**Centre name:** The Moyne Nursing Home  
**Centre ID:** ORG-0000256  
**Centre address:** The Moyne, Enniscorthy, Wexford.  
**Telephone number:** 053 92 35354  
**Email address:** carolinearle@eircom.net  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Moyne Nursing Home Limited  
**Provider Nominee:** Caroline Earle  
**Person in charge:** Suzy Murphy  
**Lead inspector:** Mairead Harrington  
**Support inspector(s):** Caroline Connolly  
**Type of inspection:** Announced  
**Number of residents on the date of inspection:** 20  
**Number of vacancies on the date of inspection:** 6
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
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<tbody>
<tr>
<td>29 January 2014 10:30</td>
<td>29 January 2014 19:00</td>
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<tr>
<td>30 January 2014 09:00</td>
<td>30 January 2014 19:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Contract for the Provision of Services</th>
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<tbody>
<tr>
<td>Outcome 03: Suitable Person in Charge</td>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>Outcome 05: Absence of the person in charge</td>
<td>Outcome 06: Safeguarding and Safety</td>
</tr>
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<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This report sets out the findings of an announced registration renewal inspection. This was the fifth inspection of the centre by the Health Information and Quality Authority’s Regulation Directorate, and the first under the management of Whitewood Carela Ltd.

The centre was purchased by Whitewood Carela Ltd who had been involved in the running of the centre since November 2013. Whitewood Carela Ltd had applied to renew the registration of the centre and become the new registered providers. As part of the inspection the inspectors met with residents, the providers, the person in charge, nurses, one of the general practitioners (GP), relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as
care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Residents’ comments are found throughout the report.

Overall, inspectors were satisfied the centre was operating in general compliance with the conditions of registration granted. The safety of residents and staff within the centre was promoted and a centre-specific risk management process was in place.

A number of questionnaires from residents and relatives were received and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents was one of satisfaction with the service and care provided. It was evident that residents’ health and social care needs were being met and that the nursing care provided was evidence based.

Residents had access to the services of a GP and other healthcare professionals. There was opportunity for residents to exercise choice in relation to their daily routine and personal preferences were accommodated. A regular routine of supervised activities was in place facilitated by an activities coordinator. Provisions were made for the practice of religious belief.

Family involvement with relatives was encouraged; those spoken to were complimentary about staff and the service provided stating they are welcomed at any time and receive hospitality.

The inspectors concluded that some areas for improvement identified in the previous inspection had not been satisfactorily addressed. These included:
- staffing levels
- personnel files
- end-of-life care
- mandatory training including elder abuse.

Inspectors also identified other aspects of service requiring improvement which are discussed in more detail under the relevant outcome statements in the report. These include:
- contracts of service
- person in charge experience
- premises and layout
- delivery of care in accordance with residents’ privacy and dignity.
Outcome 01: Statement of Purpose
*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
During the previous inspection it was found that the statement of purpose did not comprise all matters listed in Schedule 1 of the Regulations.

The statement of purpose viewed by inspectors during the current inspection clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

At the time of inspection the statement of purpose did not include fire precautions and associated emergency procedures, or registration details such as the conditions attached by the Chief Inspector to the designated centre’s registration under Section 50 of the Health Act 2007. Information about the work experience of the person in charge was also omitted. Information on these issues has since been provided and the updated statement of purpose currently meets the requirements of the Regulations.

Outcome 02: Contract for the Provision of Services
*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The residents’ contracts of care were viewed by the inspectors. The contracts were comprehensive - they stipulated details of the service provided, the fee to be paid and what was included and excluded from that fee. However, the contracts were generally an agreement between the old provider and not a contract with the new providers. Several contracts were signed a number of years ago and had not been updated and therefore did not reflect the current fee to be paid. The contracts required review in relation to these issues in order to meet the requirements of the Regulations.

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Major

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

Findings:
The person in charge was suitably qualified and demonstrated a satisfactory knowledge of the Regulations and the Authority’s Standards but did not have the necessary experience to meet the regulatory requirements.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:
Leadership, Governance and Management

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

Findings:
Records generally were kept in good order and were easily retrievable on request.

Operational procedures and policies were reviewed by the inspectors and were maintained in accordance with regulatory requirements.

The residents' directory was up to date and contained photographs and biographical information along with records as required in relation to medication and treatment.

