

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Mooncoin Residential Care Centre
<b>Centre ID:</b>	0254
<b>Centre address:</b>	Pollerone
	Mooncoin
	Co. Kilkenny
<b>Telephone number:</b>	051 896884
<b>Fax number:</b>	n/a
<b>Email address:</b>	rccmooncoin@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Breeda O' Reilly
<b>Person in charge:</b>	Breeda O' Reilly.
<b>Date of inspection:</b>	15 September 2009
<b>Time inspection took place:</b>	<b>Start:</b> 09:30 hrs <b>Completion:</b> 17:00 hrs
<b>Lead inspector:</b>	Íde Batan
<b>Support inspector(s):</b>	Noel Sheehan
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b>  <input type="checkbox"/> <b>Announced</b> <input checked="" type="checkbox"/> <b>Unannounced</b>

## 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](http://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

Mooncoin Residential Centre is a two-storey purpose-built nursing home which opened in March 2004. The centre is registered for the care of 50 residents. There were 45 residents living in the centre at the time of inspection. Accommodation for residents' use is on the ground floor. There are 46 single rooms and two twin rooms, all en suite. The six spacious sitting rooms are all fitted with television and music systems. There is a family room, an oratory and a fully equipped hairdressing salon on site. The extensive grounds are secure and well-landscaped.

The centre also has a 12-bedded dementia wing incorporated within the facility, which has its own dining room and two sitting rooms. There is a secure courtyard with adequate seating areas available where residents can be outside safely.

### Location

The centre is situated in the village of Mooncoin, approximately 10 minutes drive from Waterford city. A regular bus service operates to Mooncoin, both from Waterford city and Carrick-on-Suir.

<b>Date centre was first established:</b>	09 March 2004
<b>Number of residents on the date of inspection</b>	45

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	19	20	6	0

### Management structure

The registered provider and person in charge is Breeda O' Reilly. Nicola Fewer is the clinical nurse manager and the senior nurses, care staff and household staff report to this person.

## Summary of findings from this inspection

The inspection was an unannounced inspection.

Overall, there was evidence of good practice and a commitment shown by staff to improving the service to residents. The provider, person in charge and clinical nurse manager were involved in the day-to-day running of the centre and staff were skilled and trained to meet the changing needs each resident. There was evidence of ongoing training and development and pro-active management support within the centre.

The residents were very friendly and keenly engaged with inspectors. The inspectors were satisfied that the nursing, medical and other health care needs of residents were catered for to a good standard. Chiropody and physiotherapy were organised privately and the hairdresser attended on a weekly basis.

The inspectors found that the premises, fittings and equipment were clean and well-maintained and there was a good standard of décor throughout the centre.

There were areas where improvements should be made including the development of a complaints procedure in an accessible format, a residents' guide and a centre specific policy for recruitment and vetting of employees. Adherence to procedures for monitoring of controlled drugs should also be improved.

The inspection team were facilitated by staff and management throughout the inspection. The registered provider and the clinical nurse manager were open and willing to discuss improvements to their service delivery in order to meet the legal requirements.

### Residents' and relatives' comments

The inspectors joined residents to have lunch and also sought the views of other residents throughout the day. One man was fully aware of the new inspection process. Another resident told the inspector "you couldn't get better, the staff are lovely".

Residents reported positively on the food: "the food is good and you get plenty of it." Another resident reported: "whatever you want is on hand" and another stated: "you can go out when you want."

A relative interviewed by the inspectors reported that "care is superb and my father had improved no end since he had come to the home".

Another relative stated that "the care is so good... I am always made feel welcome and staff are very accommodating".

There was evidence that the involvement of relatives in the centre was welcomed by staff and the inspectors saw many relatives coming and going during the day.

## 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

The provider and clinical nurse manager demonstrated knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and had a copy of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. The centre had a well-defined management structure, showing clear lines of authority and accountability, which enabled the centre to be well organised and run. The relevant registration certificate was up to date and displayed at the nurses' station. The statement of purpose was made available to the inspection team during the inspection.

