Health Information and Quality Authority
Social Services Inspectorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007

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

Centre name:	Moate Nursing Home
Centre ID:	0068
Centre address:	Dublin Road Moate County Westmeath
Telephone number:	0906-482855
Email address:	moatenursinghome@eircom.net
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Mowlam Healthcare Ltd
Person authorised to act on behalf of the provider:	Pat Shanahan
Person in charge:	Kay Kennedy
Date of inspection:	24, 25 and 26 October 2012 13 November 2012
Time inspection took place:	**Day-1 Start:** 11:30 hrs **Completion:** 17:30 hrs **Day-2 Start:** 10:30 hrs **Completion:** 18:00 hrs **Day-3 Start:** 11:00 hrs **Completion** 16:00 hrs
Lead inspector:	Marie Matthews
Support inspector(s):	Damien Woods (day 3)
Purpose of this inspection visit:	☒ to inform a registration/renewal decision ☒ to monitor ongoing regulatory compliance ☒ following a notification
Type of inspection	☒ announced (day2-3) ☒ unannounced (day 1)

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 13 of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with regulations and standards
- ☐ following an application to vary registration conditions
- ☒ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	☒
Outcome 2: Contract for the Provision of Services	☒
Outcome 3: Suitable Person in Charge	☒
Outcome 4: Records and documentation to be kept at a designated centres	☐
Outcome 5: Absence of the person in charge	☒
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: Notification of Incidents	☒
Outcome 10: Reviewing and improving the quality and safety of care	☐
Outcome 11: Health and Social Care Needs	☒
Outcome 12: Safe and Suitable Premises	☒
Outcome 13: Complaints procedures	☒
Outcome 14: End of Life Care	☐
Outcome 15: Food and Nutrition	☒
Outcome 16: Residents' Rights, Dignity and Consultation	☐
Outcome 17: Residents' clothing and personal property and possessions	☐
Outcome 18: Suitable Staffing	☒

This monitoring inspection was announced and took place over three days (day one being unannounced). It was the tenth inspection carried out by the Authority. Previous inspection reports are available on www.hiqa.ie. The inspectors met with the Person in Charge (PIC), operations manager, Clinical Nurse Manager (CNM), residents, relatives and staff members. Records were examined including residents' records, staff rotas and files, register of residents, policies, fire safety records and accident/ incident report records.

The purpose of this inspection was:

- To interview a Clinical Nurse Manager (CNM) for the position of Person who will Participate the Management of the centre (PPM) put forward by the provider to deputise in the absence of the PIC to determine her suitability for this position.

- To review the actions taken by the PIC in relation to three notifications of suspected elder abuse reported since the last inspection and determine if there were adequate measures in place to protect vulnerable residents from Abuse.

- To follow up on progress made by the provider on actions identified in the action plan from the previous inspection.

The inspectors followed up on actions arising from the previous 18 outcome inspection in July 2012. Of the 15 actions identified, 10 had been fully addressed. One action in relation to the provision of additional bathroom facilities was not addressed but was still within the agreed timeframe. A further two actions were still under review by the provider and had not been addressed. One of these actions was in relation the need for a clear breakdown of additional fees payable by residents in their contracts of care. One action concerned improvements identified in practice in relation to notifications. Further non compliances were identified in this area on this inspection.

The inspector found the centre, which is laid out over two floors, to be clean and warm and well maintained. Residents interviewed gave a positive account of the care they received and of the staff who cared for them. They described choices in relation to their meal times and the activities they were involved in during the day. Inspectors were satisfied that residents nursing and care needs were met but had concerns regarding the supervision of both residents and staff. This is discussed further in the report.

Inspectors reviewed the investigations carried out by the PIC into three allegations of suspected abuse notified to the Authority since the last inspection in July 2012. Although inspectors saw that the PIC had carried out an investigation and arranged for all staff to receive refresher training in Elder abuse, they were concerned that the measures taken to protect residents from further abuse were inadequate as senior staffing levels had not been increased to ensure adequate supervision of staff and the centres policy on protecting residents from elder abuse was not fully adhered to Inspectors identified that improvements were also required in relation to risk management.

The action plan at the end of this report identifies areas where mandatory improvements must be made to comply with 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*.

Section 41(1)(c) of the Health Act 2007

Compliance with 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*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Outstanding action(s) required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspection findings

This action required from the previous inspection was satisfactorily implemented.