The insurance policy was examined and found to provide adequate cover against accident and injury in accordance with statutory requirements.

The records of employees checked were generally maintained in accordance with requirements. However, one self-declaration was unsigned and it was unclear on one record if Garda Síochána vetting had been requested or not. Action in relation to this aspect of record maintenance is dealt with under Outcome 18.

Reports and documentation relating to other regulatory inspections such as fire and environmental health and safety were available on-site and a sample was viewed by the inspectors.

A policy in relation to the creation, access and retention of records was available dated November 2013 and due for review in 2015.

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The person in charge and the registered nominated provider were aware of the obligation to inform the Chief Inspector of any proposed absence of the person in charge.

Arrangements were in place to cover for the absence of the person in charge and at the
time of inspection a senior staff nurse was responsible for covering the role during periods of absence. Inspectors were satisfied that this member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to fulfil this role.

The person in charge and the registered nominated providers were contactable in the event of any emergencies and staff had the necessary contact details in this eventuality.

<table>
<thead>
<tr>
<th>Outcome 06: Safeguarding and Safety</th>
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<tbody>
<tr>
<td>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.</td>
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| Theme: |
| Safe Care and Support |

| Judgement: |
| Non Compliant - Minor |

| Outstanding requirement(s) from previous inspection: |
| Some action(s) required from the previous inspection were not satisfactorily implemented. |

| Findings: |
| On the previous inspection it was identified that all staff had not received up to date training on recognising and responding to elder abuse. |
| On this inspection an up-to-date policy and procedure on the management of abuse was in place. Updated training had been provided for a number of staff in November 2013. Although the staff spoken to understood how to recognise and respond to an incident of abuse, cleaning staff spoken to had not received the required training in this area. There were no reports of incidents, allegations or suspicions of abuse. |
| Current risk assessments, operating policies and procedures were available covering essential areas such as manual handling, elder abuse and fire prevention and response. |
| Residents spoken to said they felt safe and secure. There were systems in place to safeguard and manage residents’ belongings including personal finances. The residents' personal property log was made available for inspection and documentation reviewed was in order and signed off appropriately. |
### Outcome 07: Health and Safety and Risk Management

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

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Minor

#### Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

#### Findings:
The previous inspection found that risk management policies were inadequate and should be revised to include resident absence without leave, assault, accidental injury, aggression and violence and self-harm. Policies should also cover arrangements for the identification, recording, investigation and learning from serious and untoward incidents or adverse events involving residents. Operational policies and procedures in relation to infection prevention and control, hygiene practices and fire prevention and response were also found to be inadequate.

On the day of inspection the centre had written policies and procedures in relation to resident absence without leave, assault, accidental injury, aggression and violence and self-harm. Hygiene and infection control policies and procedures were also documented with dedicated cleaning staff working to a daily cleaning rota. Cleaning staff spoken to by the inspector had received training in hygiene practices and an appropriate system of colour coding laundry was in place to ensure effective segregation of potentially contaminated garments and bedding.

Management demonstrated that where adverse events occurred, systems were in place to learn from and protect against recurrence. To this end a quality and safety committee had been set up with meetings monthly since October 2013. Accident and incident reports seen by inspectors were well documented and the person in charge was in the process of developing a trending metric for ongoing monitoring of such occurrences.

An up-to-date safety statement was made available during the inspection and it was evident that reasonable measures were in place to prevent accidents, such as hand-rails in corridors and grab-rails in toilets for example. However, the inspectors noted torn linoleum in one bedroom which presented a tripping hazard.

Most, but not all, staff had received up-to-date training in moving and handling which is a mandatory training requirement for all staff to ensure safe care is provided.

A signed fire risk assessment dated December 2013 was available and fire safety policies and procedures were reviewed verifying daily checks of the alarm panel and fire exits. Records indicated weekly inspections of furniture/upholstery and monthly checks of fire fighting equipment. A certified equipment check was dated 30 October 2013 with
emergency lighting checked as of 23 December 2013. A fire emergency plan was in place and the drill record indicated an exercise on 22 October 2013. Most, but not all, staff had completed fire training which is a mandatory requirement.

There was no indoor smoking area and residents who smoke go outside to do so.

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Minor

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

**Findings:**
Previous inspection identified that appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were required and that systems should be put in place to ensure that staff are made familiar with such policies and procedures.

