

**Health Information and Quality Authority  
Regulation Directorate**

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



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| <b>Centre name:</b>                                       | The Moyne Nursing Home                                   |
| <b>Centre ID:</b>   | OSV-0004373  |
| <b>Centre address:</b>                                    | The Moyne,<br>Enniscorthy,<br>Wexford.                   |
| <b>Telephone number:</b>                                  | 053 923 5354   |
| <b>Email address:</b>                                     | carolinearle@eircom.net                                  |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Whitewood Carela Limited                                 |
| <b>Lead inspector:</b>                                    | Vincent Kearns   |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced Dementia Care Thematic<br>Inspections        |
| <b>Number of residents on the<br/>date of inspection:</b> | 26   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 0  |

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

|                    |                    |
|--------------------|--------------------|
| From:              | To:                |
| 13 June 2018 09:00 | 13 June 2018 17:30 |
| 14 June 2018 07:00 | 14 June 2018 14:30 |

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

| <b>Outcome</b>  | <b>Provider's self assessment</b> | <b>Our Judgment</b>      |
|---|-----------------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs                | Compliance demonstrated           | Substantially Compliant  |
| Outcome 02: Safeguarding and Safety                     | Compliance demonstrated           | Compliant                |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant           | Substantially Compliant  |
| Outcome 04: Complaints procedures                       | Compliance demonstrated           | Substantially Compliant  |
| Outcome 05: Suitable Staffing                           | Substantially Compliant           | Compliant                |
| Outcome 06: Safe and Suitable Premises                  | Substantially Compliant           | Non Compliant - Moderate |

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers representatives were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to this inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection focused on the care of residents with a dementia in the centre. Care

practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were examined. The inspector also considered progress towards compliance following the previous inspection carried out in August 2017. The inspector noted that there had been on-going improvements in the centre and aside from the outstanding premises issues, all the actions from the previous inspection had been satisfactorily completed.

The inspector met with residents, staff members, the assistant director of nursing, the person in charge and provider representative. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation including staff files, relevant policies and the self assessment questionnaire, submitted prior to inspection.

The centre did not have a separate unit for people with dementia. At the time of inspection there were 12 residents living in the centre with a formal diagnosis of dementia and a number of other residents suspected of having dementia. Overall, the inspector found the person in charge, the management and staff team were committed to providing a good quality service for residents with dementia. The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. This centre was relatively small and had retained a homely atmosphere. There was an activities coordinator however, all staff also fulfilled a role in meeting the social needs of residents and staff connected with residents as individuals. The inspector found that residents appeared to be well cared for and residents gave positive feedback regarding all aspects of life in the centre. Overall, the inspector found that the person in charge and provider representative were actively working towards creating a comfortable homely environment for residents including residents with dementia. The person in charge had submitted a completed self-assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgements of the inspector generally concurred with the person in charges' judgments.

The outcome of the self-assessment and the inspectors judgments are stated in the table above. These findings were discussed throughout the report and the action plan at the end of the report identified where improvements were 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 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 Standards for Residential Care Settings for Older People in Ireland.**

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

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

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

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessments, care planning and medication management. The social care of residents with dementia was discussed in outcome 3.

Since the previous inspection there had been a number of improvements in the arrangements to ensure safe and suitable care for residents. For example, as part of a structured care quality initiative; the assistant director of nursing was working alongside individual healthcare assistants for defined periods to support them in their clinical competency development and practice in order to improve the delivery of care to residents. There had also been a review of the admissions policy to ensure all potential residents needs including residents with a dementia, could be suitably met, taking into consideration the residents already living within the centre. 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. In relation to admissions to any shared bedroom, the person in charge outlined how each prospective resident was assessed prior to any such admission to inform the suitability/compatibility of such admission. In addition, a care plan audits had most recently been completed in January 2018 and the findings from this review informed discussions with staff and governance management team meetings. The inspector noted that following these meetings corrective actions were taken including further care practice audits and on-going changes to the care planning documentation. The person in charge also outlined additional enhanced clinical governance and oversight in the centre. For example, all residents with dementia and/or their representatives had completed questionnaires that informed staff as to their choices and preferences for end of life care. There had been an audit of meals and meal times which resulted in improvements and changes to the menu and an improved dining experience for residents, including residents with dementia.