Both the registered provider and clinical nurse manager work full time in the centre. There was a proactive approach to training and development, both internally and externally.

The provider was addressing the issues regarding staff files as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Incidents and accidents were documented and staff identified these recordings as having learning potential to improve their practice. A new centre-specific incident/ accident document was in the preliminary phase.

The residents' forum offered residents an opportunity to participate in the running of the centre. The provider was in the process of recruiting an activities coordinator.

#### Some improvements required

The statement of purpose and function for the centre does 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.

The range of policies, procedures and guidelines available in the centre do not meet the criteria set out in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

## 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

Residents and relatives talked about the homely environment in the centre. Residents' rooms have soft furnishings and inspectors saw that small personal possessions and photographs were displayed. There was access to private telephone areas and the centre operated an open door policy for families and visitors. Inspectors saw that the privacy and dignity of the residents was respected.

Activities are held regularly, depending on residents' wishes. Inspectors observed one resident being asked if he would like a hand massage. Fresh drinking water and orange juice is readily available for residents. The local priest visits twice per week and mass was piped through to the televisions from the nearby local church.

Speaking with residents, inspectors found that there was a good understanding about how to raise issues, make suggestions or complaints and that staff were open to this.

There were newspapers and magazines available throughout the centre and the notice board in the kitchenette area displayed community based activities. The person in charge was in the process of implementing a programme known as "Adopt a Granny" with transition year students from the local school.

One resident said he loved to sit in the foyer and watch what was going on all day long. The inspectors observed residents walking in the garden and others sitting in the communal areas outside.

### Significant improvements required

While residents felt they could raise issues or concerns, there was no complaints procedure in an accessible format available to residents and visitors which took account of legislation, regulations and national guidelines. It was evident from speaking with staff that there was no comprehensive training on the prevention, detection and response to elder abuse.

### Minor issues to be addressed

Inspectors observed that staff did not wear name badges.

### **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**

Each resident was given an assessment on admission and a care plan was drawn up to meet his/her needs. Care plans viewed by inspectors had risk assessments for lifting and moving, management of pressure sores and nutrition. The care plans and assessments were reviewed in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Inspectors viewed a recent audit, compiled by the clinical nurse manager, on residents' records and care planning. Health was promoted with regular monitoring of each resident's weight, blood pressure and blood screening. Staff training focussed on extending the nurse's role to avoid unnecessary admission to hospital for routine blood screening and management of dehydration.

Residents have access to a general practitioner (GP) of their choice and "Care Doc" provided an out-of-hours service. Mobile services such as chiropody and physiotherapy were available on a needs-assessed basis and funded privately by residents.

The inspectors had lunch with the residents and found that the choice, quality and presentation of the meal was of a high standard. Inspectors saw that in both dining areas, assistance was offered sensitively and discreetly to the residents who needed it.

An inspector interviewed a staff nurse who was administering morning medication. Safe practice was observed and staff displayed knowledge of An Bord Altranais Guidelines for safe medication management.

#### **Some improvements required**

All residents did not have a photograph included with their care plan, as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

## **Significant improvements required**

All nursing staff did not adhere to procedures for monitoring and checking of scheduled controlled drugs in accordance with An Bord Altranais Guidelines and the relevant legislative requirements.



## **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**

The centre was purpose-built. Most residents have single rooms which were observed to be spacious and comfortable. There were a variety of communal rooms and seating areas. The premises are clean, hygienic and accessible. An inspector engaged with three housekeeping staff, all of whom displayed adequate knowledge of infection control prevention, deep cleaning and use of personal protective equipment. Some of the support staff had received chemical training explain the week prior to inspection. Alcohol gel was strategically placed throughout the centre and inspectors saw that some staff had their own attached to their uniforms.