The current inspection established that there was a medication management policy and procedure for ordering, prescribing, storing and administering medicines and controlled drugs, including the return and disposal of unused and out-of-date medicines.

Satisfactory processes were in place for the handling of medicines. Inspectors reviewed documentation that verified controlled drugs were appropriately stored in securely locked cabinets and that recorded stock checks were made at the start of each shift and signed off by two staff.

The inspectors observed a nurse administering medications to residents and this was carried out in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidelines 2007. Medications are generally prescribed and disposed of appropriately in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). However, inspectors noted instructions for crushing medication had not been signed off by a GP.

Residents’ prescriptions viewed contained appropriate information such as a photograph, name, dosage and route of administration. Residents’ prescriptions were reviewed on a three-monthly basis and the person in charge is in the process of introducing competency based assessments for all nurses undertaking medication administration.
Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

Judgement:
Compliant

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

Findings:
An examination of records during this inspection demonstrated that a system for recording incidents occurring at the centre was in place and notifications were submitted in accordance with statutory requirements. A quarterly return not completed at the time of inspection was subsequently submitted.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
At the time of inspection the current providers had been running the centre for almost three months. In that time questionnaires had been issued to both residents and relatives seeking feedback about the services provided. The providers were aware of the requirement to have in place a system for reviewing the quality and safety of care and of the quality of life for the residents and were working towards implementing same. No audits had been undertaken since the new management structure was put in place but care plans and assessments were being reviewed to establish standard levels with a view to introducing such improvement measures. The person in charge had also commenced a competency assessment on medication management for a number of nurses.

Residents and relatives spoken to by the inspectors responded positively about their experiences in the centre and the standard of care provided. Improvements initiated by
the new providers included the setting up of a residents’ committee and inspectors noted the attendance record and minutes of a residents’ meeting dated 5 November 2013.

### Outcome 11: Health and Social Care Needs

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective Care and Support

**Judgement:**
Compliant

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

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

**Findings:**

At the last inspection it was noted that inadequate provision was made to facilitate resident’s access to allied therapies such as physiotherapy, chiropody or occupational therapy.

Provisions have since been made for opticians and dentists to attend the centre and provide assessments and treatment as required. The services of allied health professionals were available and a referral system was in place. Physiotherapy was available, though paid for privately, and an occupational therapist can attend on request to assess needs such as seating requirements. At the time of inspection three residents were awaiting specialist chairs following full seating assessments.

Staff reported in the current inspection that a number of residents are attended weekly by GP services to support the prevention and early detection of ill health. On the day of inspection GP attendance was required by one resident and inspectors noted the response was prompt and treatment appropriate. Inspectors spoke with the attending GP who confirmed the weekly routine of visits.

The care plans reviewed by inspectors were found to contain the necessary biographical details and consents and indicated residents had received appropriate admission assessments. Ability levels were recorded in relation to a range of activities such as mobility and communication. A plan of care of assessed needs was in place reflecting the residents’ profile and including a range of relevant risk assessments such as falls, nutritional needs and pressure sores. Where bed rails were in use assessments had been completed and monitoring was regular and in accordance with the relevant
restraint policy. Wound care charts were viewed and contained comprehensive assessments and treatment plans, wounds were measured and assessed using a scientific measurement tool. Records showed staff had attended training on continence care following which all residents were assessed for correct continence wear. Care plans were subject to regular review with nursing staff attending monthly meetings accordingly.

An activities coordinator attended the centre five days a week. Activities include a Sonas programme and ‘Imagination Gym’ including the use of aromatherapy and music for sensory stimulation. The activity session observed during the course of the inspection included personalised communication and tactile interaction with residents.

Staff demonstrated a good understanding of techniques to manage challenging behaviour and utilised strategies appropriate to the needs of the resident as well as the behaviour exhibited.

<table>
<thead>
<tr>
<th>Outcome 12: Safe and Suitable Premises</th>
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<tbody>
<tr>
<td>The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</td>
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<table>
<thead>
<tr>
<th>Theme:</th>
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<tbody>
<tr>
<td>Effective Care and Support</td>
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<th>Judgement:</th>
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<tr>
<td>Non Compliant - Moderate</td>
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<tr>
<th>Outstanding requirement(s) from previous inspection:</th>
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<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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<th>Findings:</th>
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<tr>
<td>The last inspection found that the sluicing facilities and disposal of clinical waste were inadequate. Also, storage facilities and segregation of cleaning equipment and materials were not in accordance with requirements.</td>
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During this inspection the sluice room was appropriately equipped and contained a separate sluice sink - access was keypad controlled. Chemical containers were stored in a locked cupboard. A separate, lockable cleaning room was adjacent to the sluice room and cleaning materials were colour coded and stored in accordance with good hygiene practice. A separate chemical waste container, clearly labelled, was located in the sluice room.

