Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Mooncoin Residential Care Centre
Centre ID:	ORG-0000254
Centre address:	Polerone Road, Mooncoin, Kilkenny.
Telephone number:	051 896 884
Email address:	admin@mooncoinrcc.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	O'Reilly Partnership T/A Mooncoin Residential Care Centre
Provider Nominee:	Kieran O'Reilly
Person in charge:	Breeda O'Reilly
Lead inspector:	Kieran Murphy
Support inspector(s):	Ide Batan;
Type of inspection	Announced
Number of residents on the date of inspection:	72
Number of vacancies on the date of inspection:	6

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 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, 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:
12 May 2014 10:25	12 May 2014 17:30
13 May 2014 08:30	13 May 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: 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

Summary of findings from this inspection

Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. A number of questionnaires from residents and relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with relatives stating they are welcomed at any time. Residents' comments are found throughout the report.

The Authority was notified of an application to change provider from the beginning of

September 2014 and a fit person interview was conducted with the proposed new provider.

The Authority was also in receipt of unsolicited information which was explored during the inspection. Inspectors observed practices and reviewed documentation in relation to the unsolicited information such as care plans, medical records, policies and procedures and were satisfied that the issues raised had been dealt with appropriately by the person in charge.

Improvements were required in a number of areas including:
- care planning
- risk management
- infection control
- emergency planning
- medication management
- use of closed circuit television
- staff rota
- volunteers.

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.

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:
Leadership, Governance and Management

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

Findings:
The statement of purpose and function described the service and facilities provided. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. Prior to the inspection questionnaires relating to the services provided by the centre were distributed by the Authority to residents and their families. One resident had chosen this centre specifically due to its mission, service and facilities which were highlighted in the statement of purpose.

There were a number of residents with complex care needs, which the statement of purpose described as "young chronic care". The maintenance of the wellbeing and welfare of these residents by the provision of appropriate medical and allied health care is discussed in more detail in Outcome 11.

Judgement:
Compliant

Outcome 02: Contract for the Provision of Services
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:
Leadership, Governance and Management

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

Findings:
A number of contracts of care were viewed by the inspectors. The contracts of care were found to be comprehensive and were agreed and signed within a month of admission. The contracts stipulated the services to be provided and the fees included in the contract.

The contract also outlined additional services provided in the centre, for example dental, optical chiropody, newspaper, physiotherapy and hairdressing. The details of fees for these services were outlined in the contract.

Judgement:
Compliant

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The person in charge was a registered general nurse and had been director of nursing since 2004. She had engaged in continuing professional development. The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

There were appropriate deputising arrangements in place. There were three clinical nurse managers (CNM) all with sufficient experience and knowledge of the legislation and their statutory responsibilities.

Judgement:
Compliant

Outcome 04: Records and documentation to be kept at a designated centre
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).

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found that all policies, procedures and guidelines such as prevention of abuse and end of life care were available as required by the regulations. The was a written guide available to residents which included a detailed summary of the statement of purpose, a standard form of contract for the provision of services, the most recent inspection report by the Authority and a summary of the complaints procedures.

Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by inspectors and found to contain details in relation to each resident including name, contact details for relatives and contact details for general practitioner (GP).

Inspectors found there was adequate recording of healthcare and nursing interventions. The care plans and the record of care provided to residents were accurately documented via a computer system. There was a separate healthcare record outlining medical reviews, transfer letters to and from hospital and treatment by other health professionals. In the sample of healthcare files seen there was an accurate and comprehensive record of care maintained. However, in some healthcare files the records were not stored in date order. The person in charge outlined that this would be reviewed.

Judgement:
Compliant

Outcome 05: 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:
Leadership, Governance and Management

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

Findings:
There had not been any period where the person in charge was absent for 28 days or more since the last inspection and there had not been any change to the person in

charge. The person in charge was aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge. One of the three CNMs had responsibility for management of the centre when the person in charge was absent. Each was aware of the obligations to maintain a record of all incidents occurring in the centre and, where required, notified to the Authority.

The person in charge and the CNMs were contactable in the event of any emergency.

Judgement:
Compliant

Outcome 06: 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.

Theme:
Safe Care and Support

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

Findings:
There was a policy available on the protection, detection and response to elder abuse. There was also a policy on protected disclosure where employees could raise concerns about possible improprieties in a supported environment.

