

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Centre name:	Moyglare Nursing Home
Centre ID as provided by the Authority:	0072
Centre address:	Moyglare Road
	Maynooth
	Co. Kildare
Telephone number:	(01) 6289022, (01) 6289262
Fax number:	(01) 6293904
Email address:	info@moyglarenursinghome.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Moyglare Nursing Home Ltd.
Person in charge:	Breege Nangle
Date of inspection:	24 July 2009
Time inspection took place:	Start: 09 :15 AM Completion: 17 : 00 PM
Lead inspector:	Aileen Keane
Support inspector(s):	Linda Moore Marian Delaney-Hynes
Type of inspection:	The person in charge, Breege Nangle, was on annual leave on the day of inspection. Rita O'Reilly, the Managing Director, was in charge on the day of inspection.
<input type="checkbox"/> Registration	
<input checked="" type="checkbox"/> Scheduled	
<input checked="" type="checkbox"/> Announced	
<input type="checkbox"/> Unannounced	

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Moyglare Nursing Home is a single-story, purpose-built residential centre with 56 places. The accommodation consists of 19 single rooms with en suite bathrooms, two twin rooms with en suite bathrooms, 17 single rooms and eight twin rooms. Other facilities include an oratory, a spacious dining area and a large sitting room where activities take place. There is also a smaller sitting room.

The home is surrounded by mature gardens. There is an enclosed, secure courtyard with seating for residents.

There is ample car parking available for relatives and other visitors.

Location

Moyglare Nursing Home is located on the Moyglare Road, close to Maynooth. The home is within ten minutes walk of Maynooth Town.

Date centre was first established: DAY/MONTH/YEAR	04 / 03 / 1991
Number of residents on the date of inspection	47

Dependency level of current residents	Max	High	Medium	Low
Number of residents	14	12	21	14

Management structure

Moyglare Nursing Home Ltd is the provider and a member of the company works in an administrative capacity at the centre. The person in charge, Breege Nangle, reports to the managing director, Rita O'Reilly. The person in charge has responsibility for the service overall. The senior staff nurses, staff nurses, care staff and household staff report to the person in charge.

Summary of findings from this inspection

This was an announced inspection. Inspectors met with residents, relatives, the person in charge of the centre and staff on duty. Inspectors reviewed a number of documents such as policies, care plans, staff rotas and medical administration records.

Overall, inspectors found there was evidence of good practice and a commitment by the managers to continually improve the quality of service provided. There was evidence of a person-centred approach to care, but this was not well documented. Staff were knowledgeable and respectful as they gave care to the residents.

The inspectors were satisfied that the nursing, medical and other healthcare needs of residents were met and the nursing care was of a high standard.

Significant improvement is required to ensure that residents are aware of, and offered, choice in some of their daily routines. In other areas, residents' choices are acknowledged and respected.

There was a well-developed activities schedule in place for residents, but there was some improvement required in engaging more highly dependent residents in activities which suit their needs.

The action plan at the end of this report identifies areas where improvements were required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*, such as development of a recruitment policy and updating and maintaining the residents' register.

Residents' and relatives' comments

The inspectors spoke with eight residents, including one resident staying for a short period of convalescence. They also spoke to a number of relatives.

Residents said they felt well cared for and that all of their needs were met. They complimented the staff and said that if they asked for anything, the staff would do their best to make it available. Residents knew who to talk to if they had an issue or concern and they felt it would be dealt with appropriately.

Residents said that the food was "fantastic"; it was home-made and the choices were excellent.

A resident who spoke to the inspectors said that "you wouldn't get bored here anyway, there is always something going on."

Residents also reported that they felt very safe because the staff were always available to them.

Relatives expressed their satisfaction for the care their relatives were receiving. One relative visiting the centre on the day of the inspection said "I am welcome day or night" and described the home as "a home from home." She expressed strong satisfaction with the attitude of the staff and the dignity with which residents were treated.

The residents said they got up in the morning at a time that suited them. A number of residents reported that they had to leave the sitting room by 9 pm each night and that lights had to be out by 10pm. One resident stated "you are cleared out of the sitting room by 9pm."

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement, and having a system in place to effectively assess and manage risk.

