as required. Care plans reviewed by the inspector for residents exhibiting challenging behaviour were seen to include positive behavioural strategies. These were clearly outlined in residents' care plans and therefore ensured continuity of approach by all staff using person-centred de-escalation methods.

There was a policy on restrictive practices that was reviewed in December 2016. The inspector noted there had been a continued reduction in bed rail usage since the last inspection and there was evidence that the use of restraint was in line with national policy. The restraint register recorded seven residents using bedrails on the days of the inspection. One resident had lap belt applied and one resident had a wandering bracelet. For all residents with any form of restraint; there was evidence that there was regular checking/monitoring of residents, discussion with the resident's family and the GP. From a selection of care plans reviewed, the inspector saw that there was an assessment in place for the use of restraint. This assessment identified what alternatives had been tried to ensure that the particular form of restraint was the least restrictive method to use. In addition, these records also contained details of suitable consultation with the resident and/or their representatives. There were risk assessment completed prior to the application of restraint which identified the level of risk that such restraint may present. The inspector was assured by the practices in place and saw that whenever possible alternative measures were used. For example, there were low-low beds and alarm mats used for a number of residents to reduce the use of bed rails in the centre.

The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that adequate financial records were maintained. The inspector reviewed the system in place to safeguard residents' finances and valuables which included a review of a sample of records of monies and valuables handed in for safekeeping. A small amount of money and valuables were kept in a locked area in the centre. All lodgements and withdrawals were documented and were signed for by staff members. In relation to the storage of valuables the inspector noted that suitable records were maintained. The provider representative was a pension agent for a small number of residents. In relation to these pension accounts there were transparent arrangements in place to safeguard residents' finances and financial transactions. There was evidence that the provider representative was working with relatives/representatives to arrange suitable accounts for each resident for the management of pension transactions, as soon as possible. However, the inspector noted that improvement was required with the creation of a residents' account separate from the centres in order to be fully compliant with the Department of Social Protection guidelines for pension agents.

**Judgment:**

Substantially Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

There were adequate governance and supervision systems in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed by the provider representative and the person in charge on an ongoing basis. The inspector observed that staff implemented the principles of current moving and handling guidance when assisting residents to transfer.

There was a health and safety committee that comprised of the person in charge, the provider representative and other staff who met to review all incidents and accidents. This meeting also reviewed procedures and practices including risk management and fire safety in the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. All accidents and incidents were recorded on incident forms, were submitted to the person in charge and there was evidence of action in response to individual incidents. The provider representative received weekly written data in relation clinical risks, for example; information regarding falls, pressures sores, wounds, level of restraint and any significant events. There was a quality and safety group which regularly met to review any accidents, incidences or near misses and manage the risks and hazards in the centre. There were examples seen by the inspector of suitable responsive actions taken following such incidents/accidents. Such action included for example, reviews of practice, care planning, updated risk assessments and further staff training. The inspector noted a recent example of changes that had been made to the monitoring arrangements of one resident following a recent incident.

Overall the premises appeared safe and there were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors and safe walkways were seen in the outside areas.

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be adequate. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Staff demonstrated appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff on dates in 2017. Staff had up to

date fire training as required by legislation.

The inspector examined the fire safety register which detailed services and fire safety tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been most recently tested in December 2016. In addition, there were records of weekly fire alarm and emergency lighting and daily monitoring of fire exits. There were no residents that smoked tobacco in the centre at the time of the inspection. The person in charge told the inspector and records confirmed that fire drills were undertaken regularly both day and night time. The inspector noted that the actions taken and outcome of the fire drills were documented and there was a record of any learning from the drill and any improvements required. The fire alarm system was inspected quarterly each year. The emergency lighting was checked regularly as part of the overall fire safety monitoring by staff in the centre. The inspector noted that the emergency lighting was serviced annually by a competent person and most recently in December 2016. However, this was not adequate as such monitoring by a competent person was required to be carried out quarterly by regulation.