The statement of purpose had been reviewed by the provider since the last inspection and was made available to residents. It set out the aims, objectives and ethos of the centre. It clearly set out the facilities and services provided to residents and included the matters listed in Schedule and reflected the diverse needs of residents. The person in charge agreed to keep the statement of purpose under review.

Outcome 2

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Outstanding action(s) 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.

Inspection findings

This action has not been satisfactorily implemented.

Some residents are provided with additional one-to-one supervision in the centre. This facility is charged by the centre in addition to their contracted fee. However, there is no provision for this additional fee in their contract of care or records to indicate how this arrangement was agreed. Inspectors did not see any justification for these additional fees. The Authority has requested the provider to have their contract reviewed in respect of its content and terms.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Outstanding action required from previous inspection:

Ensure that an appropriately qualified registered nurse is on duty and in charge of the designated centre at all times, and maintain a record to this effect.

Inspection findings

This action was satisfactorily implemented and is discussed in the text below.

The post of the Person in Charge is full time and she had the required experience working with older people as defined by the legislation. She is supported in her role by a clinical nurse manager. At the last inspection there was nobody identified to deputise for the person in charge in her absence and inspectors were concerned that a robust local governance procedure was not in place in the event of her absence. Since the last inspection the Authority was notified that a clinical nurse manager (CNM) has been appointed. The provider had put forward this person as a Person Participating in the Management of the business (PPM).

The CNM was not on duty on day 1 of the inspection on 24 October 2012. The interview took place on 12 November 2012. Inspectors found that the CNM was suitably qualified, competent and aware of the duties of the PIC to deputise in her absence. The person in charge said that this new role had enhanced supervision and

support for staff though inspectors observed from the rota that the CNM is only rostered to work in this capacity 15 hours per week.

Outcome 4
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Outstanding action required from previous inspection:

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

Inspection findings:
**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Directory of Residents

Substantial compliance ☒ Improvements required * ☐

Medical Records

Substantial compliance ☒ Improvements required * ☐

Insurance Cover

Substantial compliance ☐ Improvements required * ☒

The action required from the previous inspection was satisfactorily implemented.

This outcome was not fully reviewed on this inspection. Actions from the previous inspection were reviewed by inspectors. The time and cause of death for some residents who had passed away in the centre was omitted from the directory of residents on the previous inspection. The inspector reviewed the directory of

residents which contained all of the information required in the regulations including the time and cause of death.

The centre's insurance cover for residents' personal effects does not adequately meet the requirements of Article 26(2) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2009 (as amended). This was identified in the action plan from the previous inspection. The action was not completed.

Theme: Safe care and support
Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.
In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.
To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspectors were not satisfied that the measures in place to safeguard residents and protect them from abuse were adequate. Three incidents of suspected abuse had been notified to the chief inspector. The person in charge was in the process of investigating these incidents. Two incidents of psychological abuse reported to the authority concerned the neglect of a residents' privacy and were indicative of poor care practice. A third incident concerned an allegation of verbal abuse by a staff member. One of the incidents had occurred during the absence of the person in charge. This incident had not been recognised as an allegation of suspected abuse and consequently was not appropriately notified to the Authority until the person in charge returned.

The person in charge had conducted an investigation into the three incidents which involved interviews with the affected resident, staff members implicated and the families of residents. Training records reviewed by the inspector confirmed regular training dates were arranged throughout the year to ensure that all staff were trained in identifying, responding to elder abuse. Refresher training on elder abuse had been provided to all staff by the centres link trainers and the PIC since the incidents occurred. The PIC told inspectors that the training had been revised to include a module specifically covering the fundamentals of care. All staff interviewed by inspectors were able to describe to the inspector what constitutes abuse and described what how they would respond to a suspicion of abuse.

Records reviewed confirmed that Garda Síochána vetting was obtained for all staff employed at the centre. A policy was available on the procedures for the prevention, detection and response to abuse. However, staff spoken with were not familiar with all aspects of the policy. The policy referred to the establishment of a committee to investigate allegations of abuse and the involvement of the HSE Social Worker for Adult Protection. The inspector found the centre's policy had not been followed in two of the incidents as all investigations were carried out solely by the person in charge and the HSE Social Worker for Adult protection had not been involved in the investigations but was contacted subsequently by the person in charge.

