

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Moyglare Nursing Home
<b>Centre ID:</b>	0072
<b>Centre address:</b>	Moyglare Maynooth, Co. Kildare
<b>Telephone number:</b>	01 6289022; 01 6289262
<b>Fax number:</b>	01 6293904
<b>Email address:</b>	info@moyglarenursinghome.ie
<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 providers:</b>	Moyglare Nursing Home Ltd.
<b>Person in charge:</b>	Breege Nangle
<b>Date of inspection:</b>	13 September 2011
<b>Time inspection took place:</b>	<b>Start:</b> 09:25 hrs <b>Completion:</b> 16:30 hrs
<b>Lead inspector:</b>	Marian Delaney Hynes
<b>Support inspector:</b>	Angela Ring
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Moyglare Nursing Home is a single-story, purpose-built residential centre with 56 places. On the day of inspection there were 53 residents living there and some of these residents had dementia. Two residents had an intellectual disability and all residents were over 65 years of age. There was one resident in hospital.

The centre is divided into four units called St. Pio's, St. Anthony's, St. Margaret's and St. Martha's. All the units are interconnected.

Bedroom accommodation consists of 19 single rooms with en suite facilities, two twin rooms with en suite shower only, 17 single rooms and eight twin rooms with no en suite facilities. There are a further seven toilets, three of these are assisted and there are an additional three showers, two of which are assisted.

Other facilities include an oratory, a spacious dining area and a large sitting room where activities take place and two smaller sitting rooms, which are used for dining purposes. St. Martha's unit has its own sitting room which is mainly used for residents with dementia. There are two small laundry rooms and storage areas.

The centre is surrounded by mature gardens and has an attractive 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 centre is within a 10 minute walk of Maynooth town.

<b>Date centre was first established:</b>	4 March 1991
<b>Number of residents on the date of inspection:</b>	51 + 2 in hospital
<b>Number of vacancies on the date of inspection:</b>	3

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	0	21	18	12

## Management structure

Moyglare Nursing Home Ltd is the Provider and Damian Doyle is the nominated person on behalf of the Provider. The provider's role is primarily looking after the maintenance of the premises and ensuring that finances were available to meet the running costs of the centre. Rita O'Reilly is the Managing Director and a nurse and works in both an administrative and clinical capacity at the centre. The Person in Charge is Breege Nangle and she reports to the Managing Director who in turn reports to the Provider. The staff nurses, care staff, household and laundry staff report to the Person in Charge. The kitchen and catering staff report to the Managing Director.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	9	3	3	none	2

\* Provider and Managing Director

## Background

Moyglare Nursing Home had a Registration Inspection carried out by the Health Information and Quality Authority (the Authority) on 14 and 15 June 2011. Inspectors found that most of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 were met.

Inspectors found that residents had a good quality of life. Residents' privacy was promoted through staff practices. Residents were supported to exercise choice and personal autonomy and their views were generally sought and responded to. The provider and managing director had carried out audits on care provision such as medication in order to ensure a quality service. Inspectors were satisfied that residents' nursing, medical and healthcare needs were adequately met.

The action plan identified areas where improvements were required to comply with the requirements of the Regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

These improvements included:

- the statement of purpose did not fully reflect the service provided in the centre and did not meet all of the requirements in Schedule 1 of the Regulations
- the complaints policy and complaints procedure did not comply with all the requirements of the Regulations
- the provider did not have sufficient knowledge on how an allegation of abuse would be investigated
- the provider had not submitted written confirmation from a competent person confirming that the centre was in substantial compliance with all fire and building control Regulations
- the emergency plan did not include the transportation arrangements from the centre to the emergency site identified
- some moving and handling practices were unsafe
- the times of medication administration did not correspond to the times recorded on the prescription sheet
- there was no care plan in place for residents who were using bedrails
- one resident was in a special chair throughout the day and she was using a lap belt. There was no assessment or care plan in place for the use of this restraint and there was no evidence that alternatives had been considered
- a resident who had a fall did not have a falls reassessment and her care plan was not updated to reflect her changing needs
- care plans were not updated sufficiently to reflect the changing needs of residents
- residents, especially those who were highly dependent and with cognitive impairment were not adequately supervised
- residents' dignity and privacy was not fully respected, the screens in shared rooms did close completely around the residents bed which compromised residents dignity and privacy
- the person in charge was not undertaking the role and functions of the person in charge with authority and responsibility for the provision of the service

