

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moyglare Nursing Home
Centre ID:	OSV-0000072
Centre address:	Moyglare Road, Maynooth, Kildare.
Telephone number:	01 628 9022
Email address:	info@moyglarenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Moyglare Nursing Home Limited
Provider Nominee:	Damian Doyle
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	9

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 August 2014 09:30	26 August 2014 17:30
27 August 2014 10:00	27 August 2014 14:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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

Summary of findings from this inspection

This monitoring inspection was carried out in response to an application to renew the registration of the centre. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed.

The inspector found that there continued to be a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for

Residential Care Settings for Older People in Ireland. There was evidence of strong governance and management systems in the centre which resulted in continual improvement and positive outcomes for residents.

The arrangements for the post of person in charge fully met with the requirements of the Regulations. A strong system of internal audit was in place. The healthcare needs of residents were met and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Residents had opportunity for meaningful social engagement during the day.

A risk management process was in place for all areas of the centre. Residents in the centre felt safe and there were systems in place for the identification and prevention of elder abuse. The number and skill mix of staff was appropriate to the needs of the residents.

Some areas of improvement were identified with regard to premises. The arrangements for facilitating residents' religious and spiritual needs also required review.

These matters are discussed further in the report and in the Action Plan at the end of the report.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place which met with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided in detail. The statement of purpose accurately reflected services and facilities provided and had been recently updated to reflect changes in the management structure. The provider and person in charge were aware of the need to keep this document under review.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure in place and the person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.

The management structure was clearly set out and reporting relationships were understood by the staff. The provider and person in charge monitored performance indicators and areas of risk closely. There was a robust auditing system in place and the person in charge took action in response to any issues which were identified. The person in charge gathered clinical risk information in areas such as falls, infections, pressure areas and nutritional status on a weekly basis in order to identify any changes in the condition of residents. The data was compared week on week in order to identify any trends or areas where the person in charge needed to focus more resources. The inspector found that this system provided for a proactive approach to the management of residents' care needs.

There was a schedule of audits in place for 2014 which was aimed at monitoring and improving the safety and quality of care. The inspector was shown a number of audits which had been carried out in areas such as nutrition, the use of restraint, medication and health and safety. The inspector saw that in general high levels of compliance were recorded, however, where issues were identified, an action plans was generated and they were promptly remedied.

The inspector found that the centre was appropriately resourced in order to deliver care in accordance with the aims and objectives set out in the statement of purpose. There was appropriate equipment and staffing to meet the needs of residents. The person in charge had the authority and autonomy to make decisions in relation to the allocation of additional resources when needed.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they provided residents with a satisfactory level of information about the services which they could expect to receive and the fees payable. The contracts reviewed by the inspector had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated. Charges for

additional services not included in the weekly fee were included in a clear and unambiguous way in an appendix to the contract of care.

The provider had developed user friendly guide to the centre which was available to all residents. This guide was written in an easily-understood way and included information on the accommodation provided, the fire safety measures in the centre and complaints process.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:
Governance, Leadership and Management

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

Findings:
The provider had taken steps to ensure that arrangements for the role of person in charge had been fully met.

Janet Lee took up the post of person in charge in April 2014. Since taking up this post she had gotten to know the residents and their care needs very well. She demonstrated a professional and proactive approach to meeting the needs of the residents and this was underpinned by a strong system of audit and clinical overview as described under outcome 2.

An interview was held with the person in charge where she demonstrated a thorough knowledge of her roles and responsibilities under the Regulations and Standards. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a commitment to continually improving service provided and outcomes for residents. Since commencing in her role she had introduced new medication management documentation. Staff reported that they found this easier to use and also that it reduced the potential for any errors. Staff members stated that she was readily available to them for support and advice. The inspector noted the person in charge had carried out a number of visits to the centre at night and early mornings in order to monitor the quality and safety of care at these times.

The person in charge had maintained her continued professional development and had attended a number of pertinent short courses in areas such as nutrition, infection control and medication management. The person in charge demonstrated strong clinical knowledge with regard to the care of older persons.

The person in charge was supported in her role by a senior nurse, who was referred to in the centre as the manager and one other senior nurse, both of whom deputised in the absence of the person in charge. Both participated fully in the inspection process and were spoken to by the inspector. Both of these persons knew the residents very well and demonstrated a strong knowledge of their roles and responsibilities under the Regulations.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Residents' records were maintained up-to-date and were stored securely. These records were retained for seven years and there was a policy in place to guide staff on the creation of, access to and retention of records.

Written operational policies, which were centre specific, were in place to inform practice. The policies and procedures had been recently reviewed and updated by the person in charge. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of satisfactory insurance cover was seen by the inspector.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse.

