

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Moyne Nursing Home
Centre ID:	OSV-0004373
Centre address:	The Moyne, Enniscorthy, Wexford.
Telephone number:	053 923 5354
Email address:	carolinearle@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Whitewood Carela Limited
Provider Nominee:	Caroline Earle
Lead inspector:	Ide Cronin
Support inspector(s):	Mary O'Donnell
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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: 03 October 2016 09:10 To: 03 October 2016 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection took place to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland . The inspectors also followed up on areas of non compliance identified at the previous inspection which took place in March 2016.

The Health Information and Quality Authority (HIQA) had also received a completed statutory notification in relation to change of person in charge.

The person in charge was interviewed and her fitness was determined on this inspection. The person in charge demonstrated her knowledge of the legislation and standards throughout the inspection process. The ongoing fitness of the registered provider and person in charge will continue to be determined by ongoing regulatory work that includes further inspections to assess compliance with actions identified during inspections.

The inspectors met with some residents, a relative and staff members. The inspectors observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. During the inspection, staff and management

interacted with residents in a respectful and caring manner. The actions from the previous inspection were reviewed and were adequately addressed with the exception of premises which the provider is currently progressing.

Overall inspectors were satisfied that the person in charge and management team were committed to ensuring the centre was in substantial compliance with current legislation and that residents were safe and cared for. A total of 10 outcomes were inspected. The inspectors found four outcomes were compliant, four outcomes were moderate non compliance and two outcomes were substantially compliant with the Regulations.

The Action Plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection significant improvements regarding management systems were required to ensure compliance with the Regulations and to provide assurances to the Chief Inspector that the centre was being efficiently governed ensuring residents were being delivered a service that was safe, effective and met their needs.

On this inspection inspectors found that a management system was in place to review and develop the quality of care and residents' experience. The person in charge was suitably qualified and demonstrated a satisfactory knowledge of the Regulations. The provider representative also worked on a full-time basis in the centre and was well known to residents and staff. She attended the centre daily and provided support to the person in charge.

There was an organisational structure in place to support the person in charge which included a senior staff nurse. There was a reporting system in place as observed by inspectors to demonstrate and communicate the service was effectively monitored and safe between the person in charge, the provider nominee and all staff.

There was evidence of quality improvement strategies and monitoring of the services. The inspectors reviewed audits completed by the person in charge on a monthly basis. Some of the areas reviewed included medication management health and safety, infection control, hygiene, accidents and incidents and documentation. The person in charge discussed improvements that were identified with staff and action plans to improve compliance were outlined as observed by the inspector. The inspector also observed that interaction surveys had been recently completed by relatives. Overall, relatives were satisfied with services provided and interactions observed when they were visiting their family member.

An annual review of the quality and safety of care delivered to residents was completed as observed by the inspectors. It was available to residents and relatives as required by the Regulations.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:

The person in charge had changed since the time of the last inspection. Inspectors conducted an interview with the person in charge during inspection to determine fitness which was found to be satisfactory. The person in charge provided an appropriate standard of governance and clinical leadership to the staff team in all aspects of care delivery. She was suitably qualified as a registered nurse and had the authority accountability and responsibility for the provision of the service. The inspector found that she was well informed about residents and person centred in her approach.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and is supported by a senior nurse. The senior nurse assumes responsibility of the designated centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 06: 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:
Governance, Leadership and Management

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

Findings:

There had been no period of 28 days or more when the person in charge was absent from the centre. She is supported in her role by a senior staff nurse who works in the centre for 24 hours per week. The person in charge told the inspectors that this senior staff nurse will deputise in the absence of the person in charge and for annual leave. The inspectors were satisfied that there were suitable arrangements in place for the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

All staff had received training on identifying and responding to elder abuse. There was a policy in place and the national policy on safeguarding vulnerable persons at risk of abuse was available to staff. The person in charge and staff who spoke with inspectors displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. There were no allegations of abuse currently under investigation but records viewed showed that two allegations of abuse had been managed in line with the policy. Elder abuse was discussed at the recent residents meeting. Residents interviewed by inspectors said they felt safe.

