



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Moate Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Dublin Road, Moate, Westmeath
Type of inspection:	Unannounced
Date of inspection:	29 October 2020
Centre ID:	OSV-0000068
Fieldwork ID:	MON-0030596

About the designated centre

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

Moate Nursing Home is a purpose-built facility which can accommodate a maximum of 50 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long term residential care, respite convalescence, dementia and palliative care. Persons with learning, physical and psychological needs are also met in the centre. Care is provided for people with a range of needs including those of low, medium, high and maximum dependency. The centre aims to provide a nursing home that feels like home by providing a resident focused service.

The centre has 48 single and one twin ensuite bedroom. The nursing home is situated on the outskirts of the town of Moate in County Westmeath.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 29 October 2020	09:00hrs to 15:15hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

The designated centre was experiencing a significant COVID-19 outbreak at the time of inspection. As a result, the inspector limited their movement within the centre and was only able to meet with those residents accommodated on the first floor of the centre. Most residents chose to stay in their bedrooms and were seen chatting with staff as they went about their work.

One gentleman was walking around the unit and took the opportunity to chat with the inspector. The resident told the inspector that he had recently moved to live in the centre and although he missed his home he had settled in his new home and was quite content. The resident described how hard it was that he could not see his wife because she had contracted the COVID-19 virus and was being cared for in the cohorted area on the ground floor. Staff were observed offering the resident information about his wife's condition and reassuring him that she was making good progress.

Another gentleman who had significant physical and psychological needs was observed spending time sitting in the day room watching television. Staff carried out regular checks on this resident and were observed talking with the resident in a calm and respectful manner to let him know they were there and to explain what they were about to do and to seek his permission before they moved his chair. The resident appeared calm and relaxed.

The residents who spoke with the inspector reported that staff were kind and caring but said that staff were busy and they sometimes had to wait for their call bells to be answered. The inspector observed that call bells were not answered promptly and that residents had to wait for staff to finish what they were doing before they could have their needs attended to. This is discussed under Regulation 15.

The inspector observed residents' bedrooms from the hallways. These appeared to be neat, tidy and bright with sufficient space and storage for resident's belongings. The bedrooms were decorated nicely and contained personal touches such as residents' photographs and ornaments.

There was a pleasant balcony seating area off communal lounges on both floors. In addition there was a landscaped garden to the rear of the centre. Although no residents were observed in the outside areas on the day of the inspection the person in charge described a number of activities that had been arranged for residents in the garden over the summer months.

Capacity and capability

This was an unannounced risk inspection of the designated centre. This risk inspection had been triggered as a result of a significant outbreak of Covid-19 affecting 18 residents and 12 staff on the day of the inspection. This resulted in a number of nursing and care staff being off due to COVID-19 related illness or the requirement to self-isolate. Prior to the COVID-19 outbreak the centre had a good compliance history achieving full compliance at the previous inspection in February 2019.

The centre had addressed the staff shortages caused by the current outbreak by remaining staff working additional hours and by sourcing staff from nursing agencies. In addition a regional manager and a person in charge from another centre within the parent company were redeployed to support the clinical nurse manager when the centre's own person in charge was absent. On the day of the inspection the person in charge had returned to work and was supported by the clinical nurse manager. The regional manager for the parent company attended on the afternoon of the inspection. However in spite of the best intention of managers to source additional staff the inspector found that there were not sufficient staff on duty to support safe and appropriate care for the residents. This was addressed by the provider who immediately sourced additional staff to increase the staffing levels.

The person in charge told inspectors that a number of residents and staff had successfully recovered from COVID-19, with some staff having already returned to work. However, two residents had been significantly affected by the virus and had required admission to acute hospital services for specialist medical treatment.

As part of the centre's COVID-19 contingency planning senior staff had developed strong links with the local public health team, who were providing leadership and support during the current outbreak. The person in charge liaised with the public health team on a daily basis and an outbreak control meeting had been held in relation to outbreak management in the centre. The person in charge also actively engaged with the Office of the Chief Inspector during this time and provided regular updates on the outbreak.