All staff had received comprehensive in-house training on the protection of vulnerable adults. This training was coordinated by a CNM and was updated annually. All staff spoken with were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

A specific incident relating to adult protection was outlined during the inspection. Documentation reviewed by inspectors demonstrated that the incident had been followed up appropriately by the person in charge. In particular a notification had been made to the relevant statutory authority.

Inspectors reviewed the system in place to manage resident's finances. The centre was the nominated pension agent for two residents and inspectors saw evidence that complete financial records were maintained. The financial controller had introduced a system which ensured that the two residents received a written itemised account of the cost for each extra service. Inspectors were satisfied that this system was transparent.

The centre maintained day to day expenses for six residents and inspectors saw evidence that complete financial records were maintained. Each financial transaction was signed by the resident and was countersigned by staff from the centre. However,

inspectors noted that not all transactions were countersigned by two staff which would be required to ensure transparency.

Judgement:
Non Compliant - Minor

Outcome 07: 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:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a signed and dated health and safety policy. There was an up to date safety statement which outlined the arrangements for accident and incident reporting, fire emergency procedures and infection control. Inspectors noted a number of issues with the premises that required review:
• fire doors were observed to be kept open with arm chairs in dining and lounge areas, thereby mitigating arrangements for fire safety
• the carpet in the reception area was noted to be frayed and separating in a number of places which inspectors felt was a trip hazard particularly for residents using walking frames.

Inspectors reviewed the practices for laundry. There was a single bag on the linen trolley for all dirty laundry. There was no separate bags to segregate residents' clothes from bed linen/towels. Neither was there a separate bag on the linen trolley for soiled or potentially infected items. These items were initially put in an alginate or water soluble bag and then placed in the bag on the trolley, thus increasing the risk of potential cross contamination of other items. Laundry staff emptied out the linen bag and separated the clothes, bed linen and soiled items for washing.

Household/cleaning staff were knowledgeable about the correct cleaning techniques to prevent the spread of infection and were observed using a colour coded system for cleaning in accordance with evidence based practice.

The risk management policy identified a number of hazards like residents being absent without leave and assault. However, the policy did not outline the process for the identification and assessment of hazards. Neither did it include the precautions in place for accidental injury to staff or residents.

The emergency plan adequately addressed the centre's response to fire and other emergencies like loss of power, loss of heating or water supply. However, it did not specifically outline arrangements for the interim shelter of residents, should evacuation

be required. This had been identified as requiring action during the Authority's last inspection. The safety statement did contain an unsigned and undated sheet outlining the arrangements in the event of evacuation but it was unclear if this was part of the emergency plan.

There was a valid fire certificate for the centre dated 20 January 2014. Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:
• quarterly servicing of fire alarm system March 2014
• fire extinguisher servicing and inspection March 2014
• servicing of emergency lighting March 2014.

The fire register recorded a daily visual check of fire resisting door sets and means of escape. A personal emergency evacuation plan was available for each resident with the dependency and availability of evacuation sheets for the resident clearly identified. All staff had received fire prevention and evacuation training. Evacuation maps and procedures were visible throughout the premises and all staff spoken with were aware of the procedures to follow in the event of a fire.

Since the last inspection a smoke free policy had been introduced. This policy outlined that smoking was prohibited except in the designated smoking room which was located in the reception area. Smoking risk assessments had been undertaken on all smokers and vision panels had been introduced so that residents who smoked were clearly visible from outside the smoking room. One of the questionnaires relating to the centre, returned by a family member to the Authority, identified that "the smell of cigarettes in the entrance hall may give the wrong impression". While there was mechanical ventilation and a window in the smoking room inspectors observed the door being left open for prolonged periods with the smell of cigarette smoke being present at reception.

Inspectors reviewed resident care plans which outlined patient handling assessments. All staff had up to date training on manual handling.

Judgement:
Non Compliant - Moderate

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

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

Findings:
There was an up-to-date policy on medication management.

In the sample prescription sheets reviewed it was not clear that a record of each drug and medication was signed and dated by the GP. The signature of the GP was not in place for each drug prescribed in the sample of drug charts examined. The prescription sheet had a separate prescribing section for pro re nata (PRN or as required) medication. However, the maximum dose of PRN medication was not always outlined. This practice, if continued, could lead to excessive medication being administered.