Evidence of good practice

Inspectors were told that either the managing director or the person in charge of the centre are on duty from Monday to Friday and on Sundays. There is a senior staff nurse on duty every Saturday. The nursing home management structure was displayed at the entrance to the centre, along with the mission statement/philosophy of care, which was dated June 2009. The inspectors met with one of the providers who worked in an administrative role at the home. He told inspectors that he was reviewing the newly published regulations and was considering how the home would ensure they were met.

In discussions with the inspectors, staff demonstrated a clear understanding of their roles and responsibilities. They described the reporting mechanisms in place to ensure appropriate delegation, supervision and competence in the delivery of care to the residents. The inspectors observed that the number and skill mix of staff on duty in the centre on the day of the inspection were appropriate to the needs of the residents. There were ten staff members on duty on the day: three nurses, one person in charge and seven carers. Residents told inspectors that there was sufficient staff on duty on the day to cater for their needs. One resident described how staff "make tea at night and will sit and chat when I am feeling unwell."

Inspectors read the safety statement, which was dated 11 May 2008. The person in charge explained her role in maintaining the safety of residents and staff members to the satisfaction of the inspectors. The fire register and fire safety statement were up to date. The last fire evacuation training was completed on 14 April 2009. Fire safety procedures included a book at the entrance for visitors to sign on arrival and leaving the home. There was a process in place for staff to check each fire exit on a daily basis to ensure all exits were safe and clear from obstruction. A form was signed and dated by the staff member undertaking this role.

Monthly audits of cleaning, including equipment and infection control procedures, were under taken by the nurses. These were reviewed by the person in charge and there was evidence that identified deficits were addressed.

The staff described how risks to the residents were identified. Staff were aware of the need for potential risks to be identified. Risk assessments were completed for each individual resident and the inspectors saw some of these.

Some improvements required

A statement of purpose was developed, based on the *National Quality Standards for Residential Care Settings for Older People in Ireland*. This statement of purpose did not contain all the information required, as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, which were published on 26 June 2009. The following information was not included:

- the name address and telephone number of the home, the provider, person in charge or each person participating in the management of the home
- the professional registration, relevant qualifications and experience of the registered provider and any person in charge
- the total staffing complement, in whole time equivalents, for the designated centre with the management and nursing complements given by grade
- the organisational structure of the centre
- the criteria used for admission to the designated centre
- the fire precautions and associated emergency procedures in the designated centre.

There was no risk management policy in place to ensure a consistent approach throughout the centre on a daily basis. Risk management practice was good on the ground.

Significant improvements required

The residents' register was checked by inspectors and was incomplete and inaccurate. It did not reflect the number of residents in the centre on the day of inspection. The discharge dates for two residents, and the re-admission dates for four residents were not recorded.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre, and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

The inspectors observed that staff promoted and respected the privacy and dignity of residents. Staff members knocked and waited for a response before entering residents' bedrooms and ensured their privacy was maintained while delivering personal care, by closing doors and drawing curtains. The staff spoke to residents in a clear manner, which assisted those with a hearing impairment.

The choice, quality and presentation of the meals were of a high standard. Inspectors joined residents having their meal in a bright relaxed environment. The round tables were conducive to communication among residents. The menus on the tables reflected the extensive food choices for all meals. Residents were able to help themselves to condiments provided on the tables, and gravy and sauces were offered by staff. This supported residents to maintain their independence and autonomy. Residents confirmed meal times to be enjoyable, social and relaxing occasions.

There was a social and recreational programme in place and residents were aware of the activities available. They told inspectors that they enjoyed the programme and it reflected their preferences, interests and abilities. These included jewellery making, art work, knitting, massage therapy, music, Sonas (a therapeutic activity that is focused on communication), sensory activities, weekly mass and communion service twice weekly. The activities coordinator told the inspectors that there was a weekly Friday movie. She said she made the sitting room "cinema like" by closing the curtains and showing the film on a big screen. This movie afternoon took place during the inspection and a large number of the residents attended and were watching the film. Strawberries and cream and other snacks, including a glass of sherry, were available for the interval of the film. Residents told inspectors how much they enjoy this event and that refreshments were a part of this on every occasion.

Residents told inspectors they were content and very happy in the centre. One resident described how she felt "part of a family" and that she had made friends. Residents explained they felt at home and safe. Residents knew who to talk to if they

had any concerns and they also used the recently introduced complaints/ suggestion box.

