



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	The Moyne Nursing Home
Name of provider:	Whitewood Carela Limited
Address of centre:	The Moyne, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0004373
Fieldwork ID:	MON-0033429

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Moyne Nursing Home is situated in county Wexford, close to the large town of Enniscorthy. The nursing home provides accommodation and nursing care for up to 26 residents. The Moyne Nursing Home accommodates both male and female residents aged 18 years and over. The service provides 24 hour nursing care for residents with low, medium, high and maximum dependencies. This includes respite, convalescence and long term care. The centre is undergoing extensive refurbishment and the new extension includes 8 bedrooms (7 single en-suite and 1 double en-suite), a dining room, sitting room, kitchen, toilet and kitchen changing area. It is planned to renovate four existing double rooms into large single rooms.

The Moyne Nursing Home aims to provide a safe homely environment, striving to preserve and promote individuality and independence to all residents. This is achieved through programmes of activity designed to encourage mental alertness and social interaction, by staff having an in-depth knowledge on each resident's 'A Key to Me' and using this knowledge to promote residents feeling of self-worth and individuality. The Moyne Nursing Home is committed to ensuring that the highest level of care and professionalism is given to all residents, in a caring and homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 October 2021	10:00hrs to 18:15hrs	Catherine Furey	Lead
Tuesday 12 October 2021	10:00hrs to 18:15hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in The Moyne Nursing Home was that it was a lovely place to live and residents felt well cared for by an approachable and caring team of staff. The inspectors spent time talking to residents and observing staff and resident interactions throughout the day. Inspectors also met with two visitors. From what the residents and visitors told the inspectors, and from observations on the day, it was clear that the residents received a high standard of quality care.

Inspectors arrived unannounced in the morning and were met by the person in charge. Prior to entering the centre inspectors underwent a series of infection prevention and control measures which included temperature checks and a declaration that inspectors were free of symptoms associated with COVID-19. Alcohol hand gels were provided in the entrance area to ensure good hand hygiene was practiced by anyone entering the centre. Additional alcohol hand gels were available throughout the centre to promote good hand hygiene practices. The centre was warm throughout and there was a relaxed, homely and friendly atmosphere.

Following an opening meeting the inspectors were accompanied on a tour of the premises. The centre is a single storey facility and comprises one building. The building had undergone significant refurbishment since the previous inspection with the addition of a newly completed extension which included seven single en-suite bedrooms, one twin en-suite bedroom, a communal toilet, a new dining room, sitting room and kitchen including kitchen staff changing facilities and toilet. It was evident that the new extension was well built and was designed and laid out to a high standard. The design and layout in the new extension met the individual and communal needs of residents. Twin rooms in the older part of the building were seen to be small in size, and plans were in place for these rooms to be reduced to single occupancy. Inspectors observed that residents had personalised their rooms and they had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety. Residents had access to an enclosed area at the front of the building which had tables and chairs for residents' comfort. Construction of a new internal courtyard and external garden were in progress and residents were looking forward to completion of the works. Inspectors found that the eight bedrooms in the new building which were not yet registered were occupied. This was done in order to free up space for refurbishment works in other parts of the centre. The use of unregistered rooms as part of the centre, is a breach of the Health Act 2007 which is discussed in more detail further on in the report.

All of the residents who spoke to inspectors were highly complimentary of the service provided. Residents said they trusted the staff and the management team to keep them safe through the COVID-19 pandemic and fully informed of any changes in the centre. Inspectors observed positive and supportive resident and staff

interactions throughout the day. Staff were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence where possible, for example when assisting residents to walk. The atmosphere in the centre was calm and relaxed.

Residents were offered frequent drinks and snacks throughout the day and inspectors observed staff offering discreet assistance to residents where required. There were jugs of fresh water on the lockers in residents' rooms. Residents were very complimentary of the food, and a recent survey highlighted a very high level of satisfaction with the food offered. The new dining room was bright and airy and provided beautiful views of the countryside, enhancing the overall dining experience.