During the medication administration round inspectors found that appropriate checks were undertaken by nursing staff to ensure the right medication was administered to the correct resident at the correct time. The supply, distribution and control of scheduled controlled drugs was checked and deemed correct. Nurses were checking the quantity of medications at the start of each shift. The nurses spoken to displayed a good knowledge of medications and the procedure outlined for administration.

If there was any change to a resident's medication nurses outlined that these medications were returned in a secure manner to pharmacy. A complete and accurate list of medication was then dispensed by pharmacy.

There was a satisfactory system in place for reviewing and monitoring safe medication management. In the sample healthcare records seen by inspectors each resident had a medication review every three months by the pharmacist and the GP. The pharmacist undertook regular audits of medication practice with the most recent being in May 2014.

Judgement:
Non Compliant - Moderate

Outcome 09: 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:
No actions were required from the previous inspection.

Findings:
Inspectors reviewed the incident reporting system and found evidence that following an incident a record of any immediate nursing or medical treatment was maintained in the individual resident's medical records. The nursing care plan was updated as required and any follow up treatment was recorded in the resident's medical notes.

It is a requirement of the regulations that all serious adverse incidents are reported to the Authority and since the last inspection the centre had been compliant with this provision. The centre provided the Authority with a summary of all recorded incidents every three months as set out in the regulations.

Judgement:
Compliant

Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

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

Findings:
During the last inspection it was found that there was not enough learning from the audit system. On this inspection there was evidence of a systematic analysis of all reported adverse events. In a review of incidents for the last quarter of 2013 all incidents related to residents falling. An innovative approach had been adopted in relation to falls called "the falling leaf" programme. Each resident had a falls risk assessment undertaken. If the resident was identified as at a risk of falls then a leaf was placed on the door to the bedroom thereby discretely advising staff that the resident was at risk of falling. An audit of falls between January and April 2014 had been undertaken and additional strategies to reduce falls included referral to physiotherapist/occupational therapist if required.

As highlighted elsewhere in this report other audits had been undertaken including infection control, medication and the use of restraint.

A satisfaction survey seeking formal feedback from residents had been distributed in 2013. There was a 51% response rate and of this 90% indicated that they were satisfied with the care received. The results indicated that the highest level of dissatisfaction was with the laundry services. A follow up satisfaction survey had not been undertaken since.

All residents and families that spoke with the inspectors were very happy with the care provided in the centre.

Judgement:
Compliant

Outcome 11: Health and Social Care Needs
Each residents 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 residents 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:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
In general there was evidence that residents' health care needs were met through timely access to GP services. Residents had the option of care from their own GP and there was evidence of a medical review of each resident at least once every three months.

There was an admissions policy which outlined that each resident had an assessment undertaken prior to admission and this assessment was reflected in the care planning process once the resident was admitted. The person in charge outlined that she undertook most pre-admission assessments. There were a number of residents who had been admitted with complex care needs, who the statement of purpose described as "young chronic care". The Authority was in receipt of unsolicited information concerning one such resident which was explored during the inspection. Following observation, discussion with the management team and review of documentation inspectors were satisfied that the concerns received by the Authority had actually been appropriately managed by the person in charge. However, inspectors were not satisfied that the care planning process used gave direction and coordination to care delivered to residents who had multiple complex care needs. For example up-to-date records of referrals were not maintained for all residents. In particular for one resident there was no evidence of follow up communication with a hospital in relation to a planned surgical procedure.

At the last inspection it was found that there was limited access to allied health services. During this inspection there was evidence of appropriate referrals, in particular to dietetic services and speech and language therapy. The healthcare record contained recommendations following dietetic review. There were reports on file by the speech and language therapist detailing safe swallow recommendations and advice on food consistency. A physiotherapist was on site one day per week and a mobile optician service reviewed residents' eye care on a regular basis.

There was evidence of good access to specialist care in old age psychiatry, both with residents attending as out-patients in the acute general hospital and via the community psychiatric liaison nurse who reviewed residents on site.

There was a care planning review at least very three months. Particular attention was given to risk assessment in relation to issues like dependency levels, falls, patient handling, mobility and maintaining a safe environment. Care was planned also for the activities of daily living like personal hygiene, communication, sleeping and nutrition.