Residents and staff confirmed that the person in charge of the centre promoted an individualised approach to care in all aspects of daily life. This was evident particularly by the availability of choice, such as meals, times for getting up and participation in social and recreational events. The residents commended the staff on how welcoming they were to all visitors.

The residents stressed the importance of citizenship and how they were encouraged to be part of the community and make a difference. Recently the residents held a fundraising event. They sold items they had made as part of their knitting and art activities. They raised a substantial amount of money and proudly showed the inspectors the photographs on display of the project that their fundraising had supported.

Some improvements required

While care plans indicated that activities were available to highly dependent and immobile residents, the inspectors did not observe these programmes being delivered on the day of the inspection. Residents were observed sitting in their chairs for long periods of time with no meaningful activity or involvement. It was noted that the activities coordinator spent a short time early in the day speaking to these residents on a one-to-one basis.

The inspectors found there was multi-sensory equipment in use throughout the day in the small sitting room. This included the use of large fibre optic strands being placed over residents' shoulders throughout the day, including meal times. It was noted that the sensory lighting and projected images on the wall remained on all day. Residents did not appear to engage with the multi-sensory equipment. There was no evidence of staff training in its use. There was no evidence of assessment or evaluation of the use of this equipment for these residents, to determine if it was suitable to their individual needs or an enjoyable experience.

A residents/ relatives committee had been established approximately two years ago and meetings had ceased in the past year. Staff, relatives and residents spoke of the benefits of the committee and the quality of life issues that were addressed by it. The minutes of the last meeting were recorded on June 2008. Inspectors were informed by the person in charge that there were plans to reactivate this committee.

Significant improvements required

Four of the residents spoken to by the inspectors said that they were required to leave the sitting room by 9pm each night and that lights had to be out by 10pm. This was discussed with the provider, the person in charge of the centre and the senior staff nurse at the feedback meeting, who all said this was not the case, but they committed immediately to ensuring that all residents can remain in this room as they wish and that they are aware of this.

Minor issues to be addressed

Residents were seen having their meal while seated in regular wheelchairs. This was brought to the attention of the person in charge and was subsequently addressed at the later meal in the evening.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The residents appeared very comfortable, appropriately dressed and their personal hygiene, hair care, nutrition and skincare needs were met. This was reflected in the residents' comments that their daily personal care needs were well met.

Residents were provided with regular drinks throughout the day and night, as they desired. Inspectors observed staff assisting and encouraging residents to take fluids and fluid intake was documented.

On the day of inspection, the inspectors met one of the general practitioners (GPs) visiting the centre. This GP visited twice weekly and was also available as required. All residents were reviewed by their doctor and had their medication reviewed on a three-monthly basis, or more frequently if necessary. The written entries in the medical notes supported this. The access to medical care and treatment was commended by a number of residents. Residents were aware of the medication they were taking and staff were observed discussing medications with residents.

Peripatetic services such as physiotherapy, speech and language therapy and occupational therapy were available on a needs assessed basis. This was evidenced in the residents' files reviewed by the inspectors. The residents and relatives commended these services.

Some improvements required

The inspectors looked at a number of care plans. These plans included assessments, the care-planning process and daily and night nursing notes. However, there was no evidence of individual goals or future objectives set for the resident, and these did not include information about residents' interests, preferences or social needs. The care plans were written in the second person.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean, and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

A number of residents' bedrooms, the communal bathrooms, the laundry, kitchen, dining room, gardens and other communal areas were viewed by the inspectors.

Inspectors saw that the environment met the needs of residents in that it was homely, bright and clean throughout, and had appropriate furnishings and colour schemes. Residents spoke of the pleasant, relaxed atmosphere. They said they enjoyed the time they spent in the large, well-maintained secure garden.

Residents invited inspectors to see their rooms and most of the residents' bedrooms were spacious and comfortable. Residents said they were happy with the accommodation provided and that they were encouraged to personalise their rooms with pictures of family and friends and individual possessions.

The inspectors found the kitchen to be clean and well organised. Catering staff had all received Hazard Analysis Critical Control Points (HACCP) training, and records of this training reviewed by inspectors were up to date.