The person in charge told inspectors that additional direct supervision of staff had been organised to ensure all residents were protected from abuse. However, the inspectors were concerned that this action was not sufficient as staff rosters did not indicate any increase in staffing levels to allow time for increased supervision and there were no documentation available to verify that this had taken place.
There was a visitors' log in place to monitor the movement of persons in and out of the building. Residents spoken with confirmed to the inspector that they felt safe in the centre. Those interviewed said staff were respectful towards them and respected their privacy.

The inspectors reviewed the systems in place to manage resident's finances. The provider or person in charge were not directly involved in managing the individual finances of any of the current residents. The policy governing resident's finances was reviewed by inspectors. It addressed situations where the centre may act as an agent on behalf of a resident for the collection of pensions or other remittances and manage finances on their behalf. It did not include instructions or guidance on the lodging of residents monies to appropriate separate bank accounts as distinct from the centres own bank account. This arrangement does not allow for residents monies to be adequately protected.

The management of residents' day to day monies for additional services, e.g. hairdressing and other expenses, as held by the centre, was of a high standard and in compliance with regulatory requirements.

Outcome 7
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Outstanding action(s) required from previous inspection:

Ensure that the risk management policy covers the precautions in place to control the following specified risks: assault, aggression and violence and self-harm.

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.

Inspection findings

These actions were partially implemented and are discussed in more detail in the text below.

There were systems in place to protect the health and safety of residents, staff and visitors. Inspectors identified areas of risk which were not being adequately managed.

In response to the action plan from the previous inspection the provider said *"A policy is currently being written to address the risk of self-harm by residents. This will be approved by the Mowlam Policy Committee and will be in place in September 2012."* The inspectors were told by the person in charge that this work has not been completed.

The centre's risk management policy addressed the identification of risks in the centre. Two staff members had attended health and safety training and were involved in reviewing risk assessments with the PIC. The inspector reviewed the risk register which was kept up-to-date and included a comprehensive list of risks. However, there were no actions taken in some cases to reduce risks. For example, a risk identified by inspectors on the previous inspection in July 2012 in relation to the absence of a lock to prevent access to the stairwells from the ground floor had been identified in the risk register. The PIC had highlighted the need for a pad lock in her weekly report to the facilities division of the company, yet no corrective action had been taken address this risk despite the fact that it was reported to the facilities manager on a weekly basis. The absence of a lock to prevent access to the stairwells from the ground floor continues to pose a risk to residents. It also demonstrated a weakness in the centre's risk management system.

The inspector on the previous inspection had also highlighted risks from the storage of hoists in the corridors which impeded residents from accessing handrails on one side of the corridors. The provider stated in his response to the action plan that "*Hoists will only be charged where they do not cause an obstruction to residents or compromise fire safety"*. The inspectors found on this inspection that hoists continue to be stored and charged on corridors on both floors and this continues to pose a risk to residents.

A further action from the last inspection was to ensure that the risk management policy covered the precautions in place to control the risk of assault, aggression and violence and self-harm. The provider said in his response to the action plan:

"There are policies in place regarding challenging behaviour and protection of the resident from abuse, and these policies have been amended to address the risks of assault, aggression and violence." The PIC confirmed that this work was not completed and this action is restated in the action plan at the end of this report.

There were procedures in place to manage infection control and the inspector saw that the centre was clean and well maintained. Hand sanitizers had been provided outside the sluice room and were available throughout the centre. Automatic hand towel dispensers were provided at wash-hand basins in staff toilets. A colour coded cleaning system was in use and the inspector saw that staff were scheduled to attend training in infection control at the end of the month.

All external fire exits were observed to be kept clear and unobstructed and fire instructions were displayed throughout the building. Training records reviewed confirmed that all staff received training in fire safety and evacuation and were able to describe to the inspector the procedures they would follow in response to the fire alarm.

The procedures for fire detection and prevention were in place. All external fire exits were clear and unobstructed and fire instructions were displayed throughout the building. The inspector reviewed service records which showed that fire equipment had been checked in July 2012.

Inspectors reviewed the incident and accident log. Detailed incident forms were completed for each incident and there was evidence of residents being monitored following a fall. A falls management plan was in place to determine the causative factors and to identify and implement preventative measures which included review by the centre's physiotherapist and the use of sensory alarm mats and low entry beds.

Outcome 8
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Outstanding action required from previous inspection:

Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.

Inspection findings

The action required from the previous inspection was satisfactorily implemented and is discussed below.

