Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Mooncoin Residential Care Centre</th>
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<tr>
<td>Name of provider:</td>
<td>Mooncoin RCC Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Polerone Road, Mooncoin, Kilkenny</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>28 January 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000254</td>
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<td>Fieldwork ID:</td>
<td>MON-0023124</td>
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About the designated centre

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

Mooncoin Residential Care Centre is a purpose-built two-storey centre, which provides residential care for 78 people. All resident accommodation is on the ground floor. The centre can accommodate both male and female residents, for long-term and short-term stays. The centre caters for residents of all dependencies, low, medium, high and maximum, and twenty-four-hour nursing care is provided. In total there are 74 single and two twin bedrooms. All bedrooms have full en-suite facilities. Each bedroom was appropriately decorated and adequate screening was available in the shared rooms. Various communal areas are located around the centre which is surrounded by well maintained grounds including a secure garden area and courtyard.

According to their statement of purpose, Mooncoin Residential Care Centre aims to provide the highest quality of residential care in a happy and homely atmosphere in which each resident feels cared for, comfortable and content. They aim to provide a home away from home, with a highly professional care service, where staff promote individuality and encourage residents to enjoy the company of friends and companions.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 78 |
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:**
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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Tuesday 28 January 2020</td>
<td>9:00 am to 5:30 pm hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
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<tr>
<td>Tuesday 28 January 2020</td>
<td>9:00 am to 5:30 pm hrs</td>
<td>Caroline Connelly</td>
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What residents told us and what inspectors observed

The inspectors met and spoke with the majority of the residents present on the day of the inspection and also met a number of visitors throughout the inspection. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the chief inspector for distribution to residents and relatives for completion. The inspectors observed practices throughout the day and saw good person-centered interactions between staff and residents.

Residents were very complimentary about the staff, saying staff are excellent, we are all well cared for and staff are very nice and helpful. Other comments included that staff are respectful, staff are very good and obliging. A number of relatives commented that staff are lovely and that they were friendly and welcoming when they came to visit their relative. A few relatives said staff are very good at informing them of residents changing needs. Residents and relatives said that there appeared to be enough staff around and calls bells were generally answered promptly. A few relatives said they would like to see more staff in the dayroom particularly in the late afternoon as residents tended to get restless then and would benefit from a staff member being in the room. The inspectors observed this to be the case during the inspection where a large number of residents were in the day room and although staff were in and out doing checks there was no staff allocated to continual supervision and engagement with the residents there.

Feedback from residents and relatives was consistently positive about the homeliness of centre. Residents' said they loved their large bedrooms with en-suite facilities. A number of residents were complementary about being able to sit by the open fire and the warmth and comfort that gave them. The inspectors saw residents enjoyment of same and observed that it was safely guarded to prevent accidents. A number of residents commented on the grounds and the lovely enclosed garden with raised planters and plans to plant vegetables and further flowers there in the spring. Relatives and residents mentioned that there were plenty of places along the corridors and sitting rooms to visit in which they enjoyed. The inspectors observed residents using these areas and a number of residents were seen to sit near the entrance to the centre watching people coming and going. Residents said they enjoyed being there near the reception staff and nurses office. The inspector observed one resident sitting inside the desk for long periods of the afternoon chatting with staff.

Residents expressed satisfaction about the food, saying choice is offered at each meal and that they had a tasting for a new menu recently. They said food was plentiful and tasty. Residents and relatives were complimentary about the activities and the activity co-ordinators. A number said they enjoyed the group activities and others spoke of the walk down to the quay which they enjoyed. Music, bingo and cards were favourites with some residents others preferred the chair based activities. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. A few residents said they did not like when
other residents came into their room. The inspectors observed that the management team had responded well to this issue. They had put measures in place to protect the privacy and rights of the residents, which included an alert system if residents entered other residents' rooms uninvited.

