

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moyglare Nursing Home
Centre ID:	OSV-0000072
Centre address:	Moyglare Road, Maynooth, Kildare.
Telephone number:	01 628 9022
Email address:	info@moyglarenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Moyglare Nursing Home Limited
Provider Nominee:	Damian Doyle
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	12

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.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 August 2016 09:30 To: 24 August 2016 14:00

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

Outcome	Our Judgment
Outcome 04: Suitable Person in Charge	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this inspection was to follow-up on the action plans identified on the dementia thematic inspection in April 2016. During that inspection six outcomes were inspected against and the provider was found to be in non compliance with five outcomes, the level of non compliance was substantial compliance with one outcome, moderate non compliance with three outcomes and major non compliance with one outcome.

The inspector found that four of these five outcomes were now in compliance, one moderate non compliance was now in substantial compliance. The provider had carried out actions which included the provision of additional training to staff, reviewed nursing documentation and redecorated the communal environment.

The two action plans at the end of this report reflect where additional screening needs to be put in place to ensure the privacy of those residents' in twin bedrooms and the vacant person in charges post.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Authority had been notified that the person in charge had resigned on 17 June 2016. The General Manager, a registered nurse and named person participating in management was managing the centre when the person in charge post was vacant. The provider informed the inspector that the vacant person in charge post had been advertised, however a suitable candidate had not been recruited to date.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

The inspector found that the three actions identified on the previous inspection report had been addressed.

The policy for managing resident finances had been updated on 10 July 2016. It now

clearly outlined how residents' personal accounts were managed by the provider when this level of service was required. The practice outlined was clear and concise.

The management team had completed a review of all those residents' with bed rails in use as a form of restraint. Alternatives were trialled and those in use were recorded, where these were not successful this was also recorded. Each resident with bedrails in place had a bedrail assessment form and care plan in place to reflect their use. The use of bed rails as a form of restraint had reduced since the last inspection. Practice was now in line with national policy.

The inspector found that a resident who at times displayed responsive behaviours had a detailed care plan in place reflecting possible triggers and clearly outlining a plan to manage these behaviours. There was evidence that the resident had been reviewed by a psychiatric team in the local acute hospital.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

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

Findings:

The inspector was satisfied that the five action plans identified on the last inspection report had been addressed. The health and social care needs of residents' were now being met.

A sample of five residents' documents were reviewed. Residents' comprehensive assessments included their end of life preferences and each of the five had an end of life care plan in place. It was clear from these that the resident and/or their next of kin were involved in developing these care plans which were reviewed on a four monthly basis.

Residents' identified as having nutritional needs had the care they required outlined in a detailed care plan. All residents' with who had been identified as at high risk of malnutrition had been reviewed by a dietician and where necessary a speech and language therapist. The recommendations made by these visiting disciplines were reflected in the care plans reviewed. The nutritional care provided to residents' was

observed at lunch time and it reflected the care outlined in their care plan. Staff assisted residents' in line with best practice. The use of protective clothing had been reviewed and alternatives which appeared more dignified were now being used by those residents' who wished to use them.

The inspector was told that additional bed linen was no longer in use in the centre and none was observed.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The action plan on the last report had been addressed.

Equipment was not stored in communal areas or in corridors during this inspection.

The provider had purchased additional signage for use on communal rooms. These had been installed on toilet and bathroom doors. They included pictures and words increasing the ability of residents with a dementia to maintain their independence for longer. Some points of interest had been developed in the small quieter sitting room used mainly by residents' who had a diagnosis of dementia.

The communal dining rooms and sitting rooms had been refurbished. A colour scheme had been selected for each of these rooms. The refurbishment included replacing curtains, re-upholstering chairs, painting and wall papering walls.

Screening in two of the six twin bedrooms had been reviewed. The screening in the remaining four twin rooms were yet to be reviewed to ensure the privacy of residents'. However, just one of the four had two residents' residing in room at the time of this inspection.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

The inspector followed up on the following non compliances identified on the last inspection:

The delivery of dementia specific activities required review.

Residents right to choice was not respected at all times by all staff.

Residents' with communication difficulties were not facilitated to communicate in line with their care plan or the centres communication policy.

Findings:

The activities co-ordinator had completed refresher training in cognitive based activities for residents' with dementia in June 2016. She also informed the inspector she was attending a course on "gym imagination" in October 2016 and on completion of this course she planned to implement this therapy to residents' with dementia. The activities timetable on display included activities based specifically on the needs of residents' with dementia. In additional, individualised memory boards had been developed further. Some residents' with a dementia had these by their bed, the boards included items of interests to that resident. The communal area used mainly by residents' with dementia included an orientation board, colourful relaxing lighting and a tactile area which had been developed by staff.

Residents' right to choice was respected by staff observed providing care. Staff were seen offering the residents' choice throughout the mealtime. They were offered choice of meal and desert, staff enabled residents' to make these choices by showing them the food available. All staff had attended training on the meeting the communication needs of residents'. The inspector reviewed the staff signature sheets for the three days this training occurred. Communication between staff and residents was much improved. Staff were observed assisting residents' with participating in activities and with eating their lunch. Staff were observed communicating with residents prior to providing care to them. For example, they were offered the choice to wear the newly implemented protective napkin prior to using them.

The privacy of residents sharing one of the twin bedrooms was compromised by the lack of complete privacy screening around the inner bed and the shared wash hand basin. This is addressed under outcome 12.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

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

Findings:

The inspector followed up on the following non compliances identified on the last inspection:

Some staff required further training on providing dementia specific activities to residents with dementia.

Staff nurses required refresher training in relation to best practice in the prevention and grading of pressure ulcers.

All staff required further education on respecting residents rights and communication with residents with dementia.

Findings:

As mentioned under outcome 16, the staff had completed refresher training in cognitive based activities for residents' with dementia in June 2016. The activity staff member informed the inspector that she was attending a course on "gym imagination" in October 2016 and on completion of this course she planned to implement this therapy to residents' with dementia.

Staff nurses and some health care assistants had attended training on "prevention and grading pressure ulcers" over two days. The inspector saw staff sign in sheets for both educational sessions given by a tissue viability nurse.

All staff had received training on meeting the communication needs of residents'. This training was given to all staff over three dates. Staff signature sheet were seen for all three dates.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Moyglare Nursing Home
Centre ID:	OSV-0000072
Date of inspection:	24/08/2016
Date of response:	20/09/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

There was no person in charge employed in the centre.

1. Action Required:

Under Regulation 14(1) you are required to: Put in place a person in charge of the designated centre.

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

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

Advertising and interviewing is ongoing for a suitable candidate as soon as one is found HIQA will be informed .

Proposed Timescale: as soon as possible

Proposed Timescale: 20/09/2016

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:

Screening in two of the six twin bedrooms did not ensure the privacy of the resident residing in the inner bed.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Screening will be altered to ensure privacy.

Proposed Timescale: 31/10/2016