The inspector was advised by the person in charge and by nursing staff that practice in relation to anti-coagulation therapy has been revised since the last inspection and the use of facsimile prescriptions for anti-coagulant drugs no longer occurs. A blood coagulation monitoring machine had been purchased and is now in use. Following consultation with the pharmacist and GP, INR bloods are now recorded on the day the GP reviews the resident's, and results are available for the GP to enable him to prescribe the appropriate anticoagulation medication. This revised practice has eliminated the need for faxed prescriptions.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents to guide staff. All medicines were stored securely. Medication was supplied to the centre in individualised blister packs by a pharmacy company who had provided training to staff on the system. All medication was clearly identified and a picture of each medication was included with the description on the back of each blister pack. Unused medication was returned to the pharmacy. The inspector did not observe the medication round on this inspection however this area was reviewed on the previous inspection.

Outcome 9
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Outstanding action(s) required from previous inspection:

Give notice to the chief Inspector without delay the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

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

Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

The actions from the last inspection had been addressed however the inspector found that practice in relation to notification of incidents still requires improvement. As discussed in outcome 6, an incident of abuse had not been notified to the Authority within three working days as required in the regulations. The incident had occurred while the person in charge was on leave. The PIC notified this incident retrospectively on her return to work.

The inspectors identified further improvements in relation to notifications. The PIC is required to submit quarterly returns in relation to any accidents, pattern of theft or burglary, fires, loss of power, heating or, water or any incident involving evacuation which were due to be submitted to the Authority. These notifications which were due for submission at the end of October were not submitted until 19 November 2012.

Outcome 11
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Outstanding actions required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

While some residents used restraints as 'enablers', there was no clear indication from the documentation what these restraints were enabling.

Inspection findings

These actions required from the previous inspection were satisfactorily implemented.

This outcome was not fully reviewed by the inspector as Health and Social care was fully reviewed on the last inspection. The inspector reviewed a sample of care plans on the computer care planning system in use. Each resident had been assessed using evidence-based tools and there was evidence that these were regularly reviewed. Care plans were in place for residents assessed needs on the sample of three care plans reviewed. The inspector saw that residents had timely access to general practitioners (GPs) who visited the centre twice a week or more often if required. Specialist services such as occupational therapy, Physiotherapy, dietetics and speech and language therapy were appropriately provided.

The inspector reviewed the care plan of a resident who had a healed wound. Appropriate reference tools were used by staff to grade wounds. There was evidence of regular assessment of the wound with measurements and pictures to assist staff to measure improvement. Specialist pressure relieving equipment was in use for residents identified as at risk of developing pressure ulcers and there was evidence of regular repositioning of these residents.

Practice in relation to restraint management had improved and the person in charge advised that she was adopting the Health Services Executive (HSE) policy on restraint and continuing to changes to practices. The centres' policy on the use of restraint included a direction to consider all other alternative interventions prior to use of a restraint. Staff had attended training with the HSE on the use of restraint. A restraint register was available and was reviewed by the inspector. Twenty residents had bedrails in situ. Of these, ten were documented as enablers. Consent for the use of a restraint was obtained for each resident who used a bedrails. Residents who used bedrails as 'enablers', were clearly indication on documentation reviewed. Risk assessments were undertaken before any form of restraint was used. Residents' records reviewed provided detail on the rationale for the use of restraint. The PIC said she would continue to work to further reduce the use of restraints.

A programme of events scheduled for the day was clearly displayed on a notice board to inform residents so that they could choose to attend or not.

Residents had access to a variety of scheduled activities which included art, baking, gardening and music, and card games. Photographs of residents taking part in various activities were displayed in the foyer. The inspector interviewed one of the activities co-ordinator who was employed three days a week. She said an activity programme is provided 6 days per week. There was evidence of individually focused care for residents with dementia/cognitive impairment. This included one to one massage, art and music to enhance interaction and communication.

Outcome 12
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Outstanding action(s) required from previous inspection:

Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

Inspection findings

This action required from the previous inspection was not addressed but was within the agreed time frame. This outcome was not fully reviewed by the inspector as this aspect was reviewed fully on the last inspection. The above action had not been addressed however it was still within the agreed time frame for completion, i.e., January 2015. The person in charge confirmed that the work would be completed within this time frame.

Theme: Person-centred care and support
Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Outstanding action required from previous inspection:

Investigate all complaints promptly.

Inspection findings

The action required from the previous inspection was satisfactorily implemented.