The environment was found to be clean throughout all areas visited. The residents and relatives spoke of the high level of cleanliness in the home. The household staff were able to tell inspectors about their role and responsibilities. They displayed a good level of knowledge and were up to date with evidence-based practices. This included management of spillages, and inspectors saw cleaning schedules and cleaning checklists in each bedroom. All staff were knowledgeable regarding hygiene practices and staff members reported that there is an induction and mentorship programme to support newly appointed staff.

There was appropriate assistive equipment available to meet the needs of the residents such as electric beds, hoists, pressure relieving mattresses, wheelchairs and zimmer frames.

Some improvements required

There were two laundry rooms in the centre. In one of the rooms, the inspectors noticed that the back door opened onto the residents' secure garden. Staff explained that the door must remain open during operational times due to the size, layout and poor ventilation in this room. The restricted size of the room could result in poor segregation of laundry, which could cause a possible risk of cross-contamination. The open door poses a risk to residents who could wander into the laundry. This was acknowledged by the person in charge and the provider.

Inspectors viewed two twin bedded rooms. They noted it was difficult to safely access one of the beds due to the layout in both rooms. The beds were set against the radiators and the space did not allow access for specialist equipment. The person in charge and staff member reported that these beds were currently being used for ambulant, independent residents. There was no assessment in place showing that the bedrooms met the residents' needs.

Inspectors noted that assistive equipment such as wheelchairs, walking frames and hoists were stored in a bathroom and in other communal areas. This appeared unsightly, infringed on the residents communal space, and posed a trip hazard to both residents and staff.

Significant improvements required

It was observed that the wheelchairs used by residents did not have foot plates. Residents were being transferred with their legs extended, which created a risk of injury/accident to residents.

The inspectors observed that the clinical waste bin was not locked on the morning of the inspection and so clinical waste was not being managed in line with best practice. The clinical waste bin was subsequently locked on the afternoon of inspection after this was brought to the attention of the person in charge of the centre. There was no evidence of a waste management policy in place.

Minor issues to be addressed

While cleaning practices were good, a cleaning policy and procedure was required to ensure a consistent approach is maintained.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice, and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Residents told the inspectors that they got on well with staff. They said that staff always treated them with dignity and respect, always calling them by their preferred name.

There was a centre brochure available to all residents which was colourful, informative and user friendly. Leaflets from Age Action Ireland were also available. The weekly entertainment programme was prominently displayed for residents to see.

There was an agreement of care on file, signed by residents and/or relatives. Residents described how the staff nurse explained their plan of care to them and how they had access to their care plans if they wished to view them. Residents files were stored in the nurses office. Care plans were audited on a three-monthly basis by the person in charge.

Some improvements required

There was a generic, off the shelf, policy book available in the centre. There were no centre specific policies observed by the Inspectorate team.

There was no formal communication between the kitchen and nursing staff in relation to specific dietary requirements for residents.

Staff reported very good communication between the person in charge and staff, through daily handover meetings and the "open door" policy practised by the person in charge, the managing director of the centre and the registered provider. However some of the staff expressed the need for formalised staff meetings.

Inspectors spoke to many staff members who said they were not familiar with the *National Quality Standards for Residential Care Settings for Older people in Ireland*.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

A number of staff were interviewed by inspectors about their recruitment, induction, past experience and ongoing professional development. Staff said they were happy that they had received an adequate induction and that they had received good professional development opportunities within the centre. Some of the staff files reviewed had an induction programme form completed.

All staff demonstrated a clear understanding of their roles and responsibilities and the lines of reporting and accountability. Nursing staff knew they had a supervisory role for all care delivery. This structure ensured appropriate delegation, competence and supervision in the delivery of a needs assessed service to residents.

Training records viewed by inspectors confirmed the provision of a high level of appropriate training both internally and externally. This training facilitated staff to continue to meet the changing needs of residents.

Mandatory training for fire safety was carried out with staff on a six-monthly basis. This was confirmed by reading the training records. A staff member had been trained as a moving and handling instructor. This person provided the moving and handling training updates to all staff. A cardiopulmonary resuscitation (CPR) training audit was completed for all staff and there was a schedule to ensure appropriate and timely training updates for staff. The majority of care staff had undertaken the Further Education and Training Awards Council (FETAC) level 5 training and education. All staff attended training on the prevention and detection of abuse and were currently completing an update of that training. All catering and household staff had completed 'Clean Pass' training.