There was a policy on physical restraint which included the provision that consent from the resident had to be obtained before any restraint was used. However, the results of a recently undertaken audit by the CNM showed that not all residents had consented to the use of restraint. The restraint audit did include review of lap belts which had been an action from the last inspection. A restraint register was in place which outlined that 18 residents used bed rails, six of whom also required the use of a lap belt. Checks were in place for the use of restraint.

There was evidence in the care planning process that residents received a personalised activities assessment. There was a schedule of activities including singing, music, and bingo organised by a full time activities coordinator who was supported by an assistant. On the day of inspection a local drama group was performing a play with residents participating also. Arrangements were in place to facilitate residents to vote in the local elections. A number of residents informed inspectors that they attended Mass, the GAA club and shops in the locality.

Judgement:
Non Compliant - Major

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

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

Findings:
The centre was a purpose built nursing home and residents' accommodation was arranged around three distinct sections, two of which accommodated 27 residents and the third accommodated 24 residents. There were 74 single rooms all of which were en-suite and two double rooms also ensuite. The double rooms had appropriate screening to ensure privacy. The shared rooms allowed free movement of residents and there was sufficient space for the use of any assistive equipment.

There were a number of small lounge areas which were well furnished and comfortable. There was a separate oratory and an adjacent activities room which could be opened up to accommodate a large number of people. Residents had access to a safe well

maintained garden. Due to the size and layout of the centre there was a deficit of signage or other environmental cues with one resident repeatedly asking inspectors for directions to the toilet and/or the communal room.

Facilities and procedures were in place to prevent and control the risk of infection. Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout the centre.

The maintenance log showed regular maintenance conducted and suitable repairs recorded. Inspectors reviewed up-to-date service records for all equipment including hoists, wheelchairs and mattresses. The person in charge outlined that restrictors had been put on all windows since the last inspection.

Judgement:
Compliant

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

Findings:
There was a complaints policy displayed prominently at the entrance. The process for making a complaint was outlined also in the statement of purpose. The complaints policy identified the CNM as the designated complaints officer. In the policy seen by inspectors the right to have a nominated independent appeals person available was not included. However, this was rectified by the end of the inspection.

Prior to the inspection questionnaires relating to the services provided by the centre were distributed by the Authority to residents and their families. The 17 returned questionnaires confirmed that residents and families were aware of the complaints process and how to make a complaint.

Inspectors reviewed the complaints log and in the samples reviewed there was evidence that each complaint had been resolved in accordance with the policy. The level of satisfaction of the residents in relation to the outcome of each complaint had been recorded.

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

Findings:
The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific themes of end-of-life care and nutrition. The centre had assessed itself as non-compliant with the regulations and standards in relation to end-of-life care and inspectors found evidence to support this assessment.

Since the last monitoring inspection by the Authority a new policy on an end-of-life had been introduced. This policy was comprehensive and included provision for care planning in relation to end-of-life, psychological needs, palliative care needs and care of the resident and their families at end-of-life.

The person in charge had arranged specific training days on site for health care assistants on the topic of palliative care. The course had covered issues like management of residents with palliative care needs, pain management and support for carers. A number of staff had attended training on end-of-life care. Leaflets were available on bereavement and coping with the death of a loved one.

Inspectors saw evidence that there was comprehensive care planning for some residents in relation to end-of-life as part of the review of care every three months. Issues discussed included residents wishes regarding spiritual needs, funeral arrangements and what medical supports the resident wished. However, not all residents care plans contained evidence of a discussion regarding end-of-life. The person in charge acknowledged in the self assessment for the Authority that there were deficiencies in this area, particularly for residents who had lived long term in the centre.

There was a bright and spacious oratory. Religious services were facilitated for residents of all denominations. If the resident wished, the centre facilitated a prayer and removal service for deceased residents. There were a number of quiet areas made available to families of residents at end-of-life. Snacks and dining facilities were also provided to families.

The centre had designed tastefully decorated hold-all bags for the return of a resident's property to family. Inspectors found this initiative to be respectful of residents and their possessions.

Judgement:
Non Compliant - Minor

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:
No actions were required from the previous inspection.

Findings:
In relation to food and nutrition the centre had assessed itself as non-compliant with the regulations during the national self assessment on food and nutrition undertaken by the Authority. Since that time there was evidence of improvements to the processes and policies in relation to nutrition and inspectors found the centre to be compliant with the regulations.