- staff files did not contain the required information as outlined in the Regulations such as three written references, evidence of physical and mental health fitness and Garda Síochána vetting
- some of the bedroom sizes did not meet with the requirements of the Standards
- there were insufficient assisted shower/bath and toilet facilities provided
- storage space for equipment was limited
- water from hot taps exceeded the recommended temperature
- notifications of incidents were not submitted to the Authority in accordance with the requirements set down in the Regulations.

This additional inspection report outlines the findings of a follow up inspection that took place on 14 September 2011. The inspection was announced and focused on the actions of the inspection of 14 and 15 June. There was also a fit-person interview carried out with the person in charge.

## Summary of findings from this inspection

This was an announced follow up inspection and the centre's fourth inspection. It focused on areas identified for improvement at the registration inspection carried out on 14 and 15 June 2011.

Inspectors found that the provider had been very positive and proactive in responding to the action plan from the previous inspection. Ten of the fourteen actions identified had been fully completed and significant progress had been made with the remaining actions. The outstanding items were still within the timeframe agreed in the previous inspection report and the provider stated that they would be completed within this timeframe. No further action plans were required in relation to these items and the inspector did not identify any other areas of non compliance with the Regulations during the inspection. Therefore, there is no action plan with this report.

Improvements made by the provider since the previous inspection included:

- inspectors carried out a fit person interview and found that the person in charge was suitably qualified and experienced with authority, accountability and responsibility for the provision of the service
- the statement of purpose had been updated to reflect the services and facilities provided for residents
- care plans had been updated to reflect the changing needs of residents
- residents with cognitive impairment were appropriately supervised
- staff files contained all of the required documentation
- the provider had updated himself and was knowledgeable regarding the investigation of alleged abuse
- the complaints policy had been updated.

The provider had made significant progress regarding transport arrangements in the event of total evacuation of the centre, the installation of thermostatic water controls and issues with the premises such as room sizes and the provision of appropriate assisted shower/bath and toilet facilities.

## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

This action was completed.

The statement of purpose had been amended to meet with the requirements of the Regulations and a copy was forwarded to the Authority and available to residents.

### **2. Action required from previous inspection:**

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

This action was completed.

The complaints policy had been updated and contained an independent appeals process. Inspectors found that residents were aware of the complaints policy.

### **3. Action required from previous inspection:**

Put in place all reasonable measures to protect each resident from all forms of abuse.

This action was completed.

Records reviewed showed that the provider had attended training on the prevention of elder abuse on the 16/06/2011 immediately following the registration inspection. He presented as being knowledgeable regarding the recognition, prevention and management of elder abuse. He informed inspectors that this topic was discussed regularly at team meetings. This was confirmed by documentation reviewed.

### **4. Action required from previous inspection:**

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Put in place an emergency plan for responding to emergencies.

This action was mostly completed and the final item was in progress.

The provider had submitted to the Authority written confirmation from a competent person that Moyglare Nursing Home is in substantial compliance with all fire and building regulations.

All of the corridor floors throughout the nursing home had been re-skimmed, levelled and refurbished as part of continuous improvement of the premises.

Additional training and supervision in moving and handling of residents had been provided and inspectors observed good practice.

The risk management policy had been updated and now included precautions to control specific risks such as the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Inspectors saw that the person in charge had commenced auditing all aspects of care including falls, and medication management. In addition three nurses including the person in charge are scheduled to attend training on risk management, clinical auditing and quality management on 12 and 26 October 2011.