The laundry facilities were found to be in line with best practice and there was evidence of segregation of laundry and clinical waste. A Health and Safety statement was made available to inspectors. It was noted that a fire hose was centrally located and fire extinguishers located throughout the centre were last serviced on 28/08/09. Fire training records were observed by inspectors. The kitchen was clean and well organised and comprehensive Hazard Analysis and Critical Control Point (HACCP) records were observed.

Adequate equipment was provided to meet requirements of the residents. Staff were aware of assessment tools, used to determine use of equipment for individual residents. Equipment was well-maintained and an inspector saw evidence that a hoist was last serviced on 12 August 2009.

A property log was noted in residents' care plans and secure facilities are provided for the safe keeping of money and valuables. The centre has adequate insurance cover.

### **Minor issues to be addressed**

The inspectors noted that décor in both dining areas was not as warm and homely as other areas in the centre.

## **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**

The inspectors observed interactions between staff, the provider and the person in charge and between staff and residents/relatives. It was noted that there was a culture of open communication within the centre. There was a brochure available outlining the philosophy of care and facilities available in the centre.

Inspectors saw that residents switched on the televisions and radios in their rooms during the day to watch and listen to programmes of their choice. Notice boards are a source of information to residents and Inspectors observed interaction with visitors as another source of news.

Formal staff meetings were held and informal meetings also occurred regularly which allowed for dissemination of information. The registered provider and clinical nurse manager had initiated a residents' forum. There was a bereavement counsellor and advocacy officer on the steering group. One meeting had taken place and minutes were seen by inspectors.

Contracts of care were provided to all residents with clearly stated terms and conditions.

### **Some improvements required**

Staff meetings were being held but were not minuted.

A resident reported that he did not know what was for dinner. Although residents had a choice of food menus were not readily available to the residents.

### **Significant improvements required**

The registered provider did not have a written residents guide as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

## **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**

Resident dependency was determined by the use of the Barthel score, which is an evidence-based tool to assess people's dependency levels. Inspectors observed that the centre was very well staffed, according to the dependencies of residents and the size and layout of the facility. Staffing rosters indicated adequate numbers and skill mix, both day and night.

The provider holds a Higher Diploma in Gerontological Nursing, whilst the clinical nurse manager is currently undertaking a Masters degree. Six care assistants have completed the Further Education and Training Awards Council (FETAC) Level 5 Health Care Support Programme. Other staff that inspectors interviewed had completed mandatory training and short courses relevant to their position in the centre. The inspectors observed a wide range of text books and articles available as a resource to staff.

Staff explained to inspectors that they were happy with their work and identified feeling valued it was also seen that the centre had experienced low rates of staff turnover. Through the interaction of staff on the day of inspection a good team spirit was observed. Staff indicated to inspectors that they felt they received appropriate training pertinent to their role in the organisation and the person in charge and registered provider were aware of the purpose of clinical audit to strive for best practice.

It was evident to inspectors that staff took pride in their work, and all staff observed were neat and tidy in appearance.

### **Some improvements required**

There was no formal appraisal system in the organisation although the registered provider was in the process of setting one up.

A copy of the Health Act 2007 and a copy of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 was not available to all staff.

## Significant improvements required

There was no centre-specific policy relating to the recruitment selection and vetting of staff.

### ***Report compiled by:***

Ide Batan  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

15 September 2009

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

**Inspection report  
Designated centres for older people**



**Provider's response to inspection report**

<b>Centre:</b>	Mooncoin Residential Care Centre
<b>Centre ID as provided by the Authority:</b>	0254
<b>Date of inspection:</b>	15 September 2009
<b>Date of response:</b>	06 November 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 is failing to comply with a regulatory requirement in the following respect:**

Staff reported that they had not received training in prevention, detection and response to elder abuse.