The person in charge was identified as the named complaints officer. The inspector reviewed the centres electronic complaints log. A modification had been made to the system since the last inspection to capture the outcome of any complaints made and record the date the complaint was closed. The inspector reviewed a recent complaint from the log and interviewed the complainant in relation to the action taken in response to the complaint. A robust investigation had been carried out by the PIC and there was the outcome of the complaint was documented in the log. The complainant verified to the inspector that the person in charge had checked that she was satisfied with the outcome of the complaint. The complaints procedure was displayed in the centre. Residents interviewed told the inspector they would have no hesitation in making a complaint about any aspect of their care to any staff member to the person in charge or any of the nurses.

Outcome 15
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Outstanding action(s) required from previous inspection:

Implement a comprehensive policy and guidelines for the monitoring and documentation of residents' nutritional intake.

Inspection findings

These actions from the previous inspection were satisfactorily implemented.

A revised policy on nutritional intake was available which complied with current legislation. Residents' weights were recorded each month and the nursing staff monitored any changes of weight loss. A recognised nutritional risk assessment was used to identify residents at risk of malnutrition. The inspector reviewed a care plan for one resident who was experiencing weight loss. There was evidence of referral to a dietician. A nutritional care plan was in place and the inspector saw that the resident had regained weight through the specialist intervention. Residents interviewed said meals were of a good standard and that they got sufficient quantity. Refreshments and snacks were provided to residents throughout the day.

Theme: Workforce
The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the

delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Outstanding action(s) required from previous inspection:

Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

Maintain, in a safe and accessible place, a record of the name, date of birth and details of position and dates of employment at the designated centre of each member of the nursing and ancillary staff and any other documentation listed in Schedule 2 of the Regulations.

Inspection findings

Both actions required from the previous inspection were satisfactorily implemented.

The inspector reviewed the actions from the last inspection. A new policy on volunteers visiting the centre had been developed and an agreement on roles and responsibilities drawn up. Two volunteers regularly visited the centre and the inspector was advised by the person in charge that these agreements would be signed when they next visited.

Two staff files were reviewed by the inspector. Files were up to date and contained all information required by Schedule 2 of the Regulations including a declaration of physical and mental fitness signed by a medical practitioner.

Inspectors were not satisfied that there was adequate staffing in place to ensure adequate supervision of residents and staff at all times of the day and night. The PIC said she used the dependency level of residents and her clinical judgment to decide on staffing levels. However, the inspectors found that there was a lack of

supervision to ensure the provision of safe, quality care. Inspectors observed residents unsupervised in one day room on several occasions during the inspection. On day three of the inspection, it was noted that no staff member was supervising the first floor day room and smoking room on four occasions between 14:15 hrs and 14:45 hrs. Five – seven residents were noted occupying these rooms at that time.

There were 18 residents with maximum–high dependency levels located on the first floor and 16 on the ground floor. One nurse and 4 care assistants supervised care on each floor. Nursing staff had other responsibilities including the administrating of medication which took between one and one and a half hours and a staff nurse on duty described been under pressure to get her work done and ensure supervision of care staff.

Additionally there were approximately two residents admitted monthly for respite which put extra demands on staff and staffing levels were not increased in response to these admissions.

The staff rota for the previous and current month was reviewed by inspectors. There was a nurse on duty at all times. The Person in Charge (PIC) was rostered for duty from 08:00 hrs to 16:00 hrs Monday to Friday. No management staff were rostered to be on duty at weekends. Although the roster showed that the CNM worked on some weekends, this was not in her role as deputy PIC. This was relayed to the PIC on day two of the inspection and when inspectors subsequently reviewed the staffing rota on day three of the inspection both the PIC and the CNM had been added to the roster for one Sunday in the following 2 week period.

Staff turnover since the beginning of the year was relatively high (10 staff), which the PIC said was due to various factors.

Although the post of CNM had been filled and the PIC told inspectors that this had assisted with the supervision of staff, inspectors were told that this post was not full time and the staff member in this post was only employed in her capacity as a CNM 2 days a week. She was employed as a staff nurse three days a week.

The inspectors were concerned by the number of notifications of suspected elder abuse received by the authority and also from reviewing the centres complaints log that evidence of poor care practices were repeatedly identified among some staff members. Resolving these issues has to date not been effectively managed. Staff files reviewed indicated some staff had been spoken to on several occasions where poor care practices had been observed. Inspectors were concerned that the management of these issues did not ensure that residents were safeguarded or protected from abuse. Inspectors saw that some staff members continued to work with vulnerable residents with limited supervision where clear instances of concern with their care practices were identified and reported.