The premises is a single-storey building built in 1987 for the purpose of residential care. The building is set in large, well-maintained gardens with car-parking space to the front. The main entrance leads directly into a conservatory through which the entrance
hallway and the main sitting room can be accessed. The staff offices, the dining rooms and the kitchen are located just off the entrance hallway. Communal accommodation comprises a conservatory, two adjoining dining rooms and two sitting rooms, one of which is used primarily as a visitors’ room.

There is accommodation for 26 residents comprising 11 single bedrooms and eight two-bedded rooms. Two of the single rooms and one of the two-bedded rooms have en suite facilities with a toilet, wash-hand basin and shower in each room. The remaining rooms have only wash-hand basins with bath and shower facilities in separate bathrooms. A bathroom has recently been converted to a wet-room with shower, and an assisted-bath has also been installed in one of the bathrooms.

The layout of two two-bedded rooms did not meet the needs of residents in that the TV could not be viewed from both beds at any one time and some bed areas had limited space around them to have chairs and lockers by their beds. Two other two-bedded rooms also had curtain screens that either did not fully extend around the beds or the sink areas could not be screened. A cupboard door beneath one wash-hand basin had chipped paint exposing a permeable surface which represented a risk in terms of infection control.

The kitchen layout was not suited to the service required as staff had to cross a yard to a storage shed to get supplies or access the freezers and cold storage. It was noted by the inspectors that the storage shed was divided by a partition wall with access through a door where items such as incontinence pads, toiletries and cleaning equipment were kept.

Records of equipment safety checks verified routine maintenance of hoists, beds, mattresses and the generator. Staff facilities included a changing room with a shower, wash-hand basin and toilet.

Although significant progress has been made by the current providers in relation to the quality of the environment for residents, they are aware of the further requirements necessary to meet compliance and building proposal plans for this purpose were seen during the course of the inspection.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The previous inspection found that the policies and procedures available in relation to the making and handling of complaints were inadequate. The log of complaints did not contain sufficient detail about the investigation and outcome of a complaint or whether it was resolved satisfactorily.

During the current inspection it was noted that a complaints policy dated November 2013 was on display in the entrance area of the centre. The policy cited relevant legislation and included a clear outline of the procedure to follow in making a complaint such as who to approach and expected time frames for resolution. A complaints officer was nominated and contact details provided for the HSE including information on the appeal process to the Ombudsman in instances where complaints cannot be resolved. The complaints log was reviewed by the inspector and contained a record of complaints along with investigations undertaken and communication of the outcome to complainants.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Moderate

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

Findings:
Operational policies and procedures on end-of-life care had not been available during the last inspection. These have since been put in place and inspectors noted that a policy on end-of-life dated December 2013 was available during the current inspection.

However, the care plans reviewed did not have these assessments completed and there was no evidence that these issues had been discussed with residents. According to the existing policy end-of-life discussions should take place with residents on or around the date of admission however there is no provision in the policy in relation to residents already admitted.

The person in charge confirmed that family participation at end-of-life was facilitated by provision of a private room where possible and visitors were supported with refreshments. Arrangements have also been made for support and advice from a palliative care team. There was continual contact with the local priest who attended weekly and was available to meet spiritual needs and administer sacraments as required.
**Outcome 15: Food and Nutrition**

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

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

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

**Findings:**
Inspectors observed lunch service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious in content and appetising in presentation. A choice of desserts was also offered. Residents spoken to were complimentary of the food and satisfied with the choice and quality available.

Residents were provided with opportunities to eat their meals while seated at dining tables in communal dining rooms which were bright and clean. There was also the option of eating in the communal lounge or in their bedroom accommodation if they wished. Residents who needed assistance with eating their meals were observed being assisted by staff using appropriate techniques and in a respectful manner.

Residents’ weights were monitored as part of a regularly reviewed care plan and an appropriate nutritional assessment tool was in place to assess residents’ nutritional status.