**Action required:**

All staff to receive induction and training in prevention, detection and response to elder abuse as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act 2007  
Regulation 6: General Welfare and Protection.  
Standard 8: Protection

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

**Timescale:**

<p>Provider's response:</p> <p>Abuse training was carried out on 27/09/09; all new staff will have abuse training as part of their induction.</p>	<p>Immediate</p>
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<p><b>2 The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The range of policies and procedures available in the centre does not meet the criteria set out in Schedule 5 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Action required:</b></p> <p>Provide written operational policies in accordance with current regulations, guidelines and legislation.</p>	
<p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act 2007</li> <li>Regulation 27: Operating Policies and Procedures</li> <li>Regulation 11: Communication</li> <li>Regulation 22: Maintenance of Records</li> <li>Standard 13: Healthcare</li> <li>Standard 29: Management Systems</li> </ul>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Policies and procedures are in the process of being revised in accordance with current regulations, guidelines and legislation.</p>	<p>6 months</p>

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

The statement of purpose and function does 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.

**Action required:**

Revise the written statement of purpose, as outlined in Schedule 1, to include omitted information.

**Reference:**

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 following the inspection with timescales:**

**Timescale:**

Provider's response:

We are in the process of revising and updating our Statement of Purpose and Function.

1 month

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

Personnel files did not have copies of birth certificates, references or Garda Síochána vetting documents.

**Action required:**

Provide centre specific policies and procedures relating to recruitment, selection and vetting of staff in accordance with current regulations, guidelines and legislation.

**Reference:**

Health Act 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

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

**Timescale:**

<p>Provider's response:</p> <p>Staff files are currently being updated. -Garda vetting has been acquired for a number of our staff since the date of inspection and we are currently awaiting confirmation for the remainder.</p>	6 months
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<p><b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The complaints procedure did not meet the regulatory requirements.</p>	
<p><b>Action required:</b></p> <p>Provide written centre specific operational policies and procedures relating to complaints in accordance with current regulations, guidelines and legislation.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Complaints procedure is currently being revised in order to meet the regulatory requirements and will be available to all residents in the residents' guide.</p>	2 months



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

There was no policy or procedure in place for the management and checking a stock balance of scheduled controlled drugs.

**Action required:**

Provide suitable arrangements for recording the receipt, administration, management and disposal of scheduled controlled drugs in accordance with An Bord Altranais guidelines and the relevant legislative requirements.

**Reference:**

Health Act 2007  
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

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

**Timescale:**

Provider's response:

Arrangements have been made for recording the receipt, administration, management and disposal of scheduled controlled drugs in accordance with An Bord Altranais guidelines and the relevant legislative requirements.

Immediate

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

The provider did not have a written guide "the residents guide".

**Action required:**

Produce a centre specific "residents guide", which shall include a summary of the statement of purpose, terms and conditions of residency, a contract for provisions of services and facilities, the most recent inspection report, a summary of the complaints procedure and the address and telephone number of the Chief Inspector of Social Services.

**Reference:**

Health Act 2007  
Regulation 21: Provision of information to residents  
Standard 1: Information

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The residents' guide is currently being compiled.	2 months

## 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 3: Information	<p>Staff to wear name badges.</p> <p>Provider's response: We will discuss with the residents at their next meeting what their preference would be in relation to staff wearing name badges.</p>
Standard 19: Quality of Life	<p>Consider more staff engagement to enhance social aspect of mealtimes.</p> <p>Provider's response: This recommendation will be raised at the next Residents meeting.</p>
Standard 14: Health and Social Care Needs	<p>All nursing staff are familiar with An Bord Altranais Recording Clinical Practice Guidance For Nurses.</p> <p>Provider's response: All Nursing staff have been given a copy of An Bord Altranais Recording Clinical Practice Guidance For Nurses and have been instructed to familiarise themselves with same.</p>

**Any comments the provider may wish to make:**

**Provider's response:**

Having undergone our first inspection we found the experience to be both a daunting and challenging process. However, we did find that the inspection was carried out fairly and accurately reflects life in our home.

**Provider's name: Breeda O'Reilly.**

**Date: 6 November, 2009.**