Some residents had behaviours that challenge and others showed behavioural and psychological signs of dementia (BPSD). Improvement was required from the last inspection because management plans for residents with behaviours that challenged did not reference antecedents or effective de-escalation procedures for each resident. Inspectors read a sample of care plans and found that this had been addressed. Care plans based on assessments identified possible triggers and appropriate interventions for each resident. The care plans were sufficiently detailed to support person centred care interventions. Staff knew the residents well and were very familiar with appropriate interventions to use. During the inspection staff interacted with residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Residents were appropriately assessed and reviewed by mental health services. Some residents were prescribed sedation and psychotropic medications to manage an

underlying restraint condition. These medications were regularly reviewed and inspectors found evidence that chemical restraint was used as a last resort.

Staff were working to promote a restraint free environment. One resident used a lap belt when sitting in a specialised chair and nine residents used bed rails. This had reduced from 15 in June 2016. The inspectors reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Care plans were in place for residents who used bedrails or a lap belt. Safety checks were completed and there was documented evidence that these were undertaken as required in line with the policy. Additional equipment such as low beds, wedges and sensor alarms had also been purchased to reduce the need for bedrails.

Inspectors were informed that there was one staff member was rostered to work without their Garda vetting application being processed. The person in charge and provider were advised that any staff without a declaration of Garda vetting and clearance should not be working in the centre. Assurances were given verbally and via email to comply with this directive. Alternative staffing arrangements were put in place to ensure that all staff rostered to work in the centre had Garda clearance and all appropriate supervision systems were in place to safeguard residents.

On the previous inspection residents' monies were found to be managed in a safe and transparent way.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The health and safety of residents, visitors and staff was promoted and the centre had policies and procedures relating to health and safety, fire and risk management. A current health and safety statement was available and risk management procedures were in place. There were supporting policies in place which include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Satisfactory infection control practices and procedures were found in relation to the prevention and control of infections. Hand hygiene training was mandatory for all staff. Suitable arrangements were in place for the disposal of clinical waste.

Accidents, incidents and near misses were documented and arrangements were in place for investigating and learning from incidents and events involving residents and or staff. Regular audits and reviews of residents' falls and incidents, wounds, pressure ulcers and restraint use were maintained. A strategic approach to meeting residents' needs and the monitoring of clinical outcomes was demonstrated.

A balanced approach was taken when managing risk taking and promoting independence, taking each residents preferences and choices into account. Reasonable measures were in place to prevent accidents in the centre and on the grounds. Root cause analysis and risk assessments following incidents or hazard identification were maintained and recorded outlining control measures. Staff were trained in moving and handling of residents and fire safety. Further training dates for mandatory training and refresher training were scheduled for all staff involved in moving and handling practices.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced as required on a regular basis. Means of escape and fire exits were unobstructed and emergency exits clearly identified. Each resident had a personal emergency evacuation plan, and staff were reasonably knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm being activated. Fire safety was included in the induction programme for all new staff. Although the person in charge had plans in place for six monthly simulated evacuation drills from various locations in the centre. The majority of staff had not participated in an evacuation drill in the previous two years. According to the records the 12 staff who participated in the evacuation drill in April 2016, were the only staff to have participated in an evacuation drill since 2014. Fire drills to simulate night time conditions and staffing levels were also required. Inspectors noted that the seal on the fire door in the second sitting room was not fit for purpose and recommended that a review of all fire doors be undertaken.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

On the previous inspection it was found that:

- some medications for p.r.n (as required) administration did not reference maximum dosage over a 24hr period
- medications administered in crushed format were not individually prescribed
- some regular medications administered to residents were not individually prescribed by the prescriber therefore the prescription was incomplete. Inspectors observed that these actions had been completed.

The inspectors found staff were knowledgeable about medication management and administered medications safely. There was a comprehensive medication management policy in place to guide practice which gave clear guidance to nursing staff on areas such as ordering, prescribing, administration of medicines 'as required' (p.r.n) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

A staff nurse told an inspector that there was no transcribing of medications in the centre. Written evidence was available that medications were regularly reviewed by resident's general practitioner (GP). Medicines were being stored safely and securely in a room which was secured. The temperature ranges of the medicine refrigerator were appropriately monitored and recorded by the pharmacy. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis, conducting reviews of residents' medications, stock control and medication audits.