**Capacity and capability**

This inspection was announced. There was a recent change of person in charge in the centre and the provider had put a robust induction programme in place for the new person in charge. The new person in charge had worked alongside the departing person in charge allowing time for familiarisation with residents and the service provided.

Inspectors followed up on the provider's progress with completion of the compliance plans from the previous inspection on 2 October 2019. The provider had progressed the majority of the compliance plans for the regulations identified as not being compliant on the previous inspection. Further improvement was required to ensure residents' safety needs were met in the event of a fire in the centre, and in staff allocation arrangements to supervise vulnerable residents in the communal rooms.

There was a clearly defined management structure in place and reporting structures were clear. Regular governance and management meetings took place where all aspects of the service were discussed and actions required outlined. Significant improvements had been implemented to mitigate the risk of residents falling in the centre with a comprehensive assessment of each resident's needs and implementation of focused remedial strategies.

Staff were facilitated to attend mandatory and professional development training. Staff were knowledgeable regarding residents' needs. Staff who spoke with inspectors said they were well supported by the person in charge and senior staff. The provider representative confirmed to the inspectors that staff had completed An Garda Síochána (police) vetting before commencing working in the centre as per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. However, there was no evidence that staffing arrangements had been reviewed to ensure that vulnerable residents were appropriately supervised in communal rooms. Intermittent supervision of residents was in place but increased supervision of vulnerable residents with assessed high risk of falling and restlessness was required.

Some aspects of governance and management of the service continued to require improvement to ensure residents' safety was assured in the event of a fire in the centre. While the provider had reviewed staffing resources available, adequacy of staffing resources available were not assessed to ensure residents' emergency evacuation requirements and supervision needs would be met.
The system in place to monitor the quality and safety of the service was seen to be informing improvements in the service and a comprehensive annual review had been completed.

**Regulation 14: Persons in charge**

The new person in charge was a registered nurse, had the required experience in a management role and had completed a post graduate management qualification. The new person in charge had completed an induction period alongside the previous person in charge and she demonstrated a good knowledge of residents and their needs.

**Judgment: Compliant**

**Regulation 15: Staffing**

Residents and relatives spoke very positively of staff and indicated that staff were kind, caring and treated them with respect and dignity. Good person-centered interactions were seen between residents and staff and there was evidence that staff knew the residents very well.

A review of staffing rosters showed there were always a minimum of three nurses on duty during the day and two at night from 22.00 hrs. The nurses were supported by the person in charge and the CNM’s during the day Monday to Friday and an on-call system at weekends and at night if required. There were 13 care assistants on duty from 08:00 to 14:00hrs, eight care assistants on duty from 14:00hrs to 20:00hrs and four care assistants from 20:00 to 08:00hrs. There was a regular pattern of rostered household, catering and activity staff on duty on a daily basis.

Staffing levels during the inspection generally appeared adequate to meet the needs of the residents. However, the inspectors found that staff were not allocated to ensure vulnerable residents were appropriately supervised in the main sitting room. This had also been identified by the inspector at the previous inspection. Inspectors saw that the main sitting room was where the majority of residents were sitting during the day and in the evening. The current system in place allowed for 30 minute checks of residents by staff. Although these checks were documented, this arrangement did not provide assurances of appropriate supervision and engagement at all times. The inspectors saw that there were numerous periods throughout the day, when no staff were present in the day room and family members confirmed this to be the case on an ongoing basis. Family members said that residents were often restless and agitated calling out for staff and they had to ring the bell for the resident or go find staff to assist them. An inspector sought assistance for a resident in the sitting room who was restless and looking for staff.
assistance. There had also been a history of unwitnessed falls in the day room. Arrangements were not in place to provide increased supervision of residents with assessed high risk of falling or residents who became restless and agitated and required ongoing staff interventions.