There was an updated policy on the nutritional needs of residents which outlined that on admission each resident's nutritional status was to be reviewed, resident's weight was to be monitored and a malnutrition universal screening tool (MUST) assessment undertaken if required. Of the sample care plans seen, the inspectors noted evidence of appropriate nutritional care planning. Weight was recorded monthly and residents with identified weight loss had a MUST assessment completed. If residents were were found to have a change in nutritional status they were referred to the dietician. Prior to any such appointment a four day food and fluid record was maintained for review by the dietician. The healthcare record contained the recommendations following dietetic review.

There was a policy on the management of hydration and fluid maintenance which specifically outlined the care of residents with dysphagia (swallowing difficulties). There was evidence that residents were reviewed as required by speech and language therapists (SALT). The recommendations from these SALT reviews were communicated to the nursing and catering staff. A number of staff members, including nurses and catering staff, had received training on dysphagia. There was a specific policy on the care of residents requiring percutaneous endoscopic gastrostomy (PEG or directly into the stomach) feeding. Three nurses had attended training on the use of PEG feeds. The most recent environmental health officer (EHO) report wasn't available on the day of inspection. Inspectors spoke to the chef who was aware of any specified dietary needs of residents. The chef and catering staff had received up to date training on food safety.

There was a newly developed policy on meals and mealtimes which highlighted the role of staff during meals and in particular availing of the opportunity to communicate with residents. A menu plan, which was supplemented with pictures, was displayed in the dining area. The person in charge outlined that a five week menu plan had been submitted for a dietetic review in relation to nutritional content.

There were three dining areas, the largest of which accommodated approximately 40

residents. The second dining area was accessed via the main dining room and could accommodate approximately ten residents. There was a third smaller dining area adjacent to reception area. There was sufficient staff available to offer assistance at mealtimes. There was access to fluids and snacks throughout the day and tea trolleys were seen in circulation.

Judgement:
Compliant

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:
Person-centred care and support

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

Findings:
Inspectors reviewed minutes of the residents' forum which had met in April 2014. This forum was chaired by an independent facilitator. There was a centre newsletter covering local matters and events which was prepared and published by one of the residents.

There was a policy on the management of communication needs which included reference to communication for residents with vision and hearing impairments. Picture enhanced communication was in use for menus and meal planning.

Closed circuit television (CCTV) was in use in external areas and in the main reception area focused on the entrance. Although there was signage advising that CCTV was in operation, there wasn't a policy available.

Families of residents confirmed that there weren't any restrictions on visiting. There were a number of areas where each resident could receive visitors in private.

Judgement:
Non Compliant - Moderate

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:
No actions were required from the previous inspection.

Findings:
There was an up to date policy on residents' personal property and possessions. A resident property form was completed on admission and was available in the healthcare file.

Inspectors saw personalised living arrangements in resident's rooms with photographs and personal effects. The policy on residents' property outlined that residents retained the right to retain and use personal possessions. Each room had suitable storage available for clothes, books and toiletries.

Clothes were marked with a label to ensure that residents' own clothes were returned to them.

Judgement:
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.

Theme:
Workforce

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

Findings:
The premises were divided into three sections with nursing, care and household staff allocated to each section and overseen by a supervisory CNM.

Inspectors reviewed the staff rota and, as outlined at the last inspection, there had been a reduction to two nursing staff for night duty. These nurses were supported by a nurse from the day shift who remained until 10pm. The person in charge outlined that this additional nurse prioritised the administration of medication but this was for only one of the three sections. Nursing care at night was supplemented by four healthcare assistants. Inspectors requested the person in charge to keep the staff roster for night duty under review. This was based on the assessed needs of the residents, 30 of whom

had maximum dependency levels and the size/layout of the premises. It was based also on conversations with nursing staff who outlined that night duty was extremely busy with little time to undertake required administrative tasks.

There was a training programme in place and all staff had received mandatory training on prevention of abuse of residents, fire safety and manual handling as required by the regulations. One CNM was a registered nurse tutor and provided additional training on issues like dementia/challenging behaviour and infection control. The person in charge facilitated and part funded training in gerontology for 30 staff to Further Education and Training Awards Council (FETAC) level six.