Appropriate policies relating to the protection of vulnerable adults were in place in accordance with requirements. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and the provider demonstrated knowledge and understanding of the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the person in charge if they had any concerns. Residents said that they could confide in staff and communicate any concerns to them. The inspector found that staff on duty on the day of inspection, could identify the different forms of abuse

and were knowledgeable with regard to their responsibilities in this area. The inspector reviewed the training records which showed that all staff had attended regular training in this area.

The provider did not hold amounts of money for any residents. Secure storage was available to residents in their rooms. However, there was a secure and documented system in place for storage of valuables if residents requested this.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Procedures were in place to promote the health and safety of residents, staff and visitors.

There was a centre-specific risk management policy which addressed the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. The inspector was shown the safety statement and risk register for the centre. These documents had been reviewed and updated in August 2014. Risks associated with the centre, such as the use of hoists, and the corresponding control measures were detailed in the risk register. In addition to this nursing staff maintained a clinical risk register detailing risks associated with areas such as infections, falls and choking.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation and foreseeable emergencies such as loss of heat and power. The plan provided detailed information with regard to evacuation procedures. The inspector saw that the provider had a written agreement with another nursing home in the vicinity in the event that emergency evacuation was needed.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed. Staff members, spoken to by the inspector, were knowledgeable with regard to fire safety prevention and evacuation procedures. The inspector reviewed the fire safety training records and found that while the majority of staff had attended formal training in fire safety on an annual basis a small number of staff had not attended up-to-date refresher training in this area. The provider took action to address this matter during the inspection and ensured that they

were scheduled to attend this training with a fire safety consultant a number of days following the inspection. In addition to this the provider undertook to give immediate informal training to these staff members at the time of inspection. There was a system in place to carry out regular fire drills. The inspector saw that good detail was maintained in relation to these events and any areas for improvement were followed up and addressed by the provider.

The inspector also reviewed the records with regard to servicing of fire safety equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place. These in-house checks were carried out by the provider.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. All accidents and incidents were reviewed by the person in charge and discussed with the staff in order to identify any further interventions to prevent reoccurrence.

The inspector saw that there was a proactive system of falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and hip protectors were provided as appropriate. Neurological observations were carried out in the event that a resident had un-witnessed fall or possible injury to the head. The person in charge had a system in place to monitor the number of falls on a weekly basis and she identified and responded to any emerging trends as appropriate. The inspector reviewed these records and found that overall there was a low number of falls in the centre. The person in charge and nursing staff in discussions with the inspector demonstrated a good understanding of the importance of facilitating residents to maintain their independence and take risks where appropriate.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection. Appropriate infection control procedures were available in the laundry area. The inspector had some concerns that the lack of adequate changing facilities available to staff did not provide for satisfactory infection control. This matter is further discussed under outcome 12 premises.

No residents in the centre were smokers. The provider and person in charge demonstrated of the required precautions in the event that any were admitted.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

Judgment:
Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. No residents required crushed medications at the time of inspection and there was an emphasis on obtaining liquid alternatives in the event that residents had swallowing difficulties.

Good practice was noted in relation to care planning for medication management. Each resident had a person centred care plan in place which detailed how and when they preferred to take their medication and staff stated that they found this informative. Staff had received training and monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that three-monthly reviews were carried out.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the

person in charge.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs were set out in an individual care plan with evidence of resident or relative involvement at development and review of these plans.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and the use of restraint and found they were in accordance with evidence based practices and guided by robust policies. Issues identified at the previous inspection, in relation to the management of restraint, were found to have been addressed.

Appropriate medical and allied health care was available.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' interests and capabilities. The person in charge stated that she had plans in place to develop this area further and discussed a number of ways in which she intended to further develop this area.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the physical environment was purpose built and met the needs of residents in most areas; however some improvements were required.

The majority of bedrooms were single rooms, while there were 8 twin bedrooms. In response to the findings of the previous inspection, the provider had converted two twin bedrooms into single rooms in order to meet space requirements. The inspector visited a number of bed rooms and found that they were comfortable, well decorated and had been personalised with residents' possessions such as family pictures. Call bells were provided and were within easy reach of beds.

Twenty one bedrooms were provided with en suite facilities. However, there was an insufficient number of assisted bathing facilities to provide for the remaining residents and meet the minimum ratios set out in the Authority's standards. The inspector was also concerned that the staff changing facilities were not adequate and did not provide for satisfactory infection control procedures. The inspector found that these facilities were very small and separate facilities for kitchen staff were not provided. In response to this the provider had consulted an architect and drawn up plans for the addition of these facilities.