The provider had prepared a comprehensive preparedness and contingency plan for Covid-19, and this had been updated at appropriate intervals to reflect changes and learning within the centre. The centre had formalized support arrangements and access to designated specialist staff with expertise in infection prevention and control. An action plan had been put into place when the outbreak was confirmed on 8th October. The plan included arrangements to cohort those residents with suspected or confirmed Covid-19 on the ground floor and those residents who had not contracted the virus were cared for on the first floor. Where possible staff and equipment were designated to each unit, including nursing and housekeeping staff.

Prior to the outbreak managers and staff had kept residents informed about public health measures that were required to minimize risks associated with Covid-19. Resident meetings had included information and practical demonstrations of personal protective equipment so as to allay residents' fears in the event of an outbreak.

Regulation 14: Persons in charge

There was a person in charge who worked full time in the centre. The person in charge is a registered nurse and they met the requirements of the regulations. The person in charge was well known to residents and staff and it was clear that she had responsibility for the day to day running of the service.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection 12 staff were off either with COVID-19 or as a result of being a close contact. This included, carers, nurses, activities staff and housekeepers. Although there was a contingency in place to maintain staffing levels during an outbreak this did not take into consideration the additional workload associated with an outbreak. As a result the inspector found that there were not sufficient staff with the right knowledge and skills to provide safe care and support for the residents.

Staff worked very hard on the day of the inspection and were seen to work well together as a team. However shortages in staff were evident in the poor outcomes observed for some of the residents on the day;

- Residents' call bells were not answered promptly.
- One resident was unable to attract the attention of care or nursing staff when they wanted to use the toilet and as a result they had an episode of incontinence.
- One resident was unable to contact her family on her mobile phone as there were no staff available to help her to do this. The resident became quite distressed and was observed calling out for staff when her call bell was not answered.
- There were insufficient nursing and care staff to support residents at lunch time. The inspector observed a member of the housekeeping team feeding a resident who was at high risk of choking. When this was reported to the clinical nurse manager it was addressed immediately.
- Residents were all being cared for in their bedrooms and were not able to socialise due to these restrictions. The inspector found that there were not enough staff on duty to ensure that staff had the time to spend with residents in their rooms to engage with them and when requested help them to contact their friends or families.
- There were not sufficient housekeeping hours to ensure that the enhanced

cleaning schedules were completed to the correct standard and that the home was clean and tidy. There was one housekeeper on the first floor who was inducting a new member of staff. There was one housekeeper on the ground floor who was also responsible for doing the laundry. The housekeeper on the first floor was also responsible for doing the laundry on the day.

- Nursing staff and managers were busy answering phone calls and carrying out administrative duties such as trying to source agency staff to fill the roster.

Staff said that overall they were well supported in their work by nurses and managers who were available and approachable for them. However staff reported that their workload had increased significantly with the outbreak and the need for all residents to remain in their rooms. Staff also told the inspector that it took additional time to don and doff their personal protective equipment. Staff were aware that residents were often waiting for their call bell to be answered and regretted not being able to attend to residents promptly.

The staffing levels were discussed with the Group Health Care Manager at the end of the inspection and the provider gave a commitment to source additional nurses, care staff and housekeeping staff for the duration of the outbreak.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training records showed that staff had good access to mandatory training and additional training in order to meet the needs of individual residents. All staff had attended training in infection prevention and control processes, including hand hygiene and donning and doffing personal protective equipment (PPE).

Staff were aware of their roles and responsibilities and were clear about the standards that were expected of them in their work. Staff who spoke with the inspector demonstrated accountability for their work and were proud of the good name that the designated centre had in the local community.

Records and feedback from staff showed that there were clear processes in place to ensure that staff were supervised in their work. However on the day of the inspection the person in charge and the clinical nurse manager were busy with administrative work and answering the telephone and were not available to supervise staff in their work. As a result they did not observe that residents were waiting a long time for call bells to be answered and that infection prevention and control standards were not maintained in a number of areas.