Judgment: Substantially compliant

**Regulation 16: Training and staff development**

The person in charge and management team engaged with staff regularly and staff said they were always available for support. A comprehensive induction and orientation was provided to new staff. A comprehensive induction/ clinical skills framework booklet was completed and a copy of same was kept on file. Probationary reviews took place for new staff and appraisals were in place for longer term staff. There was evidence of staff meetings taking place where management communicated current issues or highlighted auditing trends.

Staff reported having good access to training, including mandatory training and additional training in relevant topics. A comprehensive training matrix was available that showed all staff had received updated training in moving and handling, safeguarding, fire safety, dementia and responsive behaviours.

Judgment: Compliant

**Regulation 21: Records**

All records requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspectors were found to be well maintained and contained the requirements of schedule 2 of the regulations. However inspectors found there were unidentified gaps in two out of the four CV’s in the staff files viewed. The management team provided assurances to the inspectors that all staff had Garda vetting in place prior to commencing employment in the centre.

Residents' records were reviewed by the inspectors who found that they generally complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A nursing record was entered in each resident's documentation regarding their health and condition and any treatments given on a daily basis.

The records listed in Schedule 4 to be kept in a designated centre were all maintained and made readily available to the inspectors. As required by Schedule 4,
records of checks and testing of fire safety equipment were maintained. Records of emergency evacuation drills completed were also maintained.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear governance and management structure in place with individual roles and responsibilities clearly defined. The management team met formally on a regular basis. Meetings were minuted and structured by means of a standing agenda that ensured all aspects of the service were reviewed at this forum. The governance and management of the centre had improved since the last inspection. While inspectors found that arrangements to ensure the safety of residents had been strengthened, arrangements for the supervision of vulnerable residents in the communal room was inadequate. Further improvements were required to ensure that fire would be contained effectively and that residents can be safely evacuated in an emergency.

Systems were in place for monitoring the quality and safety of the service. Key clinical parameters were measured to ensure the service was effective and outcomes of care were optimised for residents. Audits of some areas of the service provided were completed and made available to the inspectors. These audits were analysed with improvement actions described and implemented. Time frames were established for repeating audits. This demonstrated a commitment to continuous quality improvement of the service.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2019 and forwarded to the Health Information and Quality Authority prior to this inspection. The report was completed in consultation with residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place which clearly outlined the room the resident occupied and the occupancy of that room. The contracts of care contained details of the service to be provided and the fee to be paid. Although they included some charges for additional services not included in the fee like the social charge, they did not outline all additional charges and the costs for these additional services such as chiropody.
Judgment: Substantially compliant

Regulation 3: Statement of purpose

Some minor revisions to the centre's statement of purpose were required to reference the change of person in charge. Otherwise, this document contained the information as required by Schedule 1 of the Regulations. Information regarding staffing resources provided accurately described staffing resources provided.

Judgment: Compliant

Quality and safety

Inspectors found that residents were generally supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through access to healthcare services, opportunities for social engagement and premises that met their needs. The inspectors found that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents and relatives gave positive feedback regarding many aspects of life and care in the centre. Improvements were required in some aspects of medication management and fire safety.

A review of residents' care documentation demonstrated that residents' nursing care and healthcare needs were appropriately assessed and reviewed on a regular basis. Residents' assessed needs informed person-centred care plans that were developed in consultation with them or their families on their behalf. Improvements were seen in care planning with the introduction of person-centred care planning holistic care plans. This ensured a consistent approach to residents' care and that relevant information regarding residents' preferences and wishes about the care interventions they wanted prioritised for them was more accessible and individualised to them. The provider employed a physiotherapist who was on site one day each week. This service was effective in supporting and optimising residents' independence. The physiotherapist was also supporting staff with assessment and mitigation of residents' risk of falling.