Residents to whom the inspectors spoke with said that the activities on offer kept them engaged and entertained. There are two staff members dedicated to the role of activity coordinator. A programme of varied and innovative activities was in place for residents. Information on the day's events were displayed in the centre. In the afternoon, an India-themed activity was held, with discussion about the country and its culture. There was brightly coloured Indian sari's and Indian cookbooks on display. Residents were seen to actively participate and were encouraged to do so by the staff. Residents told inspectors that other activities such as bingo and arts and crafts are also popular. The activity coordinator told the inspector of a number of initiatives they had introduced during the pandemic restrictions such as pen pals with the local schools, where residents and students exchanged letters and cards. Staff and residents hoped that restrictions would allow for the students to come and visit in the future. Inspectors saw that residents' spiritual needs were met through regular prayers in the centre and attendance at Mass.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, there were good management systems in this centre, ensuring good quality care was delivered to the residents. However, the systems in place to monitor infection prevention and control standards required strengthening to ensure that this aspect of the service was appropriately monitored. There was good clinical oversight of residents' needs and an evident person-centred approach to the care provided.

Whitewood Carela Limited was the registered provider for The Moyne Nursing Home. A company director who represented the provider was present in the centre several days a week and was responsible for the day-to-day operations of the centre. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The clinical management team included the person in charge, who worked full time in the

centre and the assistant director of nursing, who was also a company director. The management team were supported by a nursing and healthcare team, as well as a team of domestic, catering, administration and maintenance personnel.

Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the centre. The centre had experienced an extensive outbreak of COVID-19 in January 2021. A total of 53 confirmed cases had been identified (23 residents and 30 staff members). Public Health had assisted in the management of the outbreak. The provider reported that they had acted to implement the Public Health and infection prevention and control recommendations during this time. The outbreak was declared over on 16 February 2021. A review of the management of the COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks. Inspectors acknowledged that residents and staff living and working in centre have been through a challenging and upsetting time. It was acknowledged that staff and management had ensured that the resident's well-being and safety had remained the central focus both during the outbreak and this was evident during the inspection.

The centre had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. The centre's outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. There was a schedule of audits in place, including audit of falls, care plans and medication management which were completed on a regular basis by the person in charge. However, inspectors found that governance arrangements at the centre could be strengthened to ensure sufficient oversight to identify potential risks and opportunities for improvement. For example; infection prevention and control audits covered a range of topics including donning and doffing of PPE, hand hygiene and laundry management. Disparities were found between the high compliance achieved in audits of hand hygiene facilities and laundry management and observations on the day of the inspection.

Incidents and accidents occurring in the centre were responded to quickly, for example the falls audit showed that each resident was immediately assessed and potential contributing factors to the fall identified. Changes to the resident's plan of care were seen to be implemented following falls to minimise the risk of falls recurring. Incidents, accidents and complaints were discussed at management meetings and quality and safety committee meetings, with identified actions scheduled and completed. Wider staff meetings were held across all departments, where areas of concern and audit outcomes were discussed, ensuring that opportunities for learning were shared amongst all staff.

Inspectors observed that eight newly-constructed bedrooms were currently occupied by residents. Following the inspection, the office of the Chief Inspector had engagement with the registered provider in relation to the alterations made to the

centres footprint and a cautionary meeting was held on 14 October 2021. The registered provider made an application to register the new wing, which included communal rooms and bedrooms which were in use. The provider gave a commitment to comply with the regulatory process for future works planned in the centre.

The centre engaged proactively during the COVID-19 outbreak with the Health Service Executive (HSE) Outbreak Control Team. The provider managed to maintain staffing levels through the use of agency staff. The centre had two empty beds on the day of inspection. There was a plan in place to fill these beds and for further renovation and construction of new bedrooms, with a small increase in the overall occupancy. The provider ensured that the staffing levels would be kept under constant review as the centre reached its maximum capacity. Housekeeping staff told inspectors that their workload had increased slightly due to the increase in the size of the building. Inspectors noted that the building was generally clean throughout.

Social distancing requirements and space constraints due to building works meant that the centre could not safely provide face-to-face training for staff and relied primarily on online training platforms. While these provided the necessary knowledge to carry out specific activities, the provider was exploring a return to face-to-face training where possible. For example, the centre was on a waiting list with an external company to provide on site training on the fitting and safe use of FFP2 respiratory masks. In the interim, all staff watched an instructional video on this training twice since the start of the COVID-19 pandemic.