Judgment: Substantially compliant

Regulation 23: Governance and management

On the day of the inspection the centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Staffing levels did not ensure that resident's needs were met in a timely manner and that adequate infection prevention and control standards could be met in relation to the cleaning of the centre. This was addressed by the provider immediately and additional housekeeping and care staff were sourced that evening.

There was a clearly defined management structure in place that identified the lines of authority and accountability for specific roles. Staff were clear about the roles and who to report to. However the deployment and supervision of staff were not appropriate on the day of the inspection which created a situation where staff were allocated tasks that were outside of their role and for which they did not have adequate knowledge and skills.

The oversight of key areas such as risk management and infection prevention and control were not robust and did not ensure that care and services were safe and appropriate.

The provider had completed an annual review of the service for 2019 which was submitted to the inspector following the inspection. There was evidence that the residents and their families had been consulted as part of the review.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose which had been updated and contained the information as required in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in line with the requirements of

Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints procedure in the centre. Residents who spoke with the inspector said that they felt able to raise an issue with staff if they were not happy about any aspects of their care.

The complaints policy was displayed in prominent position in the foyer of the centre. The person in charge was responsible for responding to complaints. Complaints were recorded and managed in line with the centre's own policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies and procedures were available for the inspector to review. Key policies such as the infection prevention and control policy, risk management policy, end of life policy and the admission, transfer and discharge policy had been updated in line with COVID-19 guidance. Staff had been trained on all revised policies apart from the admissions, transfer and discharge policy which had just been completed and was submitted to the inspector following the inspection.

Judgment: Compliant

Quality and safety

The registered provider was striving to provide a good quality service to the residents living in the designated centre. Staff knew the residents well and it was evident that care was person centred. However on the day of the inspection the inspector observed that residents had to wait for care and services as there were not enough staff available to respond to their call bells promptly. As a result the privacy and dignity of some residents were not upheld on the day. Improvements were also required in respect of premises, risk management and infection prevention and control processes.

All residents who communicated with the inspector confirmed that staff were

attentive, supportive and kind but that staff were very busy which meant that they had to wait for staff to become available if they needed them.

Residents who spoke with the inspector said they looked forward to meal times and enjoyed their food. Care plans identified those residents who had nutritional risks and these residents were monitored carefully. Referrals were made to speech and language therapy services and dieticians when required. Where specialist interventions were prescribed such as textured diets or supplements these were recorded in the resident's care plan and implemented by nursing staff. However on the day of the inspection there were not enough staff on duty to assist residents with their meal at lunch time.

The designated centre is a purpose built nursing home accommodating 48 residents. Overall the accommodation provided a homely and comfortable environment for residents. The en-suite bedrooms were well laid out and furnished and residents had enough space to store their belongings. Communal space was bright and spacious. Sitting and dining rooms were comfortably furnished and there was enough seating for residents in all communal rooms.

However the inspector found that the communal shower/bathroom facilities were not appropriate to the number and needs of the residents. In addition the inspector found that premises did not conform to the matters set out in Schedule 6 of the regulations. This is discussed under Regulation 17.

Although a number of infection prevention and control measures had been implemented the inspector found that further improvement was required to ensure consistency with national standards and to ensure that residents were protected. This is discussed under Regulation 27.

Since the outbreak began activities had been significantly reduced due to reduced staffing levels and the number of residents who were spending the day in their own rooms. The person in charge told the inspector that some one to one activities were available for residents in their rooms during the afternoon. However the inspector did not see any activities happening over the duration of the inspection. The inspector observed that residents who were not in isolation and who had not contracted the COVID-19 virus spent long periods of the day in their bedrooms watching television or listening to the radio and had limited opportunity for meaningful social interaction. Residents told the inspector that their daily routines had been severely disrupted by the current outbreak and that they spent most of their time in their bedrooms because they felt safe there.

Regulation 11: Visits

Visiting arrangements had been revised in line with HSPC guidance (Covid-19 guidance on visitations to Residential Care Facilities). In line with the guidance all visits had stopped since the outbreak was notified on 8th October except for visits on compassionate grounds.

Judgment: Compliant

Regulation 13: End of life

Records showed that those residents approaching end of life received appropriate care and comfort. End of life care plans were in place and these recorded the resident's preferences for place of care and types of treatments at the time.