The provider ensured residents' safety with measures in place to ensure fire-fighting equipment was operational at all times. However, as found on the last inspection, inspectors were not assured that adequate arrangements were in place for the containment of smoke and fire or that staff would safely evacuate residents in the event of fire.
There were written operational policies and procedures in place on the management of medications in the centre. The centre had recently changed from an electronic system of medication administration back to a paper version following a review. Medication practices generally met the requirements of legislation with some improvements required in relation to crushed medications.

The premises were homely, warm, clean and comfortable, with plenty of communal space in a variety of settings. The main day rooms were where people liked to gather, meet their friends and chat. Other quieter day rooms were available where residents liked to read the newspapers, chat and watch television. The overall layout and design of residents' accommodation provided them with comfort and choice regarding their communal facilities and ensured they had sufficient space in their bedrooms and facilities to meet their needs. The centre was bright and spacious. Residents' access and independence was promoted with wide corridors, handrails on circulating corridors and grab rails in toilets and showers. Garden facilities were provided with a large fully enclosed courtyard which could be accessed from numerous parts of the centre.

Measures were in place to protect residents from being harmed or suffering abuse. Staff demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. Issues had been notified to the Health Information and Quality Authority as required and appropriate actions taken. There were generally robust systems in place to safeguard residents' money. The inspector observed that staff had developed good relationships with residents and were committed to ensuring residents' needs were met. Residents told the inspector that they felt safe in the centre and that staff were always kind and respectful towards them.

The provider ensured that the rights and diversity of residents were generally respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Advocacy services were available via an external advocate. Residents' meetings were held frequently and were well attended. Numerous issues were discussed and information related to all kinds of news was relayed to residents.

There were good policies and procedures in place in relation to infection control. Audits findings recommended further hand sanitizers were required and although the provider had taken action to provide these, hand sanitizers were not conveniently available on one corridor in the centre. The provider representative gave assurances that this finding would be addressed.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly. An emergency plan was in place with an appropriate response for all emergency situations and there is a procedure in place in response to a missing person.
Regulation 11: Visits

There was an open visiting policy in place in the centre. Visitors were welcomed and residents were facilitated to meet their visitors in private if they wished outside of their bedroom in several comfortable areas available throughout the centre.

Staff controlled access to the centre and a record of all visitors to the centre was maintained to ensure residents were appropriately safeguarded.

Judgment: Compliant

Regulation 13: End of life

Staff provided end-of-life care to residents, with the support of their GPs and the community palliative care service. There were no residents in the service on the day of inspection receiving end-of-life care. Residents were given opportunities to express and have their end-of-life wishes recorded regarding their physical, psychological and spiritual needs and where they wished to receive end-of-life care. The person in charge ensured that residents were involved in any decisions regarding their end-of-life care.

Most residents in the centre resided in single bedrooms, arrangements were in place to ensure residents in the two twin bedrooms were accommodated in a single bedroom if end-of-life care was necessary. Residents’ relatives were facilitated to stay overnight with them when they became very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated to inspectors and provided assurances that members of the local clergy from the various religious faiths were available to them to provide pastoral and spiritual support for residents as they wished.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre premises met residents' individual and collective needs to a good standard. The premises was purpose built and extended over the years to provide 74 single bedrooms and two twin bedrooms. Residents' bedroom accommodation was arranged on ground floor level throughout and were arranged in close proximity to a variety of communal sitting rooms and dining areas. Handrails in a contrasting colour to surrounding walls were were provided along all circulating corridors to facilitate residents' independence with mobilising around the centre. The centre was decorated in a homely and familiar style for residents.
and provided them with an accessible, therapeutic and comfortable living environment.

All parts of the centre premises were visibly clean, comfortable and in a good state of repair. Work was completed since the last inspection to repair some damage to the paintwork on handrails and on doors and door frames caused by passing equipment. Residents’ bedrooms were bright and spacious and they were encouraged to personalise their bedrooms with their own paintings, photographs, ornaments and soft furnishings. This arrangement ensured residents could enjoy continued use of their favourite items in the centre. There was sufficient storage provided for residents’ clothing and other possessions.