There were a total of 26 residents living in the centre on the day of this inspection. Residents had been assessed as having the following dependency needs: one resident

had low dependency needs, ten residents had medium dependency needs, 14 residents had high dependency needs with a further one resident was assessed as having maximum dependency needs. Twelve of the 26 residents had a formal diagnosis of dementia with a number of other residents suspected of having dementia. The inspector found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care.

A selection of residents' files and care plans were reviewed and the inspector focused on the experience of residents with dementia on this inspection. The inspector tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents. Overall, there were adequate systems in place for the assessment, planning, implementation and review of healthcare needs. The assistant director of nursing informed the inspector that she and the person in charge monitored residents care plans, as appropriate. There was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, rest and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. There were a small number of residents who had wounds. However, each had suitable wound care plans completed and pressure relieving mattresses when appropriate, were provided. Residents were weighed on a monthly basis or more frequently, if required. There was evidence of a pre-assessment undertaken prior to admission for residents and some of the residents had been transferred to this centre following admission in an acute hospital services. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including for example end of life care plans which reflected the wishes of residents with dementia. From a review of a sample of residents care plans, a daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations. Overall, the assessments and care plans were reviewed four-monthly or more frequently as required.

Each resident's wishes for end of life care was elicited and used to inform a plan of care to meet their holistic needs. The person in charge confirmed that whenever possible, residents had access to a single room for end of life care and families were facilitated to stay overnight, if they wished to do so. Staff were supported by the community palliative care team for symptom relief and to provide end of life care. End of life care plans had been completed and the inspector noted from the sample of care plans reviewed that all accurately recorded the resuscitation status of each resident. Staff spoken to by the inspector were knowledgeable about residents' wishes and status.

The person in charge outlined the method of auditing resident's satisfaction with nutrition and food services. Menus were in both written and picture format to assist residents' understanding and comprehension and assist residents with a dementia make menu choices. There was timely access to dietetic services and specialist advice was incorporated into care plans. Nurses' narrative notes were linked to the care plans. Residents had access to medical services delivered by visiting general practitioners (GPs)

and out-of-hours medical cover was provided. Residents had access to psychiatry of later life services and a range of other services were available on referral including speech and language therapy (SALT), chiropody, physiotherapy and optical services. There was regular on-going support provided by the visiting community psychiatric nurse. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team.

Clinical input from the speech and language therapy services was evident and residents with dementia received adequate hydration. Staff for example, were observed suitably supporting residents with dementia in relation to maintaining their hydration. All residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. The inspector spoke to the chef and noted that there was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes was observed by the inspector to be a social occasion. Staff were observed sitting with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy services. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. Staff including catering staff, were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Overall the inspector found evidence of safe medication management practices. Evidence was available that regular medication reviews were carried out. Medications that required strict control measures under the Misuse of Drugs Act's (MDAs) were carefully managed and kept in a secure cabinet in line with professional guidelines. Nurses kept a register of MDAs and the inspector checked a sample of balances and found them to be correct. There was a list of nurses signatures maintained in relation to the administration of medications in the centre. The temperature of the medication refrigerator was noted to be within an acceptable range. The temperature of this fridge was monitored and recorded daily. However, from a review of this temperature record the inspector noted that there were a number of days when the temperature of the fridge had not been recorded.

**Judgment:**  
Substantially Compliant

### *Outcome 02: Safeguarding and Safety*

**Theme:**  
Safe care and support

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

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

**Findings:**

Residents spoken with stating that they felt relaxed and comfortable and that they were well cared for living in the centre. It was clear to the inspector that residents including residents with dementia, were treated with respect and staff knew each resident's individual preferences. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. There were suitable systems in place for the safeguarding of residents from abuse. For example, all staff had received training on identifying and responding to elder abuse. There was a centre specific policy on the prevention and management of allegations of abuse that had been reviewed by the person in charge in September 2017. The person in charge and staff who spoke with the inspector displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. For example, staff interviewed were familiar with the aforementioned policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Residents spoken to also confirmed that they felt safe living in the centre. The provider representative confirmed that all staff had Garda clearance and this was found to be the case when a sample of staff files was examined.