Judgment: Compliant

Regulation 17: Premises

The designated centre is a purpose built nursing home accommodating residents in 48 single rooms and one twin room all with en-suite toilets and wash hand basins. The accommodation is laid out over two floors with a passenger lift between floors.

Overall the accommodation provided a homely and comfortable environment for residents. However significant improvements were required in relation to:

- the communal shower/bathroom facilities were not appropriate to the number and needs of the residents. There were two communal shower/bathrooms for 22 residents on the first floor and three communal shower/bathroom facilities for 28 residents on the first floor.
- Storage was not adequate in the centre and as a result equipment such as a hoist, seating cushions, boxes of personal protective equipment (PPE), linen trolleys, hoovers and clinical waste bags were stored inappropriately. This had been identified as a risk in the centre's risk register but had not been addressed.
- Bathrooms were used to store linen trolleys and other items such as a floor mat and discarded items of personal protective equipment. This meant that they were cluttered and difficult to keep clean and that residents could not access them safely.
- The sluice and housekeeping rooms did not support good infection prevention and control practices. This is discussed under Regulation 27.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of nutritious home cooked meals. There was a choice of menu at all mealtimes.

The inspector observed that residents were offered snacks and a range of hot and cold drinks throughout the day.

The inspector observed the lunch time meal that on the first floor and found that there were not enough care staff available to assist one resident who needed additional support with their meal. In addition this resident was at high risk of choking and was not adequately supervised.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

There was a comprehensive policy in place to support the safe care of residents who were transferred to another care facility or who were discharged from the centre. This was updated recently in line with HSPC Guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

A sample of resident's records were reviewed. Records showed that on most occasions where residents were transferred to hospital all relevant information about the resident was provided to the hospital. However one resident who had recently been transferred to hospital for a clinical review did not have a copy of the transfer letter in their records and the inspector was not assured that appropriate information had been communicated to the receiving hospital.

One resident had recently been discharged into the care of their family in the community. The person in charge was able to describe how the discharge planning ensured that the resident's needs were communicated to the family and community services so that appropriate arrangements could be put into place.

Judgment: Substantially compliant

Regulation 26: Risk management

An up-to-date risk management policy and procedure was in place to inform the

management of risk in the centre. There was a comprehensive risk register that was reviewed on a monthly basis and updated regularly. This was a live document including both the clinical and environmental risks. However not all risks were appropriately mitigated and escalated as required. For example the lack of storage space had been identified as a risk but there was no action taken to address the issue.

The COVID-19 contingency plan was a dynamic document which was regularly updated and adapted to reflect changes in public health guidance. The designated centre's safety statement had been recently reviewed and revised to include the COVID-19 response plan. An emergency evacuation plan was in place with a clearly outlined activation protocol and identified assigned roles and responsibilities.

Records showed that equipment including assistive hoists, profiling beds, bedpan washer etc were regularly serviced and maintained. Accidents and incidents were recorded, analysed, trended and appropriately escalated to the registered provider when required.

Judgment: Substantially compliant

Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented the inspector found that further improvement was required to ensure compliance with national standards and that residents were protected.

The centre had an up to date policy to support staff in relation to infection prevention and control with signposts to the latest HPSC guidance in relation to Covid-19 (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

Face protection masks were worn by all healthcare workers on the day of inspection. Staff adherence to 'Bare below Elbow' initiatives and social distancing was evident. Observations made by inspectors showed that alcohol hand gel, and personal protective equipment (PPE) supplies including long sleeved gowns, surgical masks and eye protection were available. In line with public health advice the provider had set up dedicated PPE donning rooms on each unit for staff to don appropriate PPE prior to entering rooms of residents with suspected or confirmed Covid-19.

Inspectors noted that a small number of staff needed to improve on hand hygiene techniques. While bottles of alcohol hand rub were available around the units, only some were wall mounted outside resident rooms, and therefore not all were available at the point of care. In addition the inspector found that the process in place for refilling wall mounted hand gel dispensers was not effective and two

dispensers were empty when checked on the day of the inspection. The inspector also found that hand wash sinks for staff were not compliant with recommended best practice standards for clinical hand wash sinks and were not conveniently located and easily accessible at point of care.