The inspector read a small sample of completed prescription and administration records and saw that they were in line with best practice guidelines. For example prescribing of medications required to be crushed had been individually prescribed by the prescriber. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift.

Judgment:

Compliant

Outcome 10: 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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that a comprehensive record of all incidents was maintained and notifications to HIQA were made in line with the requirements of the regulations. Quarterly reports were provided, where relevant, for example the use of restraint and number of deaths as prescribed in the regulations.</p> <p>The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspectors found that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.</p> <p>There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.</p> <p>A selection of care records and plans was reviewed. There was evidence of a pre-assessment undertaken prior to admission for residents. There was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep.</p> <p>There was evidence of a range of assessment tools being used to assess and monitor</p>

issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals, in consultation with residents or their representatives. The inspectors reviewed the management of clinical issues such as falls, wound care and diabetes management and found they were well managed and guided by robust policies.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Residents also had access to psychiatry of later life services and community palliative care services. A range of other services was available on referral including speech and language therapy (SALT) and dietetics. Chiropody, dental and optical services were also provided. Occupational therapy services were available on site. Inspector reviewed residents' records and saw that some residents had been referred to these services and results of appointments were written up in the residents' multidisciplinary care plans. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team.

Some residents had accessed physiotherapy following medical referral. On the day of inspection none of the residents were availing of physiotherapy services and one resident who had been referred was awaiting a physiotherapy review. Inspectors held the view that residents, especially those with limited mobility and those at risk of falls would benefit from physiotherapy assessments and input.

The 'Key to me' and the PAL assessment tool were used to inform a care plan to meet the social needs of each resident. Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in domestic activities as well as group events. A programme of events included religious ceremonies, bingo and music.

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

Findings:

Moyne Nursing Home is a single storey, purpose built centre with 10 single and 8 twin rooms. Three bedrooms had en-suite facilities. There are additional wheelchair accessible toilets located around the building. The centre has two main day rooms, a dining room and a conservatory. A kitchen, pantry, cleaning room, laundry room, a sluice room and equipment storage room, the office of the person in charge and nurse's office complete the accommodation. The inspectors noted that the front reception area was a popular with residents and visitors. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming.

The building is wheelchair accessible. All walkways and bathrooms were adequately equipped with handrails and grab-rails and working call-bells were evident in all areas. Toilet doors and toilet seats are painted red to support residents with dementia. The grab rails had been painted a contrasting colour and signage with text and pictures was used to support way finding. These actions had been completed since the previous inspection

Other non compliances were identified on the previous inspection and some were addressed. Non compliances that related to confined space of twin bedrooms and the location of two single rooms off the sitting room would be addressed when planned refurbishment and building works were undertaken.

Inspectors found that twin rooms were confined and the screening around one bed in the twin rooms was too confined to support the privacy and dignity of residents who might require hoists or assistive equipment. Inspectors found that these beds were mainly allocated to mobile residents who did not require assistive equipment.

Two single rooms adjacent to the sitting room did not support the privacy dignity of residents. Residents and visitors could see into one bedroom from the sitting room when the bedroom door was open. Neither of the rooms had en suite facilities and the residents had to pass through the sitting room in order to access a bathroom. One resident used a commode which was stored in the bedroom.

Lack of storage for personal possessions was an issue on the previous inspection. The person in charge told inspectors that residents were asked if they wished to have additional shelving installed in their rooms and three residents took up this offer. Rooms were personalised with photographs, pictures and ornaments. There was adequate wardrobe space and each resident had access to secure lockable storage.

Additional communal space was created when the second sitting room was decorated to a high standard. this room had previously been used for assistive equipment storage.

Additional storage space for assistive equipment had been created. However storage space was still limited. A hoist was stored in a bathroom on one wing and linen trolleys and laundry skips were left on the corridors.

The lack of access to a secure safe external area was identified on the previous inspection and this had been addressed. A secure safe patio area had been created at the front, which residents could access freely. Suitable garden furniture had been purchased and this area was suitable and safe for use by residents with dementia.

