Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Mooncoin Residential Care Centre
Centre ID:	OSV-0000254
Centre address:	Polerone Road, Mooncoin, via Waterford, Kilkenny.
Telephone number:	051 896 884
Email address:	admin@mooncoinrcc.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mooncoin RCC Limited
Provider Nominee:	Kieran O'Reilly
Lead inspector:	Sheila Doyle
Support inspector(s):	Ide Cronin
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	77
Number of vacancies on the date of inspection:	1

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.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
09 March 2016 10:00	09 March 2016 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

As part of the thematic inspection process, providers 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 the 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.

Inspectors met with residents, relatives, and staff members during the inspection. They tracked the journey of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had

dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff training records. Inspectors reviewed the self assessment questionnaire which were submitted by the provider prior to inspection and noted that the relevant policies were in place.

Mooncoin Nursing Home is purpose built and provides residential care for 78 people. Approximately 41% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs although some improvement was required to ensure that they were updated to reflect recommendations from allied health professionals.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. Staff were offered a range of training opportunities, including a range of dementia specific training courses. Improvement was required to ensure that the roles and responsibilities of volunteers were set out in writing.

Improvements were also required to some aspects of medication management. Aspects of health and safety which had been identified for improvement at the previous inspection had not been addressed. Similarly further work was required to ensure that all residents were consulted regarding the organisation of the centre. While the results from the observations were encouraging, additional work is required to ensure that the majority of staff interactions with residents promotes positive connective care.

In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

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

Outcome 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:
Inspectors were satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan and improvement was required to ensure that all residents nutritional requirement were met.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs.

Inspectors reviewed a sample of care plans and saw that in some cases they had not been updated to reflect the recommendations of various members of the multidisciplinary team. For example inspectors saw that a resident had been referred to a speech and language therapist (SALT). Specific recommendations were made regarding providing assistance at meals. However the care plan had not been updated to reflect this. A similar issue was noted when specific instructions regarding dietary requirements were made by the dietician. Although inspectors were satisfied that practices were correct, the care plans did not reflect this.

Improvement was also required to ensure that residents' nutritional needs were met. Inspectors noted that residents were not routinely assessed for risk of malnutrition. Inspectors reviewed the policy and noted that it stated all residents were to have this assessment completed on admission. Residents were routinely weighed.

Residents were supported to enjoy the social aspects of dining. The menu provided a varied choose of meals to residents. Inspectors saw that residents were given the choice as to where they wanted to eat their meals and this was respected and facilitated by staff. Residents who required support at mealtimes were provided with timely assistance from staff. Inspectors saw that residents' likes, dislikes and special diets were all

recorded. These were known by both care and catering staff.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. This had been identified as an area for improvement at the previous inspection. Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen. There was evidence of improved communication between local hospitals and the centre and this had been identified as an area for improvement at the last inspection.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dieticians, speech and language therapists, physiotherapists and occupational therapists.

A number of different GPs provided medical services to the residents. Residents generally had the choice whether or not to remain with their own GP. GPs visited routinely and there was a responsive out-of-hours service available to residents seven days per week.

Inspectors reviewed the actions required from the previous inspection relating to medication management. Action required relating to GP signatures had been addressed. Action required relating to the maximum dose of pro re nata (PRN) medication was also completed. The maximum dose that could safely be administered in a 24 hour period was now consistently recorded.

However on reviewing a sample of prescription and administration records, inspectors saw that improvement was required regarding the prescribing of medication to be crushed. Some residents required their medication to be crushed. They were not consistently prescribed this way in line with national guidelines.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Inspectors found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Improvements were noted around the use of bedrails although usage still remained high. Risk assessments had been undertaken and a daily review was undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Regular checks were completed when in use.

Some residents showed behavioural and psychological signs of dementia (BPSD). Inspectors saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The person in charge managed some residents' monies. Action required from the previous inspection relating to double signatures had been addressed. She discussed plans to make this system more robust including updating the policy in place. Balances checked on inspection were correct.

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:
Inspectors were satisfied residents' privacy and dignity was respected although some improvement was required to ensure that all residents were consulted on a regular basis.

There was a residents' committee but the last meeting took place in May 2015. There was limited evidence that residents with dementia were included at this committee or if alternative arrangements were in place to ensure that they were consulted as regards the organisation of the centre.

Residents privacy and dignity was respected, including receiving visitors in private.

Inspectors were satisfied that residents' religious and civil rights were supported. Mass was transmitted from the local church every morning and some residents chose to go out to local services. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. The observations took place in the activity room, the sitting room and the dining room at lunch time. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 46% of interactions demonstrated positive connective care, 25% reflected task orientated care while 29% indicated neutral care. These results were discussed with the staff who attended the feedback meeting.

There were two activities coordinators employed in the centre covering Monday to Saturday. Inspectors found there was a varied activities programme with arts and crafts, exercise, bingo, quiz sessions and music included. Inspectors spoke with the activity co-ordinator on duty and found that she was very familiar with the needs of the residents. Inspectors saw that there was ongoing development work in relation to residents with dementia. Although at its infancy, it included reviewing dementia appropriate techniques such as developing life stories for each resident. Inspectors saw that a large number of staff of different grades interacted in a positive way with residents during the observation periods.

Residents had freedom to plan their own day within a communal setting. They could chose the times they wanted to get up in the morning, where to have breakfast and which activities they wished to attend. Their meal preferences were facilitated.

Advocacy services were available to all residents.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall met the regulatory requirements.