Isolation precautions were observed and signage advised staff as to whether low or high contact PPE was required. The residents were actively monitored for signs and symptoms of Covid-19 by nursing staff twice daily. Staff were recording contact time with positive residents and actively monitoring for signs and symptoms of the virus. Although single use cleaning wipes were available for decontaminating equipment after use, the management of some equipment such as hoist slings needed review.

The centre had arrangements in place for scheduled testing, and servicing of bedpan washer disinfectors and laundry equipment.

A Legionella risk assessment was undertaken in 2019 and a weekly flushing schedule in relation to water systems was in place.

In some areas healthcare risk and non-risk waste bins were not foot-operated, labelled correctly and within easy reach and although colour-coded linen skips and bags (including alginate bags) were available one was incorrectly labelled. Furthermore the inspector found that a linen skip with resident's dirty laundry was stored in the assisted bathroom on the first floor.

Daily cleaning checklists for residents' rooms and twice daily enhanced cleaning for isolation rooms, which included frequently touched surfaces, were in place during the outbreak. Housekeeping staff were busy inducting a new member of the housekeeping team while completing a full schedule of enhanced cleaning on the first floor unit. Housekeeping staff demonstrated a good knowledge of cleaning processes, color-coded cleaning cloths and the flat mop system. However the inspector was not assured that all cleaning products were being prepared in line with the manufacturer's guidance. This had not been checked by senior staff who were unaware of the staff's practices in this area. In addition there were not enough housekeeping staff on duty on the day of inspection given the geographical spread and layout of the building, the number of individual bedrooms and the cleaning regimen required. This is addressed under Regulation 15.

Findings on this inspection indicated that a review of environmental and equipment hygiene was required. Some of the issues identified included:

- Reusable equipment, for example commodes (including material-type back rests) were unclean
- Floors were dusty in some areas such as a housekeeping room and the staff changing room on the ground floor.
- Some armchair surfaces and under-surfaces reviewed were stained; chair coverings needed review to ensure they were easy to clean.
- The staff changing room on the ground floor was small and cramped with personal items left on the floor as there was not enough storage. The hand washing facilities were not compliant with recommended best practice

standards for clinical hand wash sinks.

While there was a sluice room and a dedicated housekeeping room on each unit the following issues were identified in the sluice and housekeeping rooms on the first floor.

- there was no PPE, hand hygiene soap or non-risk waste bin in either rooms
- there was no standard operating procedure for management and reprocessing of reusable spray bottles used for cleaning products and there was no equipment sink to facilitate such procedures
- there was no clear segregation of clean and dirty activities; clean supplies were stored on open shelving above a janitorial sink
- some equipment such as hoovers, an upright hairdryer and pressure relieving seating cushions were stored in the sluice room.
- the splash back behind the sink in the sluice room was damaged and chipboard exposed.
- the housekeeping room was overstocked and cluttered.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Overall, residents' care plans were person-centred, implemented, evaluated and regularly reviewed. They reflected the residents' changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met. Sudden weight loss was investigated and managed in a timely manner. Wound care was well-managed with clear documentation of assessment and wound management details. Residents had access to appropriate equipment to meet assessed needs such as pressure relieving equipment or manual handling equipment.

However the inspector found that one admission assessment and care plan had not been completed for a resident who was admitted more than two weeks earlier. In addition a number of daily care records had not been completed for the residents on the first floor for last two days. This was immediately addressed by nursing staff.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were regularly reviewed by their general practitioner (GP) and records showed that residents were appropriately referred to relevant health and social care services in order to promote their health and wellbeing.

The GP provided a daily service to the centre on a Monday to Friday basis. The person in charge confirmed that if a resident required review, the GP visited the centre and saw the resident. The inspector met one GP who was visiting a number of his residents on the day of the inspection. In addition, residents had access to an out of hours GP service, which was available 24 hours a day.