Significant improvements required

There were no written policies and procedures on the recruitment, selection and vetting of staff. The inspectors noted that not all staff had been vetted by An Garda Síochána. Inspectors were informed by the person in charge that she was waiting for two staff members to return their completed form, and then all forms would be submitted for Garda Síochána vetting. Inspectors viewed staff files and found that

not all staff had references available. Some of those staff members had been working within the home for a number of years.

Report compiled by

Aileen Keane
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

08 October 2009

Action Plan

Provider's response to the inspection report

Centre:	Moyglare Nursing Home
Centre ID as provided by the Authority:	0072
Date of inspection: DAY/MONTH/YEAR	24 / 07 /2009
Date of response: DAY/MONTH/YEAR	28 / 09/2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

All residents did not have an opportunity to exercise choice in some aspects of their daily routine.

Action required:

Consult residents about their choice of bed time and instruct staff to respond accordingly.

Reference:

Act: Health Act 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales	Timescale
<p>Provider response:</p> <p>We were very taken aback and shocked to hear the view expressed by a very small number of residents that they do not exercise choice as to what time they leave the sitting room at night time. On investigation, confirmed in spot checks and in dialogue with residents and relatives, this was found not to be the case. Such practice militates against our ethos of person centred care. Residents vary considerably in their bed time routines, with some choosing to watch their favourite TV programmes in their own room or to retire early. Choices do exist for residents and we will continue to consult further with residents on this matter to ensure that their preferences are always fully facilitated. This matter is being monitored at director level to ensure that resident's expectations are met in this regard as far as possible. Staff are instructed to respond accordingly.</p>	

<p>2. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider did not ensure that the centre had written policies and procedures for the recruitment, selection and vetting of staff.</p>	
<p>Action required:</p> <p>Develop written policies and procedures relating to the recruitment, selection and vetting of staff taking cognisance of the documentation and information outlined in schedule 2 of the (Care and Welfare of Residents in a Designated Centre for Older People) Regulations 2009.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales	Timescale 31/12/2009
<p>Provider response:</p> <p>Many of the staff at Moyglare Nursing Home have been employed since the early days of the service. Moyglare Nursing Home acknowledges that it needs to formally document its recruitment, selection and vetting of staff to meet requirements outlined in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in a Designated Centre for Older People) Regulations 2009.</p>	

Garda vetting of all staff is in process and all required documentation has been sent to the vetting office. Policies and procedures are currently being developed and will be in place by 31st December 2009. In addition, the nursing home is in dialogue with Nursing Homes Ireland network to strengthen work in this area

3. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

There were not reasonable measures to prevent accidents to residents in the centre.

Action required:

Ensure all wheelchairs have footplates in place when transporting residents.

Reference:

Act: Health Act 2007
 Regulation 31: Risk Management Procedures
 Standard 26: Health and Safety

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

**Timescale
 Immediate**

Provider response:

Immediate action was taken to discuss working practices with nursing and care staff to ensure full compliance with this required action. This will be monitored and spot checks carried out.

4. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

There was not an up-to-date record of residents called the "directory of residents".

Action required:

Establish and maintain an up-to-date record of residents.

Reference:

Act: Health Act 2007
 Regulation 23: Directory of Residents
 Standard 32: Register and Residents' records.

Please state the actions you have taken or are planning to take with timescales	Timescale 30/9/09
<p>Provider response:</p> <p>The up-to-date "directory of residents" record is now in place and maintained. This was completed during August and September 2009.</p>	

<p>5. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>Reasonable measures were not taken to prevent accidents to residents on the grounds of the centre.</p>	
<p>Action required:</p> <p>Develop and implement procedures for disposal and storage of clinical waste in line with best practice.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales	Timescale 25/07/09
<p>Provider response:</p> <p>The clinical waste bin was not locked on the morning of the inspection due to human error. It was subsequently locked. A written record sheet is now in place to verify that it is kept locked. All nursing staff have been instructed to adhere to procedures that support best practice for disposal and storage of clinical waste. This action has been in place since 25/07/09. Reinforcement of good practice in this area is covered on the staff meeting agenda on an ongoing basis.</p> <p>Waste management disposal guidelines are in place and come under Infection Control Policy Standard Precautions. An environmental cleaning policy is also in place.</p>	

6. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

The staff were not aware of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Action required:

Make all staff aware of the provisions of the Health Act 2007 and all standards and regulations appropriate with their role.