Residents’ preferences and dietary requirements were communicated in writing to catering staff and residents had access to fresh drinking water and hot drinks and snacks as they required.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**
Person-centred care and support

**Judgement:**
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found the atmosphere and attitude in the centre to be warm and interactive. Regular visitor attendance was noted and resident outings with family and relatives were encouraged and facilitated.

Both the provider, the person in charge and staff demonstrated a commitment to their ethos of care both in the respectful way they engaged with residents and in their familiarity with the needs, likes and dislikes of individuals.

Input by residents to the running of the centre was facilitated through participation in a residents’ forum. Resident feedback was also sought through questionnaire surveys. During the inspection it was clear residents had flexibility in their daily routines such as whether or not to participate in activities and also when and where to take their meals. The inspectors observed mass taking place on the day of inspection and the priest also took lunch with the residents and engaged with them individually.

Inspectors identified overt signage on a resident's room door where there were infection control concerns and also a swallow chart displayed next to a resident's bed which did not best protect privacy and dignity.

There was an open visiting policy and contact with family members was encouraged. Visitors spoke positively about their experience visiting residents and said they felt welcome in the centre. The inspectors noted that staff were courteous and warm in their interactions with residents and the overall atmosphere at the centre was pleasant. CCTV systems were in operation on the premises in access areas such as corridors and the hall but also extended into the dining room which is not in accordance with best practice as described by the Data Protection Act.

Outcome 17: Residents clothing and personal property and possessions
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
On previous inspection it was noted that a signed, up to date record of individual belongings was not available. This has since been addressed and inspectors noted signed records of personal possessions on individual resident files.

Residents had personal storage space in their rooms where personal property and possessions could be kept in separate lockable cupboards. Many rooms were homely with personalised possessions and photographs on view.

Launhering of residents’ clothes and bedding is currently contracted out though it was noted that providers are seeking to bring this service in-house as part of the building works planned.

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

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

Findings:
On previous inspection it was found that the segregation of duties between catering and cleaning staff was inadequate and the skills mix did not meet the needs of the residents based on the size and layout of the centre and residents’ dependency levels.

In the course of the current inspection staff rotas were reviewed. While satisfied that staff were appropriately qualified and staffing levels by day were adequate, inspectors were of the opinion that staffing levels at night provided inadequate cover to meet the needs of residents. The staff rota indicated that two staff nurses and four carers were on duty during the day. Additional staff included one catering staff and one cleaning staff. However, just one staff nurse and one health care assistant were on duty during the night. Inspectors felt this ratio was inadequate at current resident occupancy levels and particularly if these figures rose to capacity levels. Satisfactory recruitment policy and procedures were in place however in some instances these procedures were not put into practice. For example, not all references had been verified and Garda Síochána vetting had not been obtained for some members of staff. Also, several employee references had not been verified and there was an unexplained gap in the employment
history of one member of staff.

A review of the staff training matrix indicated not all staff had received the required mandatory training and catering staff had not received training in food handling hygiene and safety.

It should be noted that the residents and relatives spoken to were very positive in their responses about the caring attitudes and attentiveness of staff.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Moyne Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000256</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>29/01/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21/03/2014</td>
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</tbody>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Contracts to be revised to reflect arrangements agreed with current provider.

**Action Required:**
Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
We have now sent new contracts to all resident’s next of kin to be read and signed by the resident/relative. Any new residents will receive a contract within 1 month of admission.

**Proposed Timescale:** 21/03/2014

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Outcome 03: Suitable Person in Charge

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The position of person in charge to be filled by a qualified nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

**Action Required:**
Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

**Please state the actions you have taken or are planning to take:**
Although she has a vast amount of nursing experience and is an important part of our team, our original proposed PIC does not have the 3 years experience in the area of geriatric nursing that HIQA requires. We are in the process of recruiting a new PIC who has all relevant qualifications and experience and she will commence her new position on 19th May 2014 once she has worked out notice in her current post.

**Proposed Timescale:** 19/05/2014

Outcome 06: Safeguarding and Safety

**Theme:** Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Mandatory training as required in relation to identifying and preventing abuse within the centre.

**Action Required:**
Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Please state the actions you have taken or are planning to take:**
Since our takeover in November, we have provided elder abuse training for the majority of our staff. We have arranged training for any recently appointed staff who had not received the relevant training at the time of inspection.