The sitting and dining areas were spacious and brightly decorated. Floor covering was non-slip, bright and non-patterned throughout the centre to promote residents' safe mobility in the centre. Large windows throughout the centre promoted good use of natural light in communal areas and corridors and provided residents with nice views of the areas outside the centre. Corridors were sufficiently wide to ensure that residents could mobilise safely when using a wheelchair or a walking frame.

Outdoor areas were accessible and were landscaped to a high standard making these facilities interesting and therapeutic for residents. Safe footpaths and appropriate outdoor seating was provided.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met, meals and meal times were observed to be an enjoyable experience. Meals were served in the main dining room, in a second smaller homely room and other quieter rooms that took into account of the needs of the residents and their own personal choice. Meals were served in an unhurried and social manner. Assistance was offered in a discreet and dignified manner where required. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food and home baking provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspectors met one of the chefs who was new to his role and he was currently triallling different menu choices and including the residents in tasting of these menus. The person in charge also outlined her plans for breakfasts to be served in the dining room at a more leisurely pace at a time of the residents choosing. This is to commence in the next number of weeks.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents had access to the dietetic and speech and language services as required.
Judgment: Compliant

**Regulation 26: Risk management**

The centre’s health and safety statement was up-to-date and equipment was well maintained in the centre. There was a risk management policy in place that included identification for risks specified in regulation 26 (1) (c). The risk register was combined with the safety statement to show some clinical risks as well as environmental risks.

Manual handling and restraint risk assessments were carried out to assess residents in the centre. Post falls assessments were taking place and the number of falls had reduced substantially since the previous inspection. Other clinical risk assessments were in place for risks of pressure sore formation and malnutrition using validated tools and were reviewed on a regular basis and when residents circumstances changed.

There was an emergency plan in place which was updated during the to describe evacuation of the centre and following inspection to take into account all emergency situations that could occur in the centre. A copy of this was sent to the inspectors. In the event of a power outage, the centre have an on-site generator which will automatically switch on to provide full power to the building. Arrangements were in place to evacuate residents to a local community centre in the event of a major incident in the centre.

Judgment: Compliant

**Regulation 27: Infection control**

The premises environment was visibly clean throughout. Cleaning staff worked on seven each week to ensure a consistent standard of cleaning was maintained in all areas of the centre. Designated storage facilities for cleaning equipment was provided. Staff completed hand hygiene procedures and wore personal protective equipment provided appropriately. The provider had completed a review of hand hygiene facilities in the centre and installed additional hand hygiene stations at intervals along corridors. The inspectors observed that although in close proximity along another corridor, there were no hand hygiene stations available along one corridor.
Clinical waste in the centre was appropriately managed and access to potentially hazardous areas such as the sluice room was controlled by staff to prevent unauthorised access.

Judgment: Substantially compliant

**Regulation 28: Fire precautions**

Since the last inspection in October 2019, the provider had reviewed the measures in place to ensure residents' safety in the event of a fire in the centre. Although the provider had reviewed the procedures for containment of smoke/fire in the event of a fire in the centre since the last inspection, inspectors were not assured that amended improvements following an emergency evacuation drill had been implemented.

Doors on communal rooms used by residents were fitted with devices that ensured these doors closed in the event of the fire alarm sounding. This ensured any fire or smoke was contained within these rooms and delayed smoke or fire entering the rest of the centre.

While, inspectors observed that most residents' bedroom doors were closed, some residents' bedroom doors were open. As found on the last inspection in Oct 2019, inspectors were not assured that residents' open bedroom doors would be closed to effect containment of fire/smoke in the event of a fire in the centre. The provider had revised the emergency evacuation procedure in the centre to instruct closure of residents' bedroom doors manually by staff as part of the emergency evacuation procedure in the centre. Most staff who spoke with inspectors regarding the emergency evacuation procedures did not reference manually closing residents' bedroom doors. Therefore sufficient assurances that the requirement to manually close residents' bedroom doors in an emergency were not available.