Reference:

Act: Health Act 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision

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

**Timescale
31/10/09**

Provider response:

Work is in progress to make staff aware of the National Quality Standards for Residential Care Settings for Older people in Ireland. Copies have been issued to staff and areas of the standards are scheduled for discussion at team meetings. In some instances and as required, the Director / Manager has undertaken one to one training sessions on the standards with staff. This is to ensure that staff are familiar with regulations appropriate to their role. Staff sign off to record and verify this intervention.

This action is progressing well and will be completed by 31st October 2009. Other fora such as the in house committee and team meetings will be utilised on an ongoing basis to retain a tight focus on these important standards of care.

7. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

Highly dependent residents did not have adequate opportunity to participate in activities appropriate to his or her interest and capabilities.

Action required:

Develop an appropriate processes to assist staff in the assessment, development and evaluation of meaningful and purposeful occupation or activities, including the use of multi sensory equipment, appropriate for each resident.

Reference: Act: Health Act 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales	Timescale 30/11/09
Provider response: <p>As part of continuous quality improvement we are further developing practice in this area. Whilst we have not adequately documented practice so far, the reality is that a wide range of activities including multi sensory activities do take place with this vulnerable group of highly dependant residents. Going forward, in order to strengthen our work in this area, we will improve documentation. This intervention will be based on personal health and social care needs assessments which will identify meaningful and purposeful occupations or activities. Building on practice to date, needs assessments have been designed and are underway in partnership with families. Resident's preferences and capacities as well as previous areas of interest continue to be taken into consideration in designing personal health promotion and social care plans. Staff training to expand the use of multi sensory equipment is taking place. Music therapy and life story work remain key to interventions in this regard. Baseline information from formative year's data is informing action plans related to these interventions. This process will be documented to track progress.</p>	

8. The provider has failed or is failing to comply with a regulatory requirement in the following respect: <p>The statement of purpose did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>
Action required: <p>Amend the statement of purpose to incorporate all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>
Reference: Act: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales	Timescale
<p>Provider response:</p> <p>The statement of purpose has been completed and is enclosed.</p>	<p>31/9/09</p>

<p>9. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no written Risk Management Policy.</p>	
<p>Action required:</p> <p>Develop a comprehensive Risk Management Policy appropriate for the centre and in line with the (Care and Welfare of Residents in a Designated Centre for Older People) Regulations 2009.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 31: Statement of Purpose Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales	Timescale
<p>Provider response:</p> <p>A general risk assessment/record form has been designed in conjunction with our health and safety consultant who is contracted to support Moyglare Nursing Home's compliance with the Safety, Health and Welfare at Work Act, 2005. Moyglare Nursing Home has a safety statement. Attached is a copy of this record form. This action is being progressed with a completion date of 30th November 2009 in order to establish best practice.</p>	<p>August to November 2009</p>

<p>10. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>There was not suitable space for the storage of assistive equipment.</p>	
<p>Action required:</p> <p>Provide appropriate storage for equipment.</p>	

Reference: Act: Health Act 2007 Regulation 19: Risk Management Procedures Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales	Timescale
Provider response: We were surprised to read in your report that wheelchairs, zimmer frames and hoists were stored in a bathroom on the day of inspection. The only explanation would be that someone was using the bath room or assisting residents with their toileting needs. The proprietor has committed to provide a designated section for wheelchairs with safety features in place. This will be in place by the end of this year. In the interim, the hoists will be kept in a designated area so that they can be recharged when not in use.	31 st December 2009

11. The provider has failed or is failing to comply with a regulatory requirement in the following respect: The layout of rooms occupied by residents may not suit their needs.	
Action required: Ensure there is sufficient space to allow access for specialist equipment in rooms. Ensure rooms are assessed as meeting the needs of the resident.	
Reference: Act: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales	Timescale
Provider response: Before admission residents are assessed and allocated a room according to their needs. This is reassessed on an ongoing basis. At present it is only ambulant independent residents who would occupy specified rooms. Allocation of rooms and facilities for use of specialist equipment will be discussed at scheduled team meetings.	Ongoing from 1/08/09