The inspector was satisfied that there was suitable and sufficient communal space for residents. There was a variety of sitting rooms, a dining room and a number of residents liked to sit in the bright seating area in the lobby. As highlighted under outcome 16 (Residents' Rights, Dignity and Consultation) this inspector found that the oratory was a resource which was under utilised in the centre. Grab rails and hand rails were provided in all communal areas.

A safe and secure garden was available and was directly accessible to residents. Garden furniture was provided and a number of residents stated that they enjoyed sitting in this area which was attractively designed and well maintained.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date. The centre was all on the ground floor level.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. Satisfactory sluice facilities were provided. A good standard of hygiene and cleanliness was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures

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.

Theme:
Person-centred care and support

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

Findings:
Practice in relation to complaints management was satisfactory.

The procedure for complaints was displayed for residents and it clearly identified the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant's level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they felt comfortable making a complaint and stated that they were encouraged to give their feedback.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found evidence that end of life care was well managed.

The inspector found, that staff members were very knowledgeable regarding end of life needs and how to meet these needs in a sensitive way. There was a comprehensive policy on end-of-life care which was detailed and centre specific. The inspector reviewed a number of resident's files and found that end of life care plans had been developed for those residents who required them. There was consultation with residents with regard to the development of these plans and there was an emphasis on meeting the spiritual needs of residents. Residents' preferences with regard to end of life were recorded by the nursing staff, however this was an area which the person in charge had identified as an area for improvement. The person in charge was requested to submit the Authority's self assessment on end of life care further to these improvements being made.

The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. There was an emphasis on making contact with the service at the earliest possible stage in order to maximise the comfort of the residents.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this. There were facilities for families to stay overnight if required.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents received a varied and nutritious diet that offered choice.

The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were

readily accommodated. The person in charge together with the nursing staff monitored the meal times closely. The inspector found that this was a social and unhurried experience.

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the SALT for those residents who required this. The recommendations from these professionals were included in the care plans.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. The inspector found that the chef was very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. Food fortification was carried out for those residents who required this. Residents who required assistance with their meals were aided in a respectful manner.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
There was evidence that staff respected the resident's privacy and dignity and residents were consulted with regard to the operation of the centre.

Residents' religious and spiritual beliefs were respected however some improvement was required. Weekly mass took place in the centre and the ministers from other faiths also visited the centre on a weekly basis. While religious services were celebrated in the large sitting room the inspector was concerned that the oratory was not available to the residents at the time of inspection as it was being used for storage. The inspector found

that this practice did not sufficiently promote residents' religious spiritual needs.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name throughout the inspection.

There was frequent informal consultation with residents regarding the operation of the centre, however, improvement was required in this area. A residents meeting had been held in May 2014 and some areas for improvement had been raised and subsequently addressed as part of this meeting. However the inspector found that these meetings were not held regularly and were not always well attended. The inspector found that this system did not facilitate residents to be consulted with and participate in the organisation of the centre.

The provider had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and also facilitated residents to go out to vote.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were supported to leave the centre independently and visit family and friends. Residents had access to news papers and television was provided in each bedroom.

Judgment:

Non Compliant - Minor

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and appropriate equipment was provided. There was sufficient space to facilitate good infection control

and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. The inspector saw that this list was regularly reviewed and kept up to date.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

The inspector observed staffing levels and skill mix on the day of the inspection and referred to the rosters and found evidence of good practice. Nursing cover was provided 24 hours each day. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents' needs.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. The records showed that training had been recently provided for staff and this included nutrition, infection control, medication management and cardio pulmonary resuscitation (CPR) training. Staff appraisals were carried out on a regular basis and used to identify training needs and support staff.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Moyglare Nursing Home
Centre ID:	OSV-0000072
Date of inspection:	26/08/2014
Date of response:	24/09/2014

Requirements

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

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

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Improvements were required with regard to the provision of a sufficient bathing facilities and satisfactory changing facilities for staff.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

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

Planning is in process and works to provide sufficient bathing facilities and satisfactory changing facilities to staff will be completed by June 2015.

Proposed Timescale: 30/06/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The system for consultation with residents regarding the operation of the designated centre were not satisfactory.

Action Required:

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

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

The person in charge will coordinate formal residents meetings at least every three months or more often as directed by the residents. A notice will be put up and residents will continue to be encouraged to attend. We will continue to assist and facilitate the meetings to empower our residents to take ownership of the meetings. The person in charge or the Manager will continue to meet with each resident every day to address any ongoing matters. Next residents meeting 29/09/14 and a planning and preparation meeting for our annual Christmas charity sale of work is scheduled for 02/10/14

Proposed Timescale: 29/09/2014

Theme:

Person-centred care and support

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

The oratory was not available for use by the residents.

Action Required:

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

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

The Oratory will be available to resident's from October 6th 2014

Proposed Timescale: 06/10/2014