A system of progressive horizontal evacuation was the emergency evacuation procedure in the centre. Simulated compartment emergency evacuation drills were completed but timeframes referenced did not provide sufficient assurances regarding residents' safe evacuation in the event of a fire in the centre. Evidence that recommendations made by an external emergency evacuation drill coordinator were implemented was also not available at the time of the inspection. Documentation submitted by the provider following the inspection demonstrated that improvements had been made to ensure residents' timely emergency evacuation. However, further improvements are necessary to ensure the service is compliant with the regulations.

Each resident had their emergency evacuation needs assessed regarding staffing, equipment and supervision needs. This information was documented and readily accessible.
A floor plan of the centre indicating fire compartment boundaries was displayed by the fire alarm panel to inform evacuation procedures.

Fire safety checking procedures were completed and records were made available to the inspectors. The inspector observed there were no gaps in the records of safety checks to ensure fire exits were clear and unobstructed and that the fire alarm and fire exit doors were operational. Records of quarterly servicing of the fire alarm and emergency lighting was complete and made available to inspectors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. Medications requiring refrigeration were stored in a fridge in each unit and the temperature was monitored and recorded daily. Administration practice was observed to be compliant with the rights of medication administration. Regular audits took place and medication management training was provided to staff.

A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. However the inspectors noted that medications that required crushing had an instruction at the top of the residents prescription sheet saying the resident may have their medications crushed. However, medications were not individually prescribed as such and some medications cannot be crushed. Therefore this posed the risk of nurses administering medications in an altered format without the appropriate prescription which could lead to errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' care plans were reviewed by an inspector during the inspection. Each resident's needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of assessment tools including a falls risk assessment tool to inform the development of individual care plans. On this inspection, residents' care plans clearly described care that was of priority for each resident in person-centred care interventions. Measures to mitigate residents' risk of falling were reviewed since the last inspection. New initiatives and
falls prevention strategies implemented were effective in significantly reducing the incidence of residents falling in the centre including referral to a falls clinic for older people. Care plans for individual residents at risk of falling detailed the falls prevention measures that must be in place to mitigate their risk of falling.

Care plans for residents with diabetes detailed instructions regarding the frequency with which their blood glucose levels should be assessed, the recommended parameters that their blood glucose levels should be maintained within and the actions to take if outside recommended levels. Residents’ care plans were reviewed at regular intervals and residents, or their family on their behalf, were consulted regarding their care plan development and subsequent reviews.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were met. Residents were provided with timely access to general practitioners (GPs) from local practices as necessary. Residents from the local community were supported to continue to be cared for by the local GPs they attended prior to their admission to the centre. Residents had access to community palliative and psychiatry of older age services.

Community occupational therapy services were available to residents on referral. Since the last inspection referrals were made to this service, as appropriate. In the absence of timely access to community physiotherapy, dietician and speech and language therapy services, the provider had arrangements in place to ensure there was no delay in residents accessing these services. The provider recruited the services of a physiotherapist who attended the centre on one day each week. The physiotherapist completed assessments of residents' mobility needs, risk of falling and was involved in falls prevention in the centre with residents and staff. There was an emphasis on maintaining and optimising residents independence in the centre. The centre's physiotherapist facilitated an exercise session each week for residents.

Residents were supported to attend outpatient appointments and to access national health screening programmes, as appropriate.

Judgment: Compliant

Regulation 8: Protection

An up-to-date policy and measures were in place to inform the safeguarding of residents from abuse. Staff were aware of their responsibilities to report any
disclosures, suspicions or incidents they witnessed. There was evidence that allegations of abuse had been investigated and managed in line with the policy. All interactions between staff and residents that were observed during the inspection were supportive and kind and residents told the inspector they felt safe and that staff were kind and caring.