The centre's administrator had developed a training matrix to ensure all staff had completed mandatory training. Training certificates were kept on individual staff files. The inspector saw that training on fire safety, elder abuse and manual handling was

regularly scheduled to ensure all staff attended. Records confirmed that all staff had completed training in manual handling, fire safety and elder abuse.

The PIC attended a communication meeting with all staff every Monday and used a communication form to ensure adequate handover of issues affecting residents from weekend staff.

Closing the visit

At the close of the inspection visit a feedback meeting was held the person in charge, and the nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Marie Matthews

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

14 November 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report *

Centre Name:	Moate Nursing Home
Centre ID:	68
Date of inspection:	24, 25 and 26 October 2012 13 November 2012
Date of response:	7 December 2012 and updated 24 January 2013

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 2: Contract for the provision of services

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

The provider is in the process of changing the terms and conditions of the contracts. The contracts do not give a clear breakdown of any additional fees included in a new additional 'blanket' fee.

The cost of one to one care by staff paid directly employed by residents families is not specified in the residents contracts of care.

Action required:

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.

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

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The modified contract of care now complies with regulation 28.	29 November 2012

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: Inspectors were not satisfied that the measures in place to safeguard residents and protect them from abuse were adequate. Inspectors saw that some staff members continued to work with vulnerable residents with limited supervision where clear instances of concern with their care practices were identified and reported. The centre's policy on managing residents finances did not include instructions or guidance on the lodging of residents monies to appropriate separate bank accounts as distinct from the centres own bank account. Staff did not adhere to the centre's policy and procedure on abuse.
Action required: Put in place all reasonable measures to protect each resident from all forms of abuse.
Action required: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.
Action required: Take appropriate action where a resident is harmed or suffers abuse.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection

Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The ethos of care in Moate Nursing Home promotes an open culture of reporting and investigating all incidents, and sharing outcomes in order to influence care, improve practices and learn lessons from untoward incidents. Elder abuse training is delivered on a regular basis by qualified in-house trainers; each session is followed by an open discussion with staff and PIC to address any issues or concerns that arise during training. There is clarity regarding adherence to the policy on protecting residents from abuse in the home, and the PIC is fully aware of the need to inform the HSE Social Worker for Adult Protection in a timely manner of any case of suspected abuse in the home. The PIC attended training on elder abuse in 2011. She is qualified in Train-the-Trainer FETAC level six and delivers elder abuse training in many settings on a regular basis. Her assignment and presentation for her Train-the-Trainer course was on elder abuse. A process of corrective action has been undertaken in relation to a member of staff against whom an allegation of abuse was made (The Health Information and Quality Authority have been notified about the alleged incident). The incident has been investigated thoroughly and the staff member is currently suspended pending the outcome of the investigation. Staff supervision is provided by the person in charge and the clinical nurse manager. Staffing levels are appropriate to allow for supervision. The centre had added a policy on managing resident's monies to include an appropriate resident's bank account.	In place Completed January 31 2013 In place and ongoing Completed

Outcome 7: Health and safety and risk management

The provide is failing to comply with a regulatory requirement in the following respect: The risk management policy required revision to include arrangements to be followed in the event of an assault or a resident self-harming.

Risks identified in the centres risk register had not been addressed Hoists continue to be stored and charged on corridors on both floors and this continues to pose a risk to residents as hand-rails were not accessible.	
Action required: 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.	
Action required: 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.	
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A policy has been developed to address the identification and response to suspected self-harm or self-neglect by residents. Policies are in place regarding the identification and assessment of risks in the centre and the actions and precautions to reduce or eliminate risks identified. Identified risks are reviewed for actioning by Person in Charge and Health and Safety representative. For example fire compliant access restrictors have been fitted to internal stairwell doors. A space has now been identified in the home for charging and storage of hoists so that they do not cause obstruction to residents and are not charged in the corridor areas of the home. There are policies in place regarding challenging behaviour and	 22 January 2013 In place Completed Completed Completed

protection of the resident from abuse, and these policies have been amended to address the risks of assault, aggression and violence. Fire compliant access restrictors have been fitted to internal stairwell doors.	

Outcome 9: Notification of incidents

The person in charge is failing to comply with a regulatory requirement in the following respect:

An incident which related to psychological abuse by a staff member had not been notified to the Authority within the required time frame.