The inspector noted that a small number of residents had behaviors that challenge. Some behaviours described as problematic by staff included verbal and physical aggression however, there were suitable care and support arrangements in place for residents who presented with behaviors that challenge. For example, the inspector found that staff had suitable training and the necessary skills and knowledge to work with residents who had behavioural issues. Records also evidenced that staff had received training in behaviors that challenge. Staff spoken to by the inspector outlined person centred interventions including utilising the use of activities, music, walks in the garden and other suitable distraction techniques. Files examined showed that assessments and care plans for these residents were person centred. Staff positively and socially interacted with residents and implemented suitable interventions to prevent boredom which sometimes may trigger behaviors that challenge. Files examined showed that a pre-admission assessment had been completed in all cases to ensure that the centre could meet the needs of the residents. Staff were knowledgeable about documenting episodes of behaviors that challenge in Antecedent, Behavior and Consequence assessment charts (ABC charts). These charts were formally analysed and used to create an individual care plan for each resident. The inspector noted from a sample of care plans that these ABC assessments contained sufficient detail and appropriate interventions to provide consistent approach to care. There was evidence that appropriate referrals had been made to mental health services. Recommendations from the community psychiatric services had been implemented along with person centred interventions with positive outcomes for residents including a reduction in the incidence of behaviors that challenge.

The inspector reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that complete financial records were maintained. There were

transparent arrangements in place to safeguard residents' finances and financial transactions. Small quantities of money was kept in a locked safe in an office and all withdrawals and lodgements were double signed confirming monies lodged or withdrawn. The provider representative managed a small number of resident's pensions and confirmed that she was in compliance with the guidelines issued by the department of social protection in relation to the pension agents.

There was evidence of staff were effectively working towards promoting a restraint free environment. Additional equipment such as low beds and alarm mats were available to reduce the need for bedrails. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with the inspector confirmed this. Safety checks were completed and there was documented evidence that these were undertaken. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails.

**Judgment:**  
Compliant

### *Outcome 03: Residents' Rights, Dignity and Consultation*

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

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

**Findings:**  
As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during lunch time and in the afternoon. These observations took place in the dining room and in the sitting room. Overall, observations of the quality of interactions between residents and staff in the communal areas for a selected period of time indicated that the majority of interactions were of a positive nature with positive connective interactions seen between staff and residents. The inspector noted warm, positive and inclusive interactions between staff and residents during these periods.

There was evidence that residents including residents with dementia and or their representatives as appropriate, were consulted with and participated in the organisation of the centre. Overall, residents' rights, privacy and dignity were respected, during personal care, when delivered in their own bedroom, shared bedrooms or in bathrooms. There was evidence that residents' with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the residents' permission before engaging in any care or support

activity. In the twin bedrooms staff used the bed screens when appropriate. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private with rooms separate to residents' bedrooms where visitors and residents could meet. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. It was evident that the management and staff of the centre were committed to residents leading the decisions relating to their care, and care and support was delivered in a manner that was dignified and respectful. Residents were also consulted about how the centre was planned and run through residents committee meetings, surveys and feedback that was put into practice. For example, requests for changes to the activities calendar and preferences in relation to menu options. Information regarding independent advocacy services was displayed on the residents' notice board.

Closed circuit television (CCTV) cameras were positioned at the entrance to the building, in corridors, and outside in the grounds. CCTV cameras were also positioned in the main foyer area and the conservatory. However, the inspector noted that a number of residents spent time during the day in both these communal areas. The inspector requested that the provider representative review the location of these cameras to ensure that they did not potentially compromised residents privacy.

The social assessment included an evaluation of the resident's social and emotional wellbeing. In this small centre, staff demonstrated good knowledge of residents' backgrounds and histories. Staff were able to outline how they implemented person centred support for residents with a dementia. For example, by utilising the care assessments such as "my day my way" and "a key to me" to obtain information about the uniqueness of each individual resident. This assisted staff to plan and deliver personalized care. Staff demonstrated an awareness of the importance of supporting the needs of the whole person. Staff outlined how they endeavoured to value and retain abilities of the person with a dementia. For example, by engaging them in meaningful conversations and using memories and pictures to provide comfort and pleasure. The person in charge outlined how staff knew all residents well and how they had assisted residents to recognize staff. For example care staff were consistently assigned to groups of residents and there was a notice board with all staff photographs and names clearly placed on a dark background to aid visibility and act as a memory prompt for residents with a dementia.

