

**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:	Sonia McCague
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	9

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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 June 2017 08:20 To: 28 June 2017 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 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced inspection carried out over one day, the purpose of which was to inform a decision of the renewal of the centre's registration. There were 45 residents and nine vacancies on the day of inspection.

During the course of the inspection, the inspector met with residents, visitors and staff, the person in charge and the provider nominee. The views of residents, visitors and staff were listened to, practices were observed and documentation was reviewed. Thirteen questionnaires completed by residents and/or their relatives or representatives in preparation for this inspection was also reviewed.

Ten outcomes and relevant regulations were inspected against. Eight outcomes were compliant and two were substantially complaint. The inspector found that the care environment was homely and welcoming, and support services delivered to residents and their visitors was of a high standard. Staff knew residents well, were friendly and welcoming to visitors and discharged their duties in a respectful and dignified way. Residents who spoke with the inspector and those who completed questionnaires

said they knew their rights, were respected, consulted with and well cared for by kind and helpful staff.

The management and staff of the centre were striving to improve residents' outcomes. A person-centred approach to health and social care was observed. Meaningful activity and therapeutic relationships were promoted.

Residents were well cared for and expressed satisfaction with the care they received, felt safe and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them and the service provision.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Actions required following the last inspection 24 August 2016 had been satisfactorily addressed, and compliance was found in most outcomes inspected. However, a finding from a previous inspection in 18 April 2016 in relation to safeguarding and management of a resident's finance required further improvement. The inspection findings are discussed within the body of the report and the areas for improvement is outlined in the Action Plan at the end of the report for response.

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 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):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure with explicit lines of authority and accountability. The management team's roles and responsibilities for the provision of care were unambiguous. Minutes of monthly governance meetings held were available that demonstrated senior managers discussed operational developments and resident outcomes.

Staff and residents were familiar with current management arrangements. Both staff and residents spoken with were complimentary of the management team, telling the inspector that all staff were approachable, supportive and available to them when required.

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. A comprehensive auditing and management system was in place to capture statistical information in relation to resident outcomes, operational matters, servicing of equipment and staffing arrangements. A low turnover of staff was reported.

Health and safety audits and the management of actual and potential risks were well maintained. Clinical audits were carried out that analysed accidents, complaints, medicine management, skin integrity, care plans, the use of restraint, nutritional risk and dependency levels. This information was available for inspection and showed a low level of incidents, accidents and written complaints.

An annual review of the quality and safety of care for 2016 was completed that informed 28 recommendations outlined in the service plan for 2017 that was being implemented. Areas of improvement such as audits of falls, care plans, medicines, HR files and supervision of staff were progressed.

Interviews with residents during the inspection and in the 13 satisfaction surveys completed by or on behalf of residents were positive in respect to the provision of the care, the facilities and the services provided.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and in a resident forum held regularly. The most recent resident meeting was well represented by 15 residents on 23 June 2017. Relevant matters such as menu and planning the activity schedule and day trips were key topics during meetings held. Other opportunities for consultation was afforded when staff were engaged in reviewing and assessing the needs of residents and care planning process, during daily social and recreational activities and during discussions at meal times. Any issues identified during consultation periods were seen to be managed to ensure corrective or appropriate action was taken.

Improvements were brought about as a result of good governance and management arrangements in place.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A guide in relation to the centre for residents was available. It included a summary of the centre's staff, services and facilities, the terms and conditions of residence, the complaints procedure and visiting arrangements. The residents guide met the requirements of the regulations.

The inspector reviewed a sample of residents' contracts of care, which were found to set out the services provided and the agreed weekly fee charged to residents. However, the terms required updating following the amendment to Regulations 24(1) on 7 June 2016. For example, for those occupying or to be accommodated within the six twin rooms, the terms in relation to the bedroom and detail of the number of occupants was to be included.

Judgment:

Substantially 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):

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

Findings:

The action following the previous inspection in August 2016 to put a person in charge in place of the centre had been completed in April 2017.

The person in charge is a registered nurse and has the necessary experience of working with older persons. She told the inspector she had worked in this centre in excess of 26 years and works full time. Her previous role was as a person participating in the management of the centre under the Health Act 2007 and as a Matron of the Nursing Home under the previous Health Act 1990.

During the inspection she demonstrated that she had good knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre. She is supported in her role by senior nurses, along with the nursing, care, administration, maintenance, kitchen and housekeeping staff team, who report directly to her. She reports to the provider nominee who in turn supports her.