Overall complaints were well managed in line with the centre's own policy. There were no open complaints at the time of the inspection. A review of the complaints log showed that complaints were investigated in line with the centres complaints procedure. Residents and relatives spoken with were confident that any complaints or concerns they may have would be effectively dealt with by the staff and management.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had altered the footprint of the centre and had not made an application to the Chief Inspector for the variation of a condition applied to the registration of the designated centre. The completed application was submitted following the inspection.

Judgment: Not compliant

Regulation 15: Staffing

Based on a review of the staff rosters and from talking to staff and residents, inspectors were satisfied that there was sufficient staff of an appropriate skill-mix to provide care for the residents, based on their individually assessed needs.

The provider gave assurances that staffing levels across all departments would be kept under review, given the ongoing changes to the design and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received up-to-date training in safeguarding vulnerable adults, moving and handling techniques and management of behaviours that challenge. Registered nurses undertook annual medication management training and had undertaken additional training such as venepuncture and a suite of COVID-19 specific training modules including the collection of COVID-19 swab samples, respiratory care, pronouncement of death and administration of sub-cutaneous fluids.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files. All contained the appropriate documentation as required by Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Although there were generally good systems of governance and management in the centre, management systems required review to ensure that the service provided is safe, consistent and effectively monitored with regard to the following;

Infection control:

- There was a disparity between audits of hand hygiene facilities and findings on the day of inspection.
- Infection prevention and control risks were not being effectively identified and managed. Appropriate safeguards were not put in place to minimise the

risk of *aspergillus* transmission during the recent construction work.

Fire safety:

- The provider could not give assurances that residents could be evacuated from the largest compartment with night staffing levels.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable on the procedures for the submission of notifications to the office of the Chief Inspector. A review of the centre's incident and accident log identified that all mandatory notifications were submitted within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place in the centre, which was displayed in the main lobby area. The complaints procedure identified the nominated complaints person and the nominated person to oversee the management of complaints. The policy summarised the appeals process in place. The complaints log was reviewed by inspectors. This was maintained separately from the resident's individual care plan in line with regulatory requirements. All documented complaints had been dealt with appropriately and had sufficient detail of the investigation conducted. The responses and satisfaction of the complainants were documented.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare in The Moyne Nursing Home was maintained by a high standard of evidence-based care and support. There was a person-centred ethos of care and residents' rights and choice were respected. While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. This is discussed in detail under regulation 27. Annual fire training was provided and good systems were in place to ensure that fire safety was

monitored and fire detection and alarms were effective. Some improvements in the management of fire drills was required.

The new extension included seven single en-suite rooms and one twin en-suite room. All eight rooms were occupied on the day of the inspection. The new extension was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The provider was also endeavouring to improve existing facilities and physical infrastructure at the centre through upgrading and refurbishment plans. The date for completion of the refurbishment works was Dec 2021 but due to circumstances outside the providers control this had been extended to September 2023. A clear plan was submitted to the office of the Chief Inspector following the inspection, with identified timelines for completion. Infection prevention and control expertise was not sought at the outset of the recent construction as per the National Standards for infection prevention and control in community services. The décor in resident's rooms in the older side of the centre was showing signs of wear and tear.

The risk management policy was available for review and complied with the legislative requirements. A general risk register was in place which included hazard identification and control measures. It was reviewed on a regular basis and discussed at the governance and management meetings. Incidents were appropriately recorded and followed up. Risks associated with infection prevention and control had not been identified, this is discussed under regulation 26.

The centre demonstrated a commitment to enhancing the quality and safety of care provided to the residents. This was evidenced by the focus on the rehabilitation of the residents following COVID-19 diagnosis and the current and planned premises improvements. It was evident that staff knew the residents very well and this was reflected in the resident's individualised care plans which were developed with the resident or their representative where required. Care plans were implemented and reviewed on a regular basis, reflecting residents' changing needs. The inspectors reviewed a sample of the care plans of residents who had contracted COVID-19 and saw that all efforts were made to ensure the needs of the residents were met. Good planning and coordination by the management team ensured that residents' healthcare needs, both during the outbreak and thereafter, had been well managed. Residents had access to a general practitioner (GP), local geriatricians and palliative care services during the outbreak. Inspectors found that residents had timely referral and access to a wide range of health and social care professionals including dietitian, speech and language therapy, wound care specialists, audiology and optical services. Frequent medical reviews and nursing assessment of needs using validated assessment tools promoted the health of the residents.