There was an adequate choice of communal areas for activities including the sitting room and another quieter sitting room. There were a number of twin bedrooms and bed screens were in use for each bedroom and residents were supported to undertake personal activities in private. The inspector spoke to a number of residents who lived in these shared bedrooms and all reported that they were happy with their accommodation. However, due to the size of some of these bedrooms the personal space around beds was limited which reduced the amount of furniture or storage facilities for clothing or personal memorabilia that could be accommodated. This issue was addressed under outcome 6 of this report.

The daily routine was organised to suit the residents and all staff including catering staff optimised opportunities to engage with residents and provide positive connective

interactions. Organised activities were provided and other small group or one to one activities were facilitated by activities staff which reflected the capacities and interests of each resident including residents with dementia. The inspector spoke to the activities coordinator who had worked in the centre for a number of years and knew all residents very well. She outlined how choices in relation to activities were offered to residents including where possible, residents with dementia. Residents' individual preferences were respected. The inspector observed that residents were free to join in an activity or to spend quiet time in their room. A social assessment had been completed for each resident which gave insights into each residents' history, hobbies and preferences. Following assessment of each resident's preferences, this information was used to plan the activity programme. Activities included for example bingo, music and quizzes. Some residents said they preferred not to take part in the group activities and the inspector saw that their wishes were respected and individual one to one time was scheduled for these residents, if appropriate. Staff also created opportunities for one-to-one engagement, for residents who were unable or unwilling to participate in groups. Choices were offered where possible and respected. There was a quiet sitting room available and a number of other places for residents to spend their day. The main entrance area/conservatory was a very popular location with residents including residents with dementia. It was bright and contained comfortable and homely furniture. However, the inspector noted that it was a busy area that at times, contained a number of potential environmental triggers such as excessive noise levels that required review. For example, at one point the inspector observed that there were noise from the gate buzzer, the centres' telephone was ringing, a number of different residents' call bells were sounding, a television and a radio were also on; all in relatively close proximity to this general area. This issue was discussed with both the person in charge and the provider representative at the feedback meeting.

The centre had developed a number of methods of maintaining residents' links with their local communities, including copies of the local/parish newspapers and visits by transition year students from the local schools. Residents had access to a hands free phone and a number of residents had their own mobile phones. Residents had access to the daily national newspapers and several residents were observed enjoying the paper on both days of inspection. Residents were facilitated to exercise their civil, political and religious rights. Residents' religious preferences were facilitated through regular visits by clergy to the centre. The inspector spoke to both the visiting roman catholic priest and the church of Ireland rector who both regularly visited residents in the centre. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in communal rooms. The inspector observed that some residents were spending time in their own rooms, watching television, or taking a nap.

**Judgment:**  
Substantially Compliant

*Outcome 04: Complaints procedures*

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| <p><b>Theme:</b><br/>Person-centred care and support</p>   |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>There was a centre specific complaints policy that had been most recently reviewed in February 2017 and, was prominently displayed and met the regulatory requirements. Copies of the complaints process were also stored in the residents' information packs and copies of these packs were located near main entrance. Residents and or their representatives to whom the inspector spoke said that they had easy access to any staff in order to make a complaint. The person in charge was identified as the named complaints officer and residents stated that they felt they could openly report any concerns to her and were assured issues would be dealt with. In this relatively small center, the inspector noted that the provider representative who was based on site also monitored complaints through meeting residents and or their representatives and from regular management meetings. Records showed that complaints made to date were dealt with promptly. However, there was a low level of complaints recorded and the satisfaction of the complainant as required by regulation, was not recorded in all records viewed.</p> |
| <p><b>Judgment:</b><br/>Substantially Compliant</p>  |

***Outcome 05: Suitable Staffing***

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| <p><b>Theme:</b><br/>Workforce</p>  |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>There were sufficient staff with the right skills, qualifications and experience on duty over the course of the inspection to meet the assessed needs of the residents. Copies of rosters given to the inspector showed that these were normal arrangements and staffing levels at the weekend were similar to the staffing arrangements during the week. Residents and their representatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was also seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to residents. Staff who spoke with the inspector confirmed that staffing levels were sufficient, as did residents. The majority of staff were long-term employees and knew the residents, management and the operation of the centre well.</p> |