Staff confirmed that good communications exist within the staff and management team. Residents were familiar with the person in charge and highlighted positive interactions and support provided by her and the entire team.

Minutes of staff and management meetings were recorded and available to support effective communications.

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:

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy and arrangements in place which provided guidance for staff to identify and manage or report incidents of elder abuse.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, regular checks of exits and entry points were maintained, servicing of equipment and access to all parts following risk assessments and clinical judgements. The main entrance was controlled by staff and or a swipe locking system which some managed independently. All parts of the centre or communal areas were accessible to residents with controlled access to St Margaret's care area were residents with greater sensory needs or behavioural and psychological signs of dementia (BPSD) were accommodated.

During conversations with the inspector, residents confirmed that they felt safe in the centre due to the measures taken, such as the secured entrance and support and care provided by the staff team. Responses within the questionnaires returned also supported this view.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place for carrying out and documenting transactions. The inspector was told by the provider nominee and person in charge that the money of two residents was managed by them. Individual logs and records were maintained detailing transactions and frequent checks of the balances carried out to ensure that they were correct. The procedure described by management was transparent and set up to accommodate both residents. However, a finding from a previous inspection in 18 April 2016 in relation to safeguarding and management of a resident's finance required further improvement. Despite the changes described and put in place since previous inspections, further improvement was required to ensure one resident's bank account was set up totally separate from the limited company. The provider nominee and person in charge acknowledged this and said they would act immediately to address this.

The inspector was told by staff that the centre aimed to promote a restraint free environment in line with the national policy. A policy reflecting the national guidance document was available to guide restraint usage. The rate of bedrail usage remained high with 20 of the 45 residents reported to use both bedrails. Of the 20 five residents had requested the provision of bedrails to enhance their feeling of safety when in bed

and act as a lever to enable movement in bed. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative, staff nurse and general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. Discussions with staff and records maintained demonstrated that various alternative equipment such as, low low beds, bumpers/wedges, sensory alarms and floor mats were available and tried prior to the use of or re-use of bedrails.

Due to their medical conditions, some residents displayed behaviours that challenged them or those around and responding to them. During the inspection, staff were observed approaching residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff.

Good support from the community psychiatry team and hospital was reported and seen in a sample of resident records reviewed.

Staff spoken with were familiar with appropriate interventions to use to respond to individual residents' behaviour that may challenge. Behaviour logs formed part of the nursing assessment and care plan process and changes in behaviour were analysed for possible trends and inform reviews by the General practitioner (GP) or psychiatric team. Chemical restraint and the use of PRN (as required) medicines were rarely used. When used a record to include the rationale and effect was maintained and was subject to review by nurses and the GP.

Judgment:

Substantially Compliant

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 centre had policies and procedures in place to ensure that the health and safety of residents, visitors and staff was promoted and protected.

There was a comprehensive risk management policy and register in place which assessed all identified risks, and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available. Staff had completed a range of training that included manual handling, fire safety, infection control and first aid.

There was a policy and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for preventing accidents, and for investigating and learning from serious incidents or adverse events within the centre. The inspector saw that there were suitable facilities in place to assist residents to promote and retain their independence and mobility. For example, call-bell facilities were in place and responded to in a timely manner when activated by residents. Mobility aids, hand rails in communal and circulating areas and staff support arrangements were available for residents.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had good access to hand washing facilities. Hand sanitisers and personal protective equipment were strategically located within the centre. Staff and visitors were seen using these during the inspection. The standard of cleanliness throughout the centre was excellent.

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire equipment and systems was provided throughout the centre, and documentation reviewed by the inspector evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. A designated staff member was responsible for ensuring that fire exits were clear and these checks were documented. A number of fire drills had been completed this year and outlined in fire drill records seen. Staff spoke with were familiar with residents personal emergency evacuation plans (PEEP) and confirmed their participation in fire drills carried out.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Residents were protected by safe medicine management policies and practices seen in place.

There were written operational policies and safe procedures relating to the ordering,

prescribing, storing and administration of medicines to residents. The processes in place for the handling and checks of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Nursing staff demonstrated and described safe practices in medicine administration and management. The inspector observed a staff nurse consulting with residents during the administration of medicines from residents' prescriptions, recording as administered and performing good hand hygiene. One resident was self administering eye drops with the supervision and support of nursing staff.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register by two nurses in keeping with legislative requirements. The safe storage of refrigerated medicines was also seen.

The centre had a system in place for recording and managing medicine errors. On examination of the document where errors were recorded, the inspector noted that two errors that occurred since the previous inspection. Both related to an error in medicines dispensed that was noted by nurses checking the delivered medicines following receipt of the monthly supplies.