Annual fire training was provided and good systems were in place to ensure that fire safety was monitored and fire detection and alarms were effective. Bedroom doors had suitable free swing closing devices so that residents who liked their door open could do so safely. Monthly sessions were held with all staff where different fire safety scenarios were discussed in detail. Previously, the centre's largest fire compartment contained 11 beds. The occupancy of three twin rooms in this area had permanently reduced to single occupancy, meaning the largest fire compartment now contained eight residents. However, a simulated drill of the

centre's largest compartment had not been practiced since January 2020, therefore the provider could not give assurances that this could be carried out in a safe and timely manner. This is discussed under regulation 28.

The vaccination roll out and recent booster vaccines for residents in the centre had provided an opportunity for further incremental changes in some public health measures, including visiting. Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current guidance. The current policy was to ring before visiting however there was no scheduled time limit on visits. Residents could meet with their visitors in a private communal space provided, in their bedroom or outside.

Activity provision in the centre was of a good quality, with a range of activities on offer during the week, coordinated by dedicated activities staff. There was evidence of effective consultation with residents and their feedback was gathered during residents' meetings and satisfaction surveys. The centre aimed to ensure the rights of the residents were at the fore, and a human rights committee had been set up to oversee the protection of residents' privacy, dignity and safety.

Regulation 10: Communication difficulties

All residents had their individual communication needs assessed and this information was used to inform the development of individual communication care plans. Residents with communication difficulties were referred appropriately for example, to audiology, speech and language and optical services. Residents were supported with the use of communication aids such as spectacles, hearing aids, tablet computers and written communication.

Judgment: Compliant

Regulation 11: Visits

Visits to the centre were being facilitated in line with the latest national guidance, reflecting the importance of visiting for residents. Visits were facilitated seven days a week. The inspector observed visitors in the centre during the inspection. Residents and visitors spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 17: Premises

The centre was working towards compliance with S.I No. 293 of 2016 which specifies the minimum bedroom floor space requirements of 7.4m² per resident. Four of the centre's bedrooms do not meet this minimum floor space requirement. The provider's building plans outline that on completion of the next phase of the building works, all rooms will meet this requirement.

Some surfaces and finishes in the older part of the building required review as they were worn, chipped and could not be adequately cleaned, for example, bed tables, lockers, skirting boards.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The centre had a clear procedure for the admission and discharge of residents. Records showed that all relevant and up-to-date information was sent with a resident when they were temporarily admitted to another facility. On return to the centre, there was clear evidence of comprehensive information being obtained from the discharging facility, to ensure coordination of care and to determine the resident's changing needs.

Judgment: Compliant

Regulation 26: Risk management

Infection prevention and control risks were not being effectively identified and managed. For example, risk assessment of resident's susceptibility and the hazard posed by the construction/renovation activity had not been undertaken. Measures were not taken to protect residents at-risk of acquiring *aspergillus* infection as a consequence of renovation and construction work in the centre. The use of portable fans in communal areas had not been risk assessed in the context of COVID-19.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example:

- There was a limited number of clinical hand wash sinks in the centre. The two

newly installed stainless steel sinks did not comply with current recommended specifications. There were no clinical hand hygiene sinks dedicated for staff use installed within the new extension.

- Some alcohol hand sanitizers dispensers were refilled. This is not recommended due to risk of contamination.
- The sluice room was small sized, poorly ventilated and did not facilitate effective infection prevention and control measures. For example there was insufficient space and facilities for the storage of bedpans, urinals and the decontamination and storage of commodes and linen-bag carriers.
- There was no clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Clean and sterile supplies and medications were stored in the nursing office.
- Laundry was not managed in line with national or local infection prevention and control guidelines. For example linen trolleys were not used to segregate laundry at point of care and all laundry was routinely placed in alginate bags.
- A number of the foot pedals on the general waste bins were broken.
- The portable fans were not on a daily cleaning schedule and the blades of some fans were very dusty.
- The cleaning trolley was visibly unclean.
- A chlorine-based product was inappropriately used for routine environmental cleaning and surfaces were not cleaned prior to being disinfected with chlorine. If standard precautions are in place cleaning should be done using a general-purpose neutral detergent in a solution of warm water.
- The underside of a shower grid in a shared bathroom was heavily stained.