Overall there were systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. The communal areas and bedrooms were found to be clean and there was good standard of general hygiene in the centre. Staff that were interviewed demonstrated knowledge of the correct cleaning procedures to be followed. All hand-washing facilities had liquid soap and paper towels available. There were centre specific policies and procedures in place on infection prevention and control. All staff interviewed were adequately knowledgeable in infection prevention and control or demonstrated suitable hand hygiene practices. However, the taps in the sluice room were domestic in design and did not promote suitable infection control practices.

The health and safety policy was recorded as being most recently reviewed in February 2017. There was a risk management policy as set out in schedule 5 of the regulations and was dated as reviewed most recently in February 2017. This policy included all of the requirements of regulation 26(1). The policy covered the identification and assessment of risks and the precautions in place to control the risks identified. In addition, the risk management policy included the measures and actions in place to control specified risks as required by regulation. There was a risk register available in the centre which covered for example, risks such as residents' falls, fire safety risks and manual handling risks. However, the hazard identification process required review to include the absence of any call bell facility in the dining room.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The centre-specific policies on medication management were made available to the inspector and had been most recently reviewed in November 2015. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines for residents were supplied by a community pharmacy. The person in charge outlined a number of improvements in medication management including a drugs and therapy committee which met to review medications, practices and procedures every two months. The inspector was informed that this meeting was attended by the pharmacist and there had been regular medication audits with the most recent completed in August 2017. Nursing staff with whom the inspector met outlined a robust procedure for the ordering and receipt of medicines in a timely fashion. Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range and the temperature was monitored and recorded daily.

Medications requiring additional controls under the Misuse of Drugs Regulations were seen to be suitably stored and robust measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation.

Medication administration was observed and the inspector found that the nursing staff adopted a person-centred approach and a sample of medication prescription records was reviewed. Medicines were recorded and administered in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais (Irish Nursing and Midwifery Board of Ireland).

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents' healthcare requirements were met to a good standard. This inspector joined the morning handover meeting and noted that night staff handed over details regarding the residents clinical and health and social care needs and highlighted to all staff any changes or issues of concern. The person in charge informed the inspector that staff used a prepopulated hand over form to assist them in recording the important health and social care needs of each resident and to aid effective handover communication. On the day of inspection the recorded dependency levels of residents was as follows: two residents at low dependency, nine residents assessed as medium dependency, 13 residents at high dependency and two residents assessed at maximum dependency level. Residents to whom the inspector spoke confirmed that they were well cared for and were very complimentary about the kindness and standard of care provided to them by all staff.

There was evidence to support that residents' healthcare requirements were adequately and regularly assessed by competent nursing staff and that arrangements were in place to meet assessed needs. On admission residents were facilitated to retain access to their general practitioner (GP) of preference. There was documentary evidence that residents, as appropriate to their needs, had access to other healthcare professionals and services including dietetics, speech and language therapy, occupational therapy, psychiatry, chiropody and physiotherapy. Further arrangements were in place to facilitate optical and dental review. The inspector saw that each resident had a nursing plan of care and noted that they were prepared within 48 hours of admission into the center, as required by regulation. Staff to whom inspectors spoke with were knowledgeable of residents' health and social care needs.

Nursing staff used a key-nurse allocation system for care plan completion. The inspector reviewed a random sample of care plans and was satisfied that the system was clearly understood by staff and the general standard of care planning was adequate. There was evidence that each care plan was informed by assessment and reassessment as required and at a minimum four monthly intervals. Care plans were completed in consultation with the resident and/or their representative and were supported by a suite of validated assessment tools. In general, care plans were person centred, clearly set out the arrangements to meet identified needs as specific to each resident and incorporated interventions prescribed by other healthcare professionals. A daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations.

There was a low reported incidence of wounds. The inspector saw that the risk of wound development was regularly assessed. Preventative strategies including pressure relieving equipment were implemented. A validated assessment tool was used to establish each resident's risk of falling and there was evidence of the routine implementation of falls and injury prevention strategies including close monitoring of residents, the use of hip-protectors and low beds. The resident's right to refuse treatment was respected and recorded and brought to the attention of the relevant GP. There were procedures in place and records seen supported that relevant information

about the resident was provided and received when they were absent or returned to the centre from another care setting.