**Proposed Timescale:** 30/04/2014
<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect: Ensure floor surfaces are maintained to prevent falls risk.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 31 (4) (e) you are required to: Provide safe floor covering.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> We have now put down new floor covering on the area that the floor was torn.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 21/03/2014</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: Safe Care and Support</th>
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<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect: Ensure all staff members receive mandatory training in relation to moving and handling residents.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Since our takeover in November, we have provided manual handling training for the majority of our staff. We have arranged training for any recently appointed staff who had not received the relevant training at the time of inspection.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/04/2014</td>
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<table>
<thead>
<tr>
<th>Outcome 08: Medication Management</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect: Instructions for crushing medication not been signed off by a GP.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</td>
</tr>
</tbody>
</table>
Please state the actions you have taken or are planning to take:
GP signs off all crushed medications now.

Proposed Timescale: 21/03/2014

Outcome 10: Reviewing and improving the quality and safety of care
Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While a system of monitoring has been commenced the information gathering and analysis is incomplete. A system of implementing the learning outcomes from audits and reviews needs to be developed to support the cycle of monitoring and continuous improvement.

Action Required:
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Please state the actions you have taken or are planning to take:
Monthly audits to be conducted on residents assessments, care plans, healthcare and medication management. Three monthly audits on medication monitoring and review and end of life care documentation. Three monthly review on the daily routine and activities documented on the care plan. Three monthly audit of the activities being provided in the centre. Annual residents satisfaction surveys. Extensive work has been done on meals and mealtimes. A site-specific nutrition policy is currently being developed and a four week menu is currently being reviewed by a dietician. Further medication management training has been provided to nursing staff since the inspection.

Proposed Timescale: 30/06/2014

Outcome 12: Safe and Suitable Premises
Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The layout of two two-bedded rooms did not meet the needs of residents in that the TV could not be viewed from both beds at any one time and some bed areas had limited space around them to have chairs and lockers by their beds.

Two other two-bedded rooms also had curtain screens that either did not fully extend around the beds or the sink areas could not be screened.
**Action Required:**
Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

**Please state the actions you have taken or are planning to take:**
The TV’s in the double rooms have been moved so that they can be viewed from both beds. We are in the process of installing new curtain rails to address the above. New management were aware of the problem and had ensured that only one person was accommodated in the rooms where curtain screens had to be changed.

**Proposed Timescale:** 31/03/2014
**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A cupboard door beneath one wash-hand basin had chipped paint exposing a permeable surface which represented a risk in terms of infection control.

**Action Required:**
Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
Please state the actions you have taken or are planning to take: Our maintenance man has repaired the exposed surface.

**Proposed Timescale:** 21/03/2014

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**Outcome 14: End of Life Care**
**Theme:** Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plans reviewed did contain assessments for end-of-life requirements such as a care-after-death checklist including provisions for religious preferences and spiritual needs.

**Action Required:**
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**
End of life assessment is an ongoing process. It can be a very sensitive subject so we felt that time needed to be taken to get to know the residents well before we discussed the subject with them. We hope to have spoken to all residents/relatives about their
wishes in the coming months. End of life care will be discussed with any new residents within one month of admission.

**Proposed Timescale:** 30/06/2014

### Outcome 16: Residents Rights, Dignity and Consultation

**Theme:** Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Overt signage on a resident's room door where there were infection control concerns and a swallow chart displayed next to a resident's bed did not best protect privacy and dignity.

CCTV monitoring in communal dining areas not in keeping with Data Protection requirements.

**Action Required:**
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
We have taken down any overt signage to protect the privacy and dignity of residents.

CCTV has now been removed from the dining area.

**Proposed Timescale:** 21/03/2014

### Outcome 18: Suitable Staffing

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staffing levels at night provided inadequate cover to meet the requirements and dependency levels of residents.

**Action Required:**
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
We have one HCA on duty from 0700 to assist night staff. We also have introduced a new HCA 10-10 shift which allows the night nurse to complete her medication round uninterrupted.
Proposed Timescale: 21/03/2014

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Recruitment policy and procedures not fully implemented in accordance with Schedule 2 of the Regulations.

Action Required:
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
Please state the actions you have taken or are planning to take: Staff files inherited were not all up to date at the time of our takeover. We are currently working on our recruitment procedures to fulfil our obligation under Schedule 2 of the regulations.

Proposed Timescale: 30/06/2014