Judgment:

Non Compliant - Moderate

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:

On the previous inspection it was found that training on aspects of care specific to the resident profile was needed such as; care of residents with acquired brain injuries, person centred care practices and dementia specific care practices including management of behaviours that challenge. Inspectors also found on the previous inspection that the level and skill mix of staff were not sufficient to meet the social and supervision needs of residents. Inspectors observed that there was limited supervision by staff in the communal areas.

On this inspection inspectors formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Staff told the inspector that they were well supported by the management team and that there was adequate staff deployed to meet the needs of residents. A relative who spoke with the inspector said that there was enough staff on duty.

Staff have up-to-date mandatory training. They also have access to other education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a range of training suitable to meet the assessed needs of residents. For example acquired brain injury, wound care management, infection control, diabetes and syringe driver pumps.

Staff with whom the inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the Regulations and the standards had been made available to them. Residents and a relative spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. There was evidence of good communication amongst staff with staff attending handover meetings. The inspectors viewed minutes of regular staff meetings and noted that numerous relevant issues were discussed. Supervision of staff was ongoing and inspectors observed that there was adequate supervision of residents in the communal areas on the day of inspection.

The inspectors talked to varied staff members and found that for the most part they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and said that the person in charge provided good leadership and guidance.

Evidence of current professional registration for rostered nurses was made available. Recruitment procedures were in place and samples of staff files were reviewed. As outlined and actioned under outcome seven Garda vetting was not in place for all staff. The inspector observed that new staff had a formal induction programme and suitable mentoring arrangements were in place. There were volunteers working in the centre. However, roles and responsibilities were not set out in a written agreement as required by legislation.

Judgment:

Non Compliant - Moderate

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:

Ide Cronin
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:	The Moyne Nursing Home
Centre ID:	OSV-0004373
Date of inspection:	03/10/2016
Date of response:	03/11/2016

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Inspectors were informed that there was one staff member rostered to work without Garda vetting being received.

1. Action Required:

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

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:

Current Garda Vetting is now on file for all staff and going forward, staff will not be employed until Garda Vetting has been received.

Proposed Timescale: 21/10/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Inspectors noted that the seal on the fire door in the sitting room was not fit for purpose and they recommended that a review of all fire doors be undertaken.

2. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

A review of all fire doors is currently underway.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

According to the records the 12 staff who participated in the evacuation drill in April 2016, were the only staff to have participated in an evacuation drill since 2014.

Fire drills to simulate night time conditions that is staffing levels were also required.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire training has been arranged for 26 October 2016 for all staff which will include an evacuation drill. This training will also cover fire drills for night time conditions and our procedure will be updated to reflect this. Going forward, evacuation drills will be carried out six monthly as per regulation and a log retained of this in our fire safety register.

Proposed Timescale: 26/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

None of the residents were availing of physiotherapy services and inspectors held the view that some residents with limited mobility and those at risk of falls would benefit from physiotherapy assessments and input.

4. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Our PIC ensures that any resident who she feels may benefit from physiotherapy is discussed with their GP who then decides if a referral is appropriate. She will continue to do this. We have also implemented a policy that any resident who sustains a fall be discussed with their GP to see if physiotherapy is required. Our activities co-ordinator currently undertakes physical exercise suitable for older people each week to keep residents as active and as mobile as possible.

Proposed Timescale: 30/10/2016

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:

Two single rooms adjacent to the sitting room did not support the privacy dignity of residents.

Additional storage space for assistive equipment had been created. However storage space was still limited. A hoist was stored in a bathroom on one wing and linen trolleys and laundry skips were left on the corridors

5. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The two single rooms off the sitting room will be addressed when planned refurbishment and building works are undertaken. In the meantime, we will continue to ensure the privacy and dignity of the residents are maintained. There is a small hallway between the sitting room and the bedrooms and the sitting room door will continue to be closed when the resident is in their room. The resident also has the choice to close their bedroom door if desired for extra privacy.

We have added extra storage space for equipment and more storage space will also be addressed when the planned building works are undertaken. We will continue to update HIQA as to the progress of the building works.

Proposed Timescale: 31/12/2021

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were volunteers working in the centre. However, roles and responsibilities were not set out in a written agreement as required by legislation

6. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

We will set out the roles and responsibilities (in writing) of anyone involved in volunteer work in the centre.

Proposed Timescale: 31/12/2016