There were systems of communication in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. Staff also had available to them copies of the regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. The inspector also observed that residents knew staff well from they way residents engaged easily with staff in personal conversations. Staff were allocated to various sections of the centre where they remained and were only rotated periodically. The person in charge outlined how this system ensured staff remained working with the same group of residents to allow them to get to know the residents well. The person in charge also outlined how this approach was of particular value to residents with dementia, as it facilitated the development of good communication and therapeutic relationships between staff and residents and their families.

Records demonstrated that staff were up to date with mandatory training and most staff had also received additional training such as training in dementia care which incorporated training in challenging behaviours. The inspector noted that staff training matrix recorded training for all staff in fire safety, safe moving and handling, and safeguarding vulnerable persons. Other training provided included infection control, end of life, food and nutrition, hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including medication management, and care planning. The inspector saw and staff confirmed that there was on going professional development training and staff were encouraged to attend training and education sessions. The activities coordinator who providing activities in the centre had undertaken activity training and described various activities that were provided in the centre, including gentle exercises and one to one activities.

There were effective recruitment processes in place and staff were suitably inducted. Staff were appropriately supervised and annual appraisals were conducted for staff. The requirements of staffing records under schedule 2 of the regulations were in place in the sample of staff files reviewed as were up-to-date registration with relevant professional bodies. A vetting disclosure was in place in all files reviewed and the provider representative gave assurances that all staff working in the centre had a vetting disclosure in place.

**Judgment:**  
Compliant

### *Outcome 06: Safe and Suitable Premises*

**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:**

As already identified during previous inspections, there continued to be several deficits in relation to the size, design and layout of the premises. The Chief Inspector had attached two additional conditions of registration in relation to the suitable reconfiguration of the centre, that were required to bring the premises into compliance. The time period allowed for this reconfiguration had not elapsed and the inspector discussed the on-going progress in relation to planning and the proposed building works with the provider representative. These identified premises issues required attention in order to meet the individual and collective needs of residents in accordance with the regulations and standards. For example, there were a number of inadequate size bedrooms, an overall lack of suitable space for storage, limited space in the laundry, cleaners' room, offices and sluice room. The layout and space provided in many of the twin bedrooms and some single bedrooms did not meet the needs of residents in terms of adequate personal storage or use of assistive equipment such as hoists and wheelchairs. The provider representative acknowledged these on-going premises issues and stated that they had previously submitted a time bound building plan to HIQA to address all these premises issues. The provider representative stated that this plan was fully funded for an extensive redevelopment of the centre. The provider representative also stated that these building works had been due to commence however, there had been unavoidable delays to date with the planning authorities which had impacted on the commencing of date for building works. The provider representative stated that she was confident that these planning issues had now been addressed and that building works would commence in due course. In addition, non-compliances from previous inspections had also identified issues regarding confined space and the location of two particular single rooms, that were located off the sitting room. However, the provider representative informed the inspector that they planned to extend this area to improve the space provided and that these planned building works was due to commence in October of this year.

Despite this, the inspector found that the premises were generally well maintained and overall suitably decorated and residents with dementia were integrated with the other residents in the centre. Since the last inspection in August 2017, some improvements had been made to the environment that positively impacted on the quality of life for residents in the centre. For example, the redecorating and repainting of a number of residents' bedrooms and installation of new bedroom curtains. There was a new separate staff facility for kitchen staff and the development of a new large outside/garden area for residents. There was evidence of consultation with residents and as appropriate, resident's representatives regarding this redecoration programme and changes in the centre. However, there were some minor areas that required attention or redecoration. For example, there were some cracked tiles in a shower room and there were some wear and tear evident on some corridors from wheelchairs or assisted chairs use.

The premises was a single-storey, purpose built centre with ten single and eight twin

rooms. Three bedrooms had en-suite facilities. All bedrooms contained wash-hand basins and there were an adequate number of bathrooms, shower rooms and toilets. There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses, a chair scales, wheelchairs and walking frames. There was an assisted bathroom, which contained a specialist bath that was accessible from both sides. However, one commode required replacement or repair as the inspector noted that the backrest of this commode seat was torn.