There was good on-going monitoring of residents nutritional, hydration, and oral health needs. Monthly weight monitoring was carried out for all residents and this was carried out more frequently if indicated. Nutritional screening was carried out using an evidence-based screening tool at regular intervals. Nursing staff highlighted any significant changes to the person in charge and the centres' policy was implemented as appropriate. Some residents required assistance with their eating and drinking including one resident who received nutrition by means of a percutaneous endoscopic gastrostomy (PEG) feeding tube. A review of the documentation showed residents with complex care needs had multi-disciplinary assessments completed by their GP and a range of allied health professionals. For example, the occupational therapist, speech and language therapist and dietitian. The recommendations and advice from the allied health professionals had been collated and used to develop comprehensive plans of care. The inspector spoke with nursing staff who were knowledgeable on residents' care needs. Staff to whom the inspector spoke to confirmed that any resident requiring assistance with eating and drinking were monitored regularly and particularly any resident receiving PEG feeds. There were records in relation to the administration of PEG feeds including a daily record of the type and volume of PEG feed administered and volume of flushes given daily via the PEG tube. There was also a weekly record of PH check of aspirate, a record of when the Y connector was changed (which was part of the connector tube for the PEG machine) and a record of change of the actual PEG tube set. However, there was no written record maintained of the monitoring of residents while they were receiving PEG feeds or the total volume infused. This issue was brought to the attention of the person in charge who agreed to immediately commence such a suitable monitoring record of any resident when receiving PEG feeds.

**Judgment:**

Substantially Compliant

***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:**

Residents were provided with food and drink at times and in quantities adequate for their needs. Meals were served at times that suited residents, for example the inspector observed when he arrived to the centre at 6.30am that all residents were in bed, many

were asleep and breakfast only commenced as residents woke and requested same. The inspector found that residents' nutritional needs were generally met to a good standard. There was a food and nutrition policy in place dated as reviewed in January 2017. This policy was centre specific and provided detailed guidance to staff. Staff members had access to the policy and were familiar with its contents. The inspector found that procedures for monitoring and assessing residents' nutritional intake were generally implemented as per the requirements of this policy.

The inspector observed the service of both the breakfast and lunch time meals. Residents were served breakfast in bed or in the dining room in accordance with their preferences. Breakfast service generally was available from 7 am onwards; however, the inspector noted that residents could choose alternate times. Residents spoken to by the inspector expressed satisfaction with the meals provided and the choices available to them. The inspector also observed the main meal and found that it was hot and attractively presented with ample portions. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The menu choices were clearly displayed and residents were asked for their preferred options at each meal time.

Residents who had dementia were shown the options available using a picture information system or the Cook outlined how she knew all the residents very well and their preferences. The Cook was observed speaking to many residents during the lunch meal time and interacted with many residents through this meal. The meal time was closely supervised by the nursing and care staff. The inspector observed that there were sufficient numbers of staff to assist residents. Each resident's dietary intake was clearly recorded and any unusual patterns were highlighted to the nursing staff. The main meal was unhurried and there was a calm and relaxed atmosphere. Residents were encouraged to be independent and specially adapted utensils had been provided for some residents. Where residents required assistance this was given in an unhurried and respectful manner. The inspector spoke to a number of staff members who were assisting residents with their meals and found that they were knowledgeable with regard to swallowing difficulties and the risks associated with it. The training records showed that a number of staff members had attended training with regard to assisting residents with swallowing difficulties.

Drinks such as water, milk, tea and coffee were available. Access to fresh drinking water was available at all times with water and other flavoured drinks in jugs located in a number of locations throughout the centre. Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents. Kitchen staff and other staff members were aware of those residents who were at risk of poor intake and additional snacks and drinks were offered while food fortification was used where appropriate. There was a four weekly menu cycle in place and the dietician had been consulted regarding the development of the menu.