Inspectors checked water temperatures and found that 50% of wash-hand basins, baths and showers had been fitted with thermostatic control valves. The provider was working towards getting the work completed over the coming weeks.

The provider and person in charge told inspectors that a verbal agreement had been reached with local transport providers including ambulance services regarding their availability to transport residents from the centre in the event of a total evacuation being required. They were awaiting written confirmation of this before updating the emergency plan to include the specific arrangements.

#### **5. Action required from previous inspection:**

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

This action was completed

Inspectors noted that the times for medication administration corresponded to the times recorded on the prescription sheet. New medication charts had been introduced.

**6. Action required from previous inspection:**

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

This action was completed.

The arrangement to meet each residents assessed needs in relation to use of bedrails or lap belts has been reviewed and the person in charge together with the staff were in the process of completing new care plans to ensure that these reflected the changes. Inspectors saw documentary evidence that alternatives had been considered in relation to the use of restraint.

Documentation showed that falls reassessment had taken place immediately following a fall and care plans had been updated to reflect changing needs and circumstances of the resident.

**7. Action required from previous inspection:**

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

This action was work in progress.

Inspectors observed that the person in charge had begun to carry out clinical audits including the auditing of care plans and clinical audits. The care plans were under review at the time of inspection and were in the process of being changed in consultation with residents, staff and their families. The person in charge was working to the time frame for completion of this action by December 2011 as agreed in the previous inspection report.

**8. Action required from previous inspection:**

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

This action was completed

Inspectors observed good levels of supervision of all residents particularly those with cognitive impairment. The person in charge told inspectors that she had reviewed the supervision of residents who are highly dependent with the management team and appropriate measures had been put in place to ensure clinical supervision to meet residents' health and social care needs.

The provider indicated that he was committed to reviewing staffing levels to ensure that vulnerable residents are adequately supervised. This was confirmed by the person in charge. At the fit person interview the person in charge stressed that the team are committed to building on measures in place to ensure the provision of care to residents who are vulnerable and need support due to their unique experience of dementia or cognitive impairment.

**9. Action required from previous inspection:**

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

This action was completed

The provider had amended the contracts of care to include information on fees and to clarify the charges for additional services which are not covered under the fee payment.

**10. Action required from previous inspection:**

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

This action was work in progress.

The provider showed the inspector a quote that he had received from a supplier regarding the provision of more appropriate screens for around residents' beds to replace existing screens in shared rooms. He said that he was awaiting a second quote and confirmed that this action will be completed within the timeframe agreed in the previous action plan.

**11. Action required from previous inspection:**

Ensure that the post of person in charge of the designated centre is full-time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

This action was completed.

Since the last inspection the management team reviewed the role and function of the person in charge and had made the necessary alterations to ensure that she was supernumerary and facilitated to undertake her role with authority and responsibility. The person in charge confirmed that the provider and managing director had been proactive in supporting the person in charge to carry out all aspects of her role as defined in her revised job description which reflected her legal responsibilities.

**12. Action required from previous inspection:**

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

This action was completed.

Inspectors reviewed a sample of staff files and found that all of the required information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

**13. Action required from previous inspection:**

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose.

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

This action was work in progress

The provider showed inspectors the work that had been completed regarding the installation of thermostatic control valves to regulate water temperature. Approximately 50% of this work had been completed.

The provider told inspectors that he has had preliminary discussions with his architect regarding some room sizes and the provision of an adequate number of assisted shower/bath and toilet facilities.

The provider gave a commitment to submitting proposed plans for the redevelopment of the centre to the Authority by the end of 2011 and to ensuring that the centre fully met the requirements for premises in the Standards by 2015.

**14. Action required from previous inspection:**

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.

This action was completed

Inspectors found that all notifications including quarterly notifications had been reported to the Chief Inspector in a timely manner.

***Report compiled by:***

Marian Delaney Hynes

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

23 September 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
24 July 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
3 December 2009	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
14 and 15 June 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

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

**Provider's response:**

None

**Provider's name:** Moyglare Nursing Home Ltd.

**Date:** 17 October 2011