<p>12. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>The written operational policies and procedures were not specific to the centre.</p>	
<p>Action required:</p> <p>Develop policies and procedures specific to the context and needs of the centre.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales</p>	<p>Timescale</p>
<p>Provider response:</p> <p>As, Director/Manager I was actively involved in collaborating with Nursing Homes Ireland's nursing projects who brought together a representative steering group of stakeholders, as well as a number of sub groups to develop policies. The outcome of this involvement is that policies developed reflect Moyglare Nursing Home needs. The questions you have raised have been brought to the attention of the steering group and a number of sub groups within the sector. Moyglare Nursing Home is taking a proactive approach to ensuring that policies and procedures reflect the specific context of our facility.</p>	<p>31st December2009</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 2: Consultation and Participation	Re-establish the residents' /relatives' committee as part of the arrangements to facilitate consultation and participation in the organisation of the centre.
Standard 26: Health and Safety	Develop a policy which supports the cleaning, hygiene and maintenance practices currently performed within the home to ensure a consistent approach is maintained.
Standard 11: The Resident's Care Plan	Develop the care plans further to include the residents own objectives for health, personal and social care.
Standard 24: Training and Supervision	As part of continuous quality improvement, consider the introduction of regular formal staff meetings to facilitate communication among staff.
Standard 24: Training and Supervision	Establish a staff development and appraisal system as part of the continuing development and supervision of staff.
Standard 25: Physical Environment	Review the laundry facilities to ensure there is adequate space to separate clean and dirty laundry.
Standard 19: Meals and Mealtimes	Develop a formal communication process with the catering/kitchen staff which ensures residents' dietary preferences and special therapeutic dietary needs are met.

Any comments the provider may wish to make:

Provider's response:

Moyglare Nursing Home is committed to continuous improvement of its services and welcomes HIQA's inspection recommendations. Many of the recommendations have been taken on board since the date of inspection including the following:

Standard	Best practice agenda
Standard 2 Consultation and Participation	The residents/relatives committee has been re-activated as part of the arrangements to facilitate consultation and participation in the organisation of the centre. The first meeting has been scheduled for October 11 th 2009.
Standard 26 Health and Safety	Policies which support the cleaning and hygiene practices are now in place with support documentation outlining procedures related to same. A consistent approach is maintained for maintenance practices by use of a general risk assessment/record form which has been designed in conjunction with health and safety consultants.
Standard 11 The Resident's Care Plan	As part of continuous quality improvement we are further developing practice in this area. Whilst we have not adequately documented practice so far, the reality is that a wide range of activities including multi sensory activities do take place with this vulnerable group of highly dependant residents. Going forward, in order to strengthen our work in this area, we will improve documentation. This intervention will be based on personal health and social care needs assessments which will identify meaningful and purposeful occupations or activities. Building on practice to date, needs assessments have been designed and are underway in partnership with families. Resident's preferences and capacities as well as previous areas of interest continue to be taken into consideration in designing personal health promotion and social care plans. Staff training to expand the use of multi sensory equipment is taking place. Music therapy and life story work remain key to interventions in this regard. Baseline information from formative year's data is informing action plans related to these interventions. This process will be documented to track progress. Moyglare Nursing Home will disseminate its learning in this important area.
Standard 24 training and Supervision	Regular staff meetings have been scheduled to further enhance communication at all levels within Moyglare Nursing Home services.

<p>Standard 24 Training and Supervision</p>	<p>Performance reviews will be scheduled by me as Director/Manager with all grades of staff. This will take place in order to support the training and development needs of staff. Training needs will be determined and supported in accordance with the role and purpose of the facility, its strategic objectives and the role and job description of the post holder as well as the individual staff member' performance appraisal.</p> <p>Previously, this took place on an informal basis. As part of formal appraisals agreed future performance plans which set out key performance areas, future goals and action plans, as well as additional comments will be documented. This will take place on an annual basis.</p>
<p>Standard 25 Physical Environment</p>	<p>A review of laundry facilities will take place and is a priority item for November 2009.</p>
<p>Standard 19 Meals and Mealtimes</p>	<p>Catering staff have received written communication regarding special diets for some residents, complementing oral instructions they had previously received regarding same.</p>