Residents had access to physiotherapy, occupational therapy, speech and language therapy and dental services from the adjacent Primary Care Centre. Dietetics and chiropody were also available. Residents were reviewed by tissue viability specialist where required. Residents were supported to continue to access outpatient services during the pandemic

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded at least twice a day.

Judgment: Compliant

Regulation 9: Residents' rights

Overall care was person centred care and resident's rights were upheld. Staff were kind and respectful in their interactions with residents and staff were mindful of maintaining the resident's confidentiality when discussing individuals with the inspector. Staff were observed to knock on bedroom doors before entering and to ensure that doors were closed when personal care was being given.

Residents had access to an independent advocate and residents were invited to bi-monthly resident meetings. Records showed that residents raised ideas and suggestions during these meetings and that they were fed back to the relevant department, for example menu suggestions and new activities and suggestions for outings.

Staff were observed offering residents choices in their meals and in the drinks and snacks that were served. Staff were familiar with each resident's preferences for care and support including their daily routines and how they liked to dress and present themselves.

Residents had access to television radio and newspapers. One gentleman who spoke with the inspector said that he was kept up to date with what was happening with COVID-19 in the centre and that staff were available to answer any questions he may have. He was aware of the need to wash his hands and to maintain social

distance.

Since the outbreak began activities had been significantly reduced due to reduced staffing levels and the number of residents who were spending the day in their own rooms. The person in charge told the inspector that some one to one activities were available for residents in their rooms during the afternoon. However the inspector did not see any activities happening over the duration of the inspection. The inspector observed that residents who were not in isolation and who had not contracted the Covid-19 virus spent long periods of the day in their bedrooms watching television or listening to the radio and had limited opportunity for meaningful social interaction. Residents told the inspector that their daily routines had been severely disrupted by the current outbreak and that they spent most of their time in their bedrooms because they felt safe there

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	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 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Moate Nursing Home OSV-0000068

Inspection ID: MON-0030596

Date of inspection: 29/10/2020

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
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none">1. Call bell audits have been introduced: this records response time, check if call bell is within reach of the resident. The audits will be carried out regularly at an unspecified time by the PIC to monitor compliance with expected response times (on average 1 – 1.5 minutes). Improvement plans will be implemented to improve on response times where delayed responses have been identified.2. Regular safety checks will be carried out by staff. These are purposeful, periodic checks to ensure that residents are safe, that they have whatever the need within reach, including call bells and that their care needs are all being met as required.3. A staff member is allocated daily to facilitate residents to maintain effective contact and communication with family and friends during restricted visiting. The staff member assist residents with scheduling telephone calls or use of social media contact/messenger platforms, such as FaceTime, Viber or WhatsApp, for example.4. We have reviewed the deployment of staff to ensure that all residents can be supervised and attended to in a timely manner and that the ratio of staff to residents is appropriate to facilitate safe, effective care. Staff are allocated to engage with residents who choose to stay in their room.5. There is a robust induction programme in place for new staff. All staff are required to complete mandatory training and a training schedule is in place to ensure new staff and staff who require updates are planned in a timely manner. Staff training needs are discussed at appraisal and staff are given the opportunity to identify any areas of training they feel they require. Training is put in place when there has been observation of staff skills deficits based on individual training needs analysis. Permanent housekeeping staff recruited and started 10/12/2020. Specific staff are allocated separately for housekeeping and laundry.	

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Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

There are clear lines of responsibility in the home and there is a full-time Administrator who is responsible for coordinating all telephone communications.

The PIC communicates with staff at each handover and safety pause regarding their individual roles, responsibilities and priorities for the day. The CNM provides guidance, direction and supervision to nursing and care staff, ensuring that resident care needs are being met in a caring and timely manner, consistent with the preferences and choices outlined in the individual care plans.

All staff are up to date with all mandatory training and education requirements, including the actions to take in the event of an infection outbreak in the home, including Covid-19. There is a Covid-19 contingency plan in place and the PIC discusses various aspects of this plan and sets scenarios with staff to ensure that there is a sense of preparedness and to reduce staff anxiety or worries regarding a potential outbreak of infection in the nursing home.