The provider acted as a pension agent for one resident. The inspectors saw appropriate arrangements were in place, with a separate account for the resident and the centre were in compliance with the department of social welfare guidelines. Residents’ finances and invoicing for care was all managed in a robust manner.

Arrangements were in place whereby some residents’ monies or petty cash was handed in for safekeeping and managed by staff. Spot checks and audits were put in place by the finance department. The inspector checked three accounts and found the accounts accorded with records maintained.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents' rights and choices were generally being upheld and respected. Residents were consulted with on a daily basis and formal residents' meetings were facilitated. There was evidence that relevant issues were discussed, appropriate action taken and followed up on during the next meeting. Residents were satisfied that their religious and civil rights were upheld. Arrangements were in place for residents to vote in the centre, in local and national elections.

The inspectors saw that residents' privacy and dignity was respected. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in twin rooms. The inspectors observed staff interacting with residents in an appropriate and respectful manner, and there was evidence that staff knew residents and their likes and dislikes well.

Residents were supported to maintain links with the community. The centre was beside the local primary school and residents could see and hear the children when they are out in the playground. The children were regular visitors to the centre to sing and dance and visit the residents. On the other side of the centre is the local church and some residents went out to attend services there. Services such as masses, funerals and other services were also streamed into the centre enabling residents to feel part of the services and the community. Facilities for residents of other religious denominations were also provided. Residents had access to national and local newspapers, television and radio.

There were facilities and opportunities for residents to engage in recreational and occupational activities in the centre. There were two activity coordinators who between them worked six days a week and offered a range of activities, informed by the interests and capabilities of residents. They had recently had a Rose of
Mooncoin competition where 25 residents were pampered for the morning with hairdressing and makeup and got all dressed up to participate in the competition. Residents told inspectors this generated great fun, entertainment and a coming together of residents and staff. Residents also spoke of the walking group where they walked down to the local quay to take in the scenery and enjoy an ice cream. Although there was a comprehensive programme of activities available and a number of groups and one-to-one activities taking place during the inspection, the inspectors recommended that further group activities and staff interaction may be appropriate in the main sitting room where the majority of the residents were sitting for long periods during the day.

Judgment: 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:

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<th>Regulation Title</th>
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<td><strong>Capacity and capability</strong></td>
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</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 15: Staffing: As acknowledged by inspectors, our staffing compliment is adequate for the delivery of the service. We have reviewed the allocation of our staffing resources to further improve the supervision of our residents generally. We have now increased our daily sessions of dementia specific sensory activities to help prevent or reduce the symptoms of sundowning where possible. Also, the location of staff for afternoon activities ensures staff focus on the main sitting room in the time before residents go to the dining room for tea.</td>
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</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records: All CV’s for current and incoming staff have been reviewed to ensure there are no unexplained gaps in their employment histories.</td>
<td></td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 23: Governance and management:</td>
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</tbody>
</table>
As per regulation 15 Staffing The inspectors acknowledged that our staffing compliment is adequate for the delivery of a quality care service to our residents. We have reviewed the allocation of our staffing resources to further improve the supervision of our residents generally. We have now increased our daily sessions of dementia specific sensory activities to help prevent or reduce the symptoms of sundowning where possible. Also, the location of staff for afternoon activities ensures staff focus on the main sitting room in the time before residents go to the dining room for tea.

Our capacity to contain fire has been consistently demonstrated to be sufficiently robust. Our centre is purpose built, and was designed, supervised and certified by a competent, registered professional assigned by us to inspect and certify works in accordance with the Building Control Regulations. Prior to receiving residents into our care our centre was also inspected by the relevant Local Fire Authority and also the appointed HIQA inspection team at the time of registration. Our centre is full compliance with all relevant statutory regulations applicable to a designated centre. However, we have further reviewed our procedures in the event of a fire to ensure that all Fire doors will be closed, we have also reviewed our training to explicitly reinforce the requirement to ensure Fire doors are closed in the event of a fire.