Judgment: Not compliant

Regulation 28: Fire precautions

While general fire safety precautions in the centre were good, timed evacuation drills of the centre's largest fire compartment had not been recently conducted. A fire evacuation drill of the centre's largest compartment was carried out following the inspection. The submitted drill report provided assurances that the compartmental evacuation of eight residents by three staff was carried out in a safe and timely manner. Further, regular evacuations are required to ensure that all staff are competent with the centre's fire evacuation procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were completed to a high standard and detailed person-centred care interventions to meet the assessed needs of residents. Validated risk

assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulceration and falls. Care plans had been updated to reflect specific needs following a diagnosis of COVID-19 and included the residents' preferences at their end of life. Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were regularly reviewed by their GP, who attended the centre on a weekly basis or more frequently if required. There was appropriate referral to allied health and social care professionals and evidence of regular review and input from psychiatry of old age, consultant geriatrician, chiropody and physiotherapy. There was a low incidence of pressure ulcer formation within the centre. The person in charge was in the process of reviewing wound assessment charts to ensure consistent clinical measurement of any wounds that occurred.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors found that residents who presented with responsive behaviours were responded to in a compassionate and dignified way by the staff. Staff spoken with were knowledgeable about each resident's individual interventions and distraction techniques. This was reflected in detailed behavioural support plans which described the behaviours, the triggers to them and person-centred interventions to engage or redirect residents.

A restraint-free environment was promoted in the centre. There was evidence work had been undertaken in relation to promoting and educating staff around residents choices and rights. Alternative measures to restraints such were trialled and consent was obtained when restraints such as bedrails were used. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Judgment: Compliant

Regulation 8: Protection

The inspectors were satisfied with the measures in place to safeguard residents and

protect them from abuse. Records reviewed by the inspectors provided assurances that any allegations of abuse were reported, addressed and appropriate action taken to protect the resident. All staff had Garda Vetting disclosures in place, prior to commencing employment in the centre.

The inspectors reviewed the system in place to manage residents' money and found that it was sufficiently comprehensive to ensure transparency and accountability. All financial transaction records were co-signed by staff members. Residents could access their money when required. The centre acted as pension agent for a small number of residents and this was managed appropriately with clear records maintained.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of frequent residents meetings which the inspector reviewed. Overall, residents' right to privacy and dignity were respected and positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one to one activities and group activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Moyne Nursing Home OSV-0004373

Inspection ID: MON-0033429

Date of inspection: 12/10/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>In relation to breaching the health act 2007 (as amended), there was miscommunication on both sides in relation to the application which Provider tried to submit at the appropriate time. Provider had contacted HIQA for advice on filling out the application form and was advised not to submit the form at that time. Form has since been submitted.</p> <p>Completed.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Provider has given assurances that residents can be evacuated from the largest compartment with night staffing levels.</p> <p>Staff nurses had been carrying out IPC audits. Going forward, PIC will conduct the audits.</p>	

Aspergillus risk assessment has been completed. Procedures put in place. These have been communicated to the building company and the project manager to ensure these procedures are adhered to.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A Maintenance schedule to be put in place to ensure that all surfaces and finishes are repaired in a timely manner to ensure IPC standards are assured.

21/11/2021

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Aspergillus risk assessment has been completed and procedures put in place to manage the risk.

Portable fans in communal areas have been removed permanently.

Completed.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Sluice room, housekeeping room and clean utility and treatment room are all being addressed in construction works.

Completion date: September 2022.

We will reintroduce linen trollies and we have identified an area for the storage of linen trollies and this will also resolve the issue of the routine use of alginate bags.

Completion date: 31/12/2021

All pedal operated bins to be reviewed and will be replaced as necessary.

One fan left in use at residents request has been added to daily cleaning schedule by housekeeping staff.

A new cleaning trolley will be purchased.

Completion date: 31/12/2021

The use of a household detergent has been reimplemented for routine environmental cleaning and surfaces.

The shower grid has been removed and area has been tiled.

Completed.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To avoid disruption of residents lives in the centre, we will carry out full evacuation fire drills 3 monthly.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	19/10/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/11/2021
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	31/10/2021

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	31/10/2021

	residents, are aware of the procedure to be followed in the case of fire.			
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