A system was in place for reviewing and monitoring safe medicine management practices. An arrangement for a review of all residents on admission and subsequent reviews of prescribed medicines by the GP on a three monthly basis was in place, and records were available to demonstrate this arrangement was implemented in practice.

An audit and review system that included a member of the nursing staff, the resident's general practitioner (GP) and the pharmacist was in place to improve the overall management and review of medicine management.

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):

No actions were required from the previous inspection.

Findings:

Suitable arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare.

From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions and/or treatment plans implemented accordingly.

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.

A selection of care records and plans were reviewed. A pre-assessment prior to resident admission formed part of the centre's admission policy and practice. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Social and recreational plans were also completed in a sample reviewed. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, mobility status and skin integrity.

The development and review of care plans was carried out in consultation with residents or their representatives and information received on admission. Each resident's care plan was subject to a formal review at least every four months.

The assessment of resident's views and wishes for the end of life were recorded and outlined in a related care plan and subject to regular reviews. A care plan to include details and information known by staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was noted in the sample of residents records reviewed.

There were no residents with pressure ulcers. The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by policies. Mobility and daily exercises were encouraged. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails were seen in facilities used by residents, which promoted independence.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. The nutritional needs of four residents were being maintained by a percutaneous endoscopic gastrostomy (PEG) tube in place. Staff were knowledgeable

and described practices and communication systems in place to monitor residents that included regular PEG and weight monitoring, their recommended food and fluid consistency and arrangements for intake recording, if required.

Access to dietician and speech and language therapists was provided on a referral basis based on an assessment of need or change in resident condition. Residents who spoke with the inspector and those who completed questionnaires reported they were provided with food and drink at times and in quantities adequate for their needs.

Residents were satisfied with the services provided. Residents had access to GP services, and out-of-hours medical cover was provided. Psychiatry services were available to the residents and staff supporting residents. A range of other services was available on a referral basis that included chiropody, audiology, dental and optician services. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes and reflected in care plans.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed, known by staff and recorded. Relevant information was reflected in a care plan and used to plan the weekly and daily activity programme.

Dedicated activity staff members co-ordinated the activity programme that was delivered daily. Other staff supported residents' participation in activities and on day trips. The inspector saw that residents were encouraged to participate in group or individual activities. The weekly programme included a variety of activities such as exercises, sonas, bingo, choir practice, stories, movies and board games that were tailored for the resident group. The weekly exercise group and choir practice was some of the group activities taking place during this inspection.

Great emphasis was placed on residents accessing external functions, concerts and events. The inspector was told by residents and staff of their recent trips to Newbridge Silverware and the National Stud Farm. Residents showed the inspector the gift and memorable items they had received from these day trips. Another exciting and recent event spoken about by residents included the 'Rose of Moyglare' which involved staff dressing to represent a particular Country or State. Residents adjudicated and selected the Texan Rose. They described the various inventive and family fun days arranged which included a sweet cart for grandchildren and a 'Mr Whippy' ice cream day on Fridays.

Religious ceremonies and a weekly mass service formed part of the activity programme. Overall, residents had opportunities to participate in fun activities that were meaningful and purposeful to them and which suited their needs, interests and capacities.

Judgment:
Compliant

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

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedure in place for the management of complaints. A summary of the complaints procedure was also clearly displayed at various locations within the centre.

There was a person nominated to deal with complaints, as well as a person nominated to ensure that complaints were appropriately recorded and responded to. A person responsible for managing appeals was also appointed.

A complaints log was maintained in the centre, and this was made available to inspectors on the day of the inspection. The log included six entries since the previous inspection and was found to include the details of issues raised, the outcome of the complaint and whether the complainant was satisfied with the outcome of the complaint. Issues logged included a toilet not flushing on one resident's room, care and communication, and noise from an alarm system. The Health Information and Quality Authority (HIQA) had received unsolicited information in relation to issues of concern that had been addressed and closed through the centre's complaint process. All complaints were found to be resolved promptly.

Judgment:

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:

An action following the previous inspection in relation to the premises and ensuring the privacy of the residents being accommodated in two of the six twin bedrooms had been completed by new screening seen in place.

There was evidence that residents were consulted with and had opportunities to participate in their daily routine and in the organisation of the centre. A resident's committee was facilitated for residents to meet on a regular basis. The recorded minutes showed it was well attended and represented by residents. Family members' involvement in resident care and welfare was promoted and records of communication with family members was seen in some of the resident files reviewed.