We have conducted five full compartment evacuations in the last four months using two separate independent Fire Consultancy firms to assist us with the execution and performance appraisal of these evacuations. All of these evacuations simulated night-time scenarios with our lowest staff compliment. We have successfully evacuated forty-two residents to safety during these evacuations and both independent consultants have deemed in their reports that we have the ability to safely evacuate our residents in a timely manner. However, we are committed to ensuring the safety of the residents in our care and we will be conducting compartment evacuations on a quarterly basis continuing in quarter two of this year. We will strive to ensure that our staff continue to improve their competencies in regard to the safe evacuation of our residents on an on-going basis.

<table>
<thead>
<tr>
<th>Regulation 24: Contract for the provision of services</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
Additional Charges are outlined in our contract however the costs for same are not, the contract states that those charges, such as chiropody, are charged at the prevailing rate as dictated by the relevant third party. We are now including indicative rates but ultimately, we have no control over the actual rate charged. We will also include the rate charged for accompanying a resident when attending appointments etc.
Regulation 27: Infection control | Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The inspectors acknowledged the increased number of hand hygiene stations at intervals around the facility. However, it was noted that one 15m length of corridor did not have a hand hygiene station. The corridor in question has 4 ensuite bedrooms which facilitates our staff in exercising excellent hand hygiene practices. We have however further reviewed the locations of the hand hygiene stations and have added a further station on the corridor in question.

Regulation 28: Fire precautions | Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We have conducted five full compartment evacuations in the last four months using two separate third-party independent Fire Safety Consultancy firms to assist us with the execution and performance appraisal of these evacuations. All these evacuations simulated night-time scenarios with our lowest staff complement. We have successfully evacuated forty-two residents to safety during these evacuations and both third-party independent consultants have concluded in their reports that our staff are competent at executing the safe evacuation of our residents in a timely manner. Furthermore, all the observations and recommendations of the third-party independent fire safety consultants have been implemented as demonstrated in our fire training on the 18/2/2020, this date had been notified to the inspectors on the 28/01/2020 during the inspection closing meeting. However, we are committed to ensuring the safety of the residents in our care therefore we will be conducting full compartment evacuations on a quarterly basis. We will strive to ensure that our staff continue to improve their competencies regarding the safe evacuation of our residents.

I wish to reiterate that our capacity to contain fire has been consistently demonstrated to be sufficiently robust. Our centre is purpose built, and was designed, its construction supervised and certified at completion by a competent Registered Professional Architect assigned by us to inspect and certify construction works in accordance with the Building Control Regulations. Prior to receiving residents into our care, our centre was also inspected by the relevant Local Fire Authority. The applicable Building Regulation for Fire Safety has not been amended in the interim. Our centre is full compliance with all relevant statutory regulations applicable to a designated centre. However, we have further reviewed our procedures in the event of a fire to ensure that all Fire doors will be closed, we have also reviewed our training to explicitly reinforce the requirement to ensure Fire doors are closed in the event of a fire.
<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Substantially Compliant</th>
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</thead>
</table>

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All residents who have difficulties with swallowing tablets have had alternatives sourced where available, as prescribed and if the tablets require crushing, this is marked by individual medicine on the residents Kardex.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/02/2020</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/02/2020</td>
</tr>
<tr>
<td>Regulation 23(a)</td>
<td>The registered provider shall ensure that the designated centre has sufficient resources to ensure the</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/02/2020</td>
</tr>
<tr>
<td>Regulation 23(b)</td>
<td>The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/02/2020</td>
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<tr>
<td>Regulation 24(2)(d)</td>
<td>The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/02/2020</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of Substa…</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/02/2020</td>
</tr>
</tbody>
</table>
healthcare associated infections published by the Authority are implemented by staff.

| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Not Compliant | Orange | 14/02/2020 |
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in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.