The centre had two main day rooms, a dining room and a conservatory. The dining room had been refurbished in a domestic style and provided a homely and bright area for residents to dine in. A kitchen, pantry, cleaning room, laundry room, sluice room and equipment storage room, the office of the person in charge/provider representative and the nurse's office completed the accommodation. The main entrance led directly into a conservatory through which the entrance hallway and the main sitting room could be accessed. Some residents with dementia liked to sit in this area and there was plenty of comfortable seating that had been recently purchased and occasional tables available in this area to meet their needs.

The building was found to be clean, generally comfortable and welcoming. The communal areas such as the dining room and the day rooms had a variety of comfortable furnishings and were domestic in nature. The inspector noted that toilet doors had been painted a red colour to assist residents particularly residents with a dementia, identify them. Contrasting colours were also evident on the hand rails on corridors, in the toilets and shower rooms.

There was adequate parking was available at the front and side of the building.

The building was wheelchair accessible. All walkways and bathrooms were adequately equipped with handrails and grab-rails and working call-bells were evident in all areas. Resident's bedrooms were personalised with photographs, pictures and ornaments. The inspector saw that some residents personalised their bedrooms. However, the layout and space particularly in a number of twin bedrooms limited personalisation due to confined personal space and an absence of shelving in some rooms to display personal photographs and ornaments. There was adequate wardrobe space and each resident had access to secure lockable storage. Since the previous inspection there had been improvements in the use of signage to support residents with dementia. The inspector also noted that the use of familiar curtain designs, and large easy to read clocks in many rooms. There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents with dementia. There was a new large garden area to the rear of the building that was in the process of being developed and works were at an advance stage. There was also a small secure outdoor area to the front of the premises suitable for residents with a dementia and which residents could access freely. This area also contained suitable garden furniture for residents use.

**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:***

Vincent Kearns  
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 report<sup>1</sup>

|                            |                           |
|----------------------------|---------------------------|
| <b>Centre name:</b>        | The Moyne Nursing Home    |
| <b>Centre ID:</b>          | OSV-0004373               |
| <b>Date of inspection:</b> | 13/06/2018 and 14/06/2018 |
| <b>Date of response:</b>   | 13/07/2018                |

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

To store all medicinal products dispensed or supplied to a resident securely at the centre including medication stored in the medications fridge.

#### **1. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

<sup>1</sup> 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:**

We will ensure that all medicinal products are stored in a safe and appropriate manner. The issue identified on inspection was that fridge temperatures had not been recorded on 3 occasions over the last few months. All nursing staff have been made aware by the PIC of the importance of recording fridge temperatures daily. Our PIC will audit medication fridge temperature records monthly to ensure compliance.

**Proposed Timescale:** 13/07/2018

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

To ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents including managing the noise levels in the main entrance area/conservatory area.

**2. Action Required:**

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

A full review of noise levels will be undertaken to determine how noise can be reduced in the main entrance/conservatory area.

**Proposed Timescale:** 30/09/2018

**Theme:**

Person-centred care and support

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

To ensure that each resident may undertake personal activities in private including the location of CCTV cameras in the centre.

**3. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

There is CCTV in place outside the offices for security purposes as well as the front entrance. Some residents like to sit in these areas. CCTV will be reviewed to ensure that it focuses on the office doors and front door only, in so far as possible.

**Proposed Timescale:** 30/09/2018

#### **Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

To ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**4. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The Person In Charge is now recording all complaints and outcomes in the complaints book. We were unaware that minor complaints were to be logged when they were resolved immediately by the nurse on duty (as per our Complaints Policy) and therefore only complaints brought to the Person In Charge were being recorded.

**Proposed Timescale:** 13/07/2018

#### **Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

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.

**5. 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:**

While it is proving to be a slower process than we had hoped due to numerous different issues arising which were out of our control, we are making progress on our plans to commence the new build and we continue to keep HIQA updated. In the meantime, we will continue to update the existing building as much as possible and are currently

constructing new garden and delivery areas. We also continue to ensure that the privacy and dignity of the residents are maintained at all times and that they live in pleasant and comfortable surroundings.

**Proposed Timescale:** 31/12/2018