Overall there was good on-going monitoring of residents nutritional, hydration, and oral health needs. Monthly weight monitoring was carried out for all residents and this was carried out more frequently if indicated. Nutritional screening was carried out using an

evidence-based screening tool at regular intervals. Nursing staff highlighted any significant changes to the person in charge and the centres' policy was implemented as appropriate. Residents had satisfactory care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. Residents had good access to the dietician, speech and language therapist (SALT) and occupational therapist (OT). Access to the dentist, diabetic services and other diagnostic services was also facilitated as appropriate. Some residents were reviewed by the dietician more regularly, for example, residents who required PEG feeding. The care plans were implemented in practice and the inspector saw that advice from the dietician and SALT were implemented for individual residents. However, the recording of the monitoring of residents receiving PEG feeding required improvement and this issue was identified and actioned in outcome 11 of this report.

The inspector spoke to the Cook who outlined a clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The Cook was knowledgeable about special diets and there was a record detailing residents' special dietary requirements and preferences located in the kitchen that was updated as required each day.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector observed staff practices and conducted interviews with a number of staff. Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity at all times. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have good knowledge of residents' needs as well as their likes and dislikes. An actual and planned roster was maintained in the centre. The

inspector reviewed staff rosters which showed that the person in charge was on duty Monday to Friday. There was a nurse on duty 24 hours a day. The person in charge and the provider representative confirmed that they were also available for staff to contact outside of hours, if required. This availability of management was also confirmed by relatives to whom the inspector spoke.

The person in charge informed the inspector that copies of the regulations and HIQA standards had been made available to all staff. From a review of minutes of staff meetings the inspector noted that a number of issues such as care standards, HIQA inspections and notifications were discussed with staff.

From speaking to the person in charge, staff and a review of documentation; staff were supervised appropriate to their role and responsibilities. The inspector spoke with day and night duty staff who confirmed that they had been facilitated in accessing continuing professional education by the provider representative. There was an education and training programme available to staff. The training matrix indicated that mandatory training was provided and a number of staff had attended training in areas such as challenging behaviour, infection control and palliative care. All staff had received elder abuse, manual handling and fire safety training.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for nursing staff were seen by the inspector.

The provider representative confirmed that all staff including those recently recruited, had the required vetting disclosure as required under the 2013 Regulations and the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

**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:***

Vincent Kearns  
Inspector of Social Services  
Regulation Directorate

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	The Moyne Nursing Home
<b>Centre ID:</b>	OSV-0004373
<b>Date of inspection:</b>	30/08/2017
<b>Date of response:</b>	27/09/2017

**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 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

To take all reasonable measures to protect residents from abuse including financial abuse with the creation of a residents' account separate from the company's in order to be fully compliant with the Department of Social Protection guidelines for pension agents

**1. Action Required:**

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

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

A client current account is in place to receive pension monies and an interest bearing account is in place for one resident whose finances are looked after by the nursing home. As far as I understand we are fully in compliance with the Dept. of Social Protection guidelines. Safeguarding plans are being drawn up for any resident whom the nursing home acts as agent for.

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

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated center including the absence of any call bell facility in the dining room.

**2. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

A risk assessment has been carried out and a call bell has been installed in the dining room.

**Proposed Timescale:** 25/09/2017

**Theme:**

Safe care and support

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

To ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff including the provision of suitable water taps in the sluice room.

**3. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A risk assessment has been carried out and the taps in the sluice room have now been changed to comply with regulation 27

**Proposed Timescale:** 25/09/2017

**Theme:**

Safe care and support

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

To provide adequate means of escape, including the monitoring of emergency lighting by a competent person each quarter.

**4. Action Required:**

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

Adequate means of escape, including emergency lighting are in place. Emergency lighting was being checked annually by a qualified electrician and quarterly by the Provider. It has now commenced that a qualified electrician checks the emergency lighting quarterly.

**Proposed Timescale:** 25/09/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

To arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2) including arranging for suitable monitoring and recording of residents including residents receiving PEG feeds.

**5. 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:**

The record for monitoring the total dose infused has been commenced as requested.