A clear concise allocation of duties has been identified for all staff grades in the event of an outbreak.

Clinical supervision sessions with individual staff have been introduced to ensure correct procedures are being used when caring for a resident. The supervision sessions are documented, including findings and areas of improvement. All staff receive Mandatory training and a detailed training matrix is available within the home.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

There is a detailed Covid-19 contingency plan in place in the nursing home. The PIC ensures that all staff are familiar with this document and there are regular discussions regarding the roles and responsibilities of individual staff members/grades in the event of an outbreak of infection. This includes setting scenarios or going through 'practice drills' to ensure that all staff are familiar with the steps required if a resident or staff member should have symptoms or a positive swab result or Covid-19. These discussions and drills

are helping to improve staff confidence and reduce anxieties and fears that were prevalent among staff prior to the recent outbreak.

The CNM provides supervision to nurses and carers, including the care standards required to protect themselves and residents from infection.

Clinical supervision meetings take place with the PIC or CNM for nurses on a one-to-one basis to assess their competence and confidence in their role and to identify any learning or development areas.

The PIC and CNM closely monitor staff adherence to infection prevention and control standards and there are regular scheduled audits which comprehensively measure compliance to these standards. Corrective action plans are identified and implemented to improve quality and compliance.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- We have identified a space to install 2 additional communal showers, one on each floor.
- Additional space for appropriate storage of equipment (including linen trolleys and hoist) has been identified and work will be undertaken to designate this space as a specific storage facility.
- Bathrooms will not be used for storage of any equipment or items.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

There are effective nursing and supervision arrangements in place at every mealtime to ensure that care and assistance is provided and residents' safety is maintained.

Residents with a high risk of choking are always supervised/assisted by a suitably experienced member of staff.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

We will ensure that all residents who are transferred to another facility have a transfer letter with them, a copy of which will be kept in their file. The progress notes will reflect what documentation has been sent with the resident. The staff nurse will also record in the progress notes the documentation that was received when a resident returns and this will be filed in the residents' file.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

We will ensure that the risk register is reviewed and that it will accurately reflect the perceived risks, risk rating, current actions, policies or procedures to mitigate against the risk, and any corrective actions required to improve quality and further reduce the level of risk. The risk register will be reviewed and updated on a regular basis to ensure that all risks recorded and recommendations are an accurate reflection of the current status.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Hand hygiene audits are carried out weekly or more often if required based on the findings.

Wall mounted alcohol hand sanitizers have been placed at point of care and in the sluice areas on both floors.

The housekeeping staff regularly check the hand sanitizers as part of their cleaning schedule, replenish empty hand sanitizers and record this in their daily cleaning schedule. A review of the handwashing sink, equipment sink, storage for clean supplies including the splash back and the chip board is scheduled for the first quarter 2021.

Residents that require the use of a sling have their own individual slings. The slings will be labelled and dated to identify that it has been cleaned.

All waste bins in the nursing home have been checked and replaced with foot operated bins where required. Infection control audits are carried out at least once a month and spot checks are carried out to ensure all linen and waste is disposed of as per guidelines. The sluice rooms will be provided with a non-risk waste bin.

A standard operating procedure for the use and reprocessing of reusable spray bottles will be developed in conjunction with the infection control guidelines and safety data of products used.

All non-sluice items have been removed from the area and stock has been reviewed.

See response regulation 15.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff are allocated to specific residents for all care required, including physical, psycho-social and spiritual needs. Staff are allocated to engage with residents who choose to stay in their room or are restricted to isolation and this is recorded in the residents' notes.

The Activities Coordinator has revised the activities schedule to ensure that residents who choose to remain in their rooms are visited regularly for one-to-one activities of their choice and to encourage small group activities that can be socially distanced appropriately.

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
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/01/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	08/01/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Not Compliant	Orange	30/06/2021

	under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2021
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	08/01/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	08/01/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	08/01/2021
Regulation 25(1)	When a resident is temporarily absent from a designated	Substantially Compliant		08/01/2021

	centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/01/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/01/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	08/01/2021

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	08/01/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	08/01/2021