A complaints' log was maintained and inspectors saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome. The number of complaints received was minimal. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Inspectors were satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. Improvement was required to documentation relating to volunteers.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. However their roles and responsibilities were not set out in writing as required by the Regulations. This had been identified as an area for improvement at the previous inspection and was not addressed within the given timescale.

Inspectors found that suitable and sufficient staffing and skill mix were in place to deliver a good standard of care to the current residents. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Active recruitment was underway to fill gaps in the staffing numbers. There was a policy on staff recruitment and selection. Inspectors reviewed a sample of staff files and found they were complete. Up to date registration numbers were in place for nursing staff.

The staffing level on night duty, two nurses and four health care assistants, continued to be monitored to ensure this was sufficient to meet the needs of the residents. This had been identified as requiring close monitoring at earlier inspections.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in dementia care, infection control and behaviours that challenge.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Once the planned renovations are completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

As described at previous inspections, this centre was purpose built and residents' accommodation was arranged around three distinct sections, two of which accommodated 27 residents and the third accommodated 24 residents. There were 74 single rooms all of which had en suite facilities and two twin rooms also en suite. The twin rooms had appropriate screening to ensure privacy.

There were a number of small sitting areas which were well furnished and comfortable. There was a separate oratory and an adjacent activities room which could be opened up to accommodate a large number of people. There were three dining areas which provided choice for residents. Corridors were wide which enabled residents including

wheelchair users' unimpeded access. All walkways were clear and uncluttered to ensure resident's safety when mobilising.

Inspectors noted improvement's since the previous inspection. All areas of the centre had been painted. There was new floor covering in the front hall. Dementia friendly signage was evident and staff spoken with confirmed that additional signage including directional signage was on order. The person in charge discussed plans afoot to further enhance the environment. This included making the doors to toilets a similar colour throughout the centre to enhance orientation. She also discussed plans to ensure that all en suite facilities had suitable locks in place.

The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. Each room was appropriately decorated and contained personal items such as family photographs, posters and pictures. Inspectors saw that some rooms had clocks and calendars to better orientate residents. The person in charge discussed plans to continue with these improvements.

The maintenance log showed regular maintenance conducted and suitable repairs recorded. Inspectors reviewed up-to-date service records for all equipment including hoists, wheelchairs and mattresses.

Residents had access to a safe well maintained garden. Adequate parking was available at the front of the building.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
Inspectors followed up on the actions required from the previous inspection.

Action required from the previous inspection relating to the emergency plan had not been addressed. The emergency plan available to inspectors adequately addressed the centre’s response to fire and other emergencies like loss of power, loss of heating or water supply. However, it did not specifically outline arrangements for the interim shelter of residents, should evacuation be required.

The risk management policy still did not meet the requirements of the Regulations. For

example it did not include the precautions in place to control accidental injury to residents, visitors and staff.

Adequate infection control measures were now in place in relation to collection of laundry. New equipment had been purchased to allow segregation of the laundry.

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:

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Mooncoin Residential Care Centre
Centre ID:	OSV-0000254
Date of inspection:	09/03/2016
Date of response:	04/04/2016

Requirements

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

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

Outcome 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:
The arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Please state the actions you have taken or are planning to take:
Care plans for all our residents will be reviewed to ensure that they have been updated with the recommendations of the various members of the multidisciplinary team. The specific recommendations of the speech and language therapist regarding providing assistance at meals and the specific instructions of the dietician regarding dietary requirements are now updated in each of our residents care plans

Proposed Timescale: 02/05/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents did not have a comprehensive assessment of their nutritional status.

2. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
Our residents are routinely weighed to monitor and prevent any risk of malnutrition. All of our residents will undergo a MUST assessment within 72 hours from their admission. We are also undertaking a review of all our current residents MUST assessments and will update each of our residents MUST assessments where necessary.

Proposed Timescale: 04/04/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medications to be crushed prior to administration were not consistently prescribed that way.

3. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
We have requested from the relevant third parties that all medications, for our

residents, be prescribed and dispensed in accordance with National Guidelines, we will administer all medicinal products in accordance with those third party directions.

Proposed Timescale: 04/04/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that residents with dementia were consulted with regarding the organisation of the centre.

4. Action Required:
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:
All of our residents will be further invited to participate in consultation with regard to the organisation of their centre. We have appointed a member of our team to document the consultation of all of our residents and to document their wishes in this regard.

Proposed Timescale: 04/04/2016

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The roles and responsibilities of volunteers were not set out in writing.

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

Please state the actions you have taken or are planning to take:
The roles and responsibilities of our volunteers have now been set out in writing.

Proposed Timescale: 04/04/2016

Outcome 06: Safe and Suitable Premises
Theme: Effective care and support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia. **6. Action Required:** Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. **Please state the actions you have taken or are planning to take:** We continuously strive to maintain and improve our facility to promote the dignity, well-being and independence of all of our residents to ensure that our home is always appropriate to the number and needs of our residents.
Proposed Timescale: 02/05/2016

Outcome 07: Health and Safety and Risk Management
Theme: Safe care and support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The risk management policy still did not meet the requirements of the Regulations **7. Action Required:** Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre. **Please state the actions you have taken or are planning to take:** The risk management policy has been amended to meet the requirements of the regulations as set out in schedule 5 which includes hazard identification and assessment of risks throughout our home.
Proposed Timescale: 04/04/2016
Theme: Safe care and support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The emergency plan did not specifically outline arrangements for the interim shelter of residents, should evacuation be required.

8. Action Required:
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Please state the actions you have taken or are planning to take:
The emergency plan now specifically outlines arrangements for the interim shelter of residents, should full evacuation be required.

Proposed Timescale: 04/04/2016