Access to and information in relation to the complaints process and independent advocacy services was available to residents. Residents' independence and autonomy was promoted.

Practices observed demonstrated residents were offered choices. Residents who spoke with the inspector and all those who completed questionnaires said residents were able to make choices about how they spent their day, when and where they ate meals, rise from and return to bed or partake in activities. Residents knew who to complain to and had options to meet visitors in a private or in communal areas based on their assessed needs.

Communication and notice boards, daily news papers and telephone arrangements were available. A communal laptop and free Wi-Fi was reportedly available to all residents. The provision and use of 'Skype' was available to residents and its use was to be explored for residents who told the inspector they had some family living abroad.

The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was very much encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings and visits by members from the local community was facilitated.

There was a policy on residents' access to visitors and communication. Visitors were unrestricted except in circumstances such as an outbreak of infection. A register of visitors was maintained at the main entrance. Residents could receive visitors in private or in communal rooms.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents' bedrooms were personalised with items and memorabilia. An excellent use of colour, tactile and sensual objects was noted by the inspector both inside and outside the centre. A secure and freely accessible courtyard with appropriate garden furniture, swing chair, ornaments and features and flower beds was available to all.

Residents who spoke with the inspector and those who completed questionnaires said they knew their rights, were respected, consulted with and well cared for by kind and helpful staff.

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):

No actions were required from the previous inspection.

Findings:

Staffing levels and the staff skill mix were sufficient to meet the health and social care needs of residents.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to supervise and appraise staff. Staff were seen to be supportive of residents and responsive to their needs in a timely manner.

In preparation for the inspection, relatives and some residents had completed 13 questionnaires regarding the centre. In these questionnaires, respondents were complimentary regarding the staff team and numbers. The inspector also spoke with a number of residents individually or in groups, who were all complimentary of the staff and of the care that they provided.

The inspector reviewed the roster for staff and found that management, nursing, care and support staff were adequate. Requests and residents' alarm bells were promptly responded to by staff during the inspection. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing, and this was seen to be facilitated by the staff team.

Some residents in discussions with the inspector confirmed that staffing levels were satisfactory and that staff were supportive, kind and helpful.

Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2 records and found to be substantially compliant. The provider nominee told the inspector that all staff had completed Garda vetting and

supervision of staff included induction and appraisal. Monthly staff meetings formed part of the operational management and communication systems that afforded staff to raise issues of concern with management and discuss areas to be developed or improved.

Evidence of professional registration for all rostered nurses was available and current. The centre did not utilise agency staff.

Staff training and development was promoted. A staff training programme was in place and a record of training for rostered staff was available. Mandatory training such as moving and handling, cardio pulmonary resuscitation (CPR), fire training and the prevention, detection and management of abuse had been provided. Manual handling practices observed were safe and appropriate, with assistive equipment available for use. A range of other relevant training was completed by staff that included communication, dementia, medicine management, venepuncture, tissue viability, nutrition, infection control and health and safety.

Staff were seen to be kind and friendly towards all residents and respectful towards their privacy and dignity, for example, knocking on residents' bedroom doors and waiting for permission to enter. Staff were seen explaining procedures before carrying out such as one to one hand massage seen being performed with residents unable to verbally communicate. They encouraged offered residents choice to join others in day rooms and attend activities and to dine in the main dining areas. They also respected residents' choice to refuse to join others and remain in their own bedroom.

The inspector met and spoke with a volunteer involved in the provision of an activity during the inspection. In the sample of volunteer files reviewed the inspector found that Garda vetting had been completed along with an agreement in relation to their role or scope of involvement with residents.

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:

Sonia McCague
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:	28 June 2017
Date of response:	12 July 2017

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

The terms required updating following the amendment to Regulations 24(1) on 7 June 2016. For example, for those occupying or to be accommodated within the six twin rooms, the terms in relation to the bedroom and detail of the number of occupants was to be included.

1. Action Required:

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

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

The residents Contract Of Care was updated on the 12th of July 2017 with relevant amendments made and was submitted to HIQA case holder.

Proposed Timescale: 12/07/2017

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:

A finding from a previous inspection in 18 April 2016 in relation to safeguarding and management of a resident's finance required further improvement.

Despite the changes described and put in place since previous inspections, further improvement was required to ensure one resident's bank account was set up totally separate from the limited company.

2. Action Required:

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

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

The residents bank account was confirmed as set up appropriately on completion of banking review process. It is a separate and distinct bank account at time of report.

Proposed Timescale: 12/07/2017