The notification of quarterly returns in relation to any accidents, pattern of theft or burglary, fires, loss of power, heating or, water or any incident involving evacuation were not submitted to the Authority with the timeframe specified in the regulations.

Action required:

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.

Action required:

Provide a written report to the Chief Inspector of Social Services at the end of each quarter of the occurrence in the designated centre of any recurring pattern of theft or reported burglary.

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

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any fire, or loss of power, heating or water.

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any incident where evacuation of the designated centre took place.

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre any incident that the Chief Inspector may prescribe.

Reference:

Health Act, 2007
Regulation 36: Notification of Incidents
Standard 29: Management Systems – refers to actions 1-14

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff are aware that all allegations of, or suspected incident of elder abuse be reported without delay to the Authority. Notifications will continue to be submitted at end of each quarter as per the Authority's guidelines which are on their website.	 Immediate Completed

Outcome 11: Health and social care needs

The provider is failing to comply with a regulatory requirement in the following respect: The inspector was concerned from reviewing the complaints log and given the notifications of abuse that residents may not be receiving sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.
Action required: 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.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Complaints received are investigated promptly and thoroughly, and complainants are informed of the outcome of the investigation. Details of the complaint and investigation process are documented in the resident's record. A review of the previous week's complaints, incidents/ accidents is undertaken by the PIC and all rostered staff on each Monday, and strategies are discussed to reduce incidents and share learning. Residents and relatives are kept informed and up dated. Outcomes of all investigations are evaluated with the complainant to ensure that complainants are satisfied with the outcome.	 Completed and on going

Theme: Workforce

Outcome 18: Suitable staffing

The person in charge is failing to comply with a regulatory requirement in the following respect:

The numbers of staff on duty and skill mix were not appropriate to meet the needs of residents or ensure adequate supervision of care staff. Inspectors observed vulnerable residents unsupervised in one day room on several occasions during the inspection.

There was a lack of supervision to ensure the provision of safe, quality care.

Action required:

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.

Reference:

Health Act 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Staffing levels have been reviewed in line with resident's numbers and assessed dependency levels. Additional care assistant hours have been assigned to meet residents increased care needs, work practices and skill mix are reviewed and evaluated daily. Staffing levels have been increased over the past 18 months: There is a Clinical Nurse Manager in post who provides clinical leadership and supervision. The number of staff nurses reflects the number, dependency and assessed care needs of the residents. The number of carers has been increased and break times scheduled to provide additional support at particularly busy times of day and to ensure that there is a sufficient number of staff to meet the needs of residents in all areas of the home, including their bedrooms and communal areas of the home.	Completed and on going evaluation Completed

The person in charge is failing to comply with a regulatory requirement in the following respect:

A policy was available on the procedures for the prevention, detection and response to abuse. However, staff interviewed were not familiar with all aspects of the policy.

Action required: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.	
Reference: 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:**
Provider's response: Staff interviewed were complimented by Inspector regarding their knowledge of elder abuse. Training will continue to be delivered for all staff and evaluation of their learning will be undertaken. The policy on elder abuse is now clear in terms of the process of screening, investigation and responding to the allegations, including informing external agencies as, when and if appropriate.	In place Completed

The person in charge is failing to comply with a regulatory requirement in the following respect: There was lack of staff supervision to ensure the provision of safe, quality care.	
Action required: Supervise all staff on an appropriate basis pertinent to their role.	
Reference: 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:**
Provider's response: Staff allocation and assigned case loads are prepared by staff nurse in conjunction with senior carer. These are reviewed and evaluated daily for effectiveness in line with residents assessed	Completed and on going.

care needs. Regular feedback and reporting structures with nurses and care assistants throughout the day continues to enhance staff supervision arrangements. The Person In Charge has a participative style of management; her presence is visible and available for residents, staff and relatives throughout the day. The Person in Charge has worked with nursing staff to ensure that they all understand their roles and responsibilities in relation to staff allocation, delegation of appropriate tasks and duties, monitoring and supervision and assistance of care staff.	

Any comments the provider may wish to make:

Provider's response:

We are totally committed to continuous improvement at Moate Nursing Home and we are constantly reviewing all aspects of our care and environment to enhance the quality of daily life for our residents.

I wish to thank the management and staff for their continuous hard work and their focus on person-centred residential care. We will ensure that all the identified actions are completed.

Provider's name: Pat Shanahan
Date: 25 January 2013