There was a policy on staff recruitment and selection. Inspectors reviewed a sample of staff files which were found to include evidence of reference checking, vetting by an Garda Siochána and a medical certificate providing evidence that the person was physically and mentally fit for work. Current registration with an Bord Altranais was available for all nursing staff. Newly recruited staff outlined to inspectors that the induction process was robust. Each new staff member was assigned a mentor and there was an induction manual available which included a competency skills framework relevant to the role, a sample appraisal form and a job description. All staff had engaged in a staff performance review which gave an opportunity to discuss their role and also to discuss goal setting.

There were a number of volunteers and inspectors found that while they had been vetted and had a clear understanding of their roles and responsibilities, there wasn't a written agreement in place as required by the regulations.

Judgement:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Mooncoin Residential Care Centre
Centre ID:	ORG-0000254
Date of inspection:	12/05/2014
Date of response:	11/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 06: Safeguarding and Safety

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all financial transactions were countersigned by two staff.

Action Required:
Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

Please state the actions you have taken or are planning to take:
All financial transactions are now being counter signed by two members of staff.

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

Proposed Timescale: 13/05/2014

Outcome 07: Health and Safety and Risk Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate infection control measures were not in place in relation to collection of laundry.

Action Required:
Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Please state the actions you have taken or are planning to take:
New equipment has been purchased to allow for laundry segregation at source.

Proposed Timescale: 09/06/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the identification of hazards.

Action Required:
Under Regulation 31 (2) (a) and (b) you are required to: 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.

Please state the actions you have taken or are planning to take:
We are undertaking a complete review of our risk management including staff training which will take a number of months to carry out. However we will have an updated risk assessment policy in place by the 31st August which will include identification and assessments of risks throughout the designated centre and precautions in place to control the risks identified.

Proposed Timescale: 31/08/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
The risk management policy did not include the precautions in place for accidental injury to staff or residents.

Action Required:
Under Regulation 31 (2) (c) you are required to: 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.

Please state the actions you have taken or are planning to take:
We are reviewing the risk management policy to ensure that the necessary precautions to mitigate against accidental injury to staff or residents are included as required under Regulation 31 (2) (c).

Proposed Timescale: 31/08/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Emergency plan did not specifically outline arrangements for the interim shelter of residents, should evacuation be required.

Action Required:
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

Please state the actions you have taken or are planning to take:
We have reviewed our emergency plan to specifically outline arrangements for the interim shelter of residents, should evacuation be required.

Proposed Timescale: 19/05/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Floor covering at reception was worn and separating in parts.

Action Required:
Under Regulation 31 (4) (e) you are required to: Provide safe floor covering.

Please state the actions you have taken or are planning to take:
We have carried out a risk assessment on the carpet and to mitigate the risk of trips or

falls we will tape the separated area as an interim measure with a view to replacing the carpet within the next twelve months.

Proposed Timescale: 30/06/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors being wedged open with chairs.

Action Required:
Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Fire doors are now being closed at all times in accordance with Regulation 32 (1) (c) (i).

Proposed Timescale: 14/05/2014

Outcome 08: Medication Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The signature of the GP was not in place for each drug prescribed in the sample of drug charts examined.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
The GP in question is now signing each prescribed drug separately on the drug cardex.

Proposed Timescale: 16/05/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
The maximum dose of pro re nata (PRN) medication was not always outlined.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
All of our drug cardex's have been updated to show the maximum dose of pro re nata (PRN) medication.

Proposed Timescale: 29/05/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Up to date records of referrals were not maintained for all residents and in particular there was no evidence of follow up communications with hospitals in relation to planned procedures.

Action Required:
Under Regulation 9 (4) you are required to: Maintain records of all health care referrals and follow-up appointments.

Please state the actions you have taken or are planning to take:
All appointments for residents will be dealt with by the CNM on duty. On receipt of appointments they will be input into Epicare and a copy of appointment letter maintained in the residents file. A reminder date will be included on Epicare to alert CNM's on a daily basis when appointments are due and when appointments need to be followed up.
When residents attend appointments/clinics the accompanying person will be asked to request written documentation of any changes to care or information on follow up appointments. Any verbal communication received will be input on Epicare in the communication section.
All nurses have been informed of these changes during handover and a policy has been developed to reflect same.

Proposed Timescale: 09/06/2014

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents care plans contained evidence of a discussion regarding end of life.

Action Required:
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

Please state the actions you have taken or are planning to take:
All resident's and where appropriate their next of kin are being approached to discuss end of life care preferences.

Proposed Timescale: 31/10/2014

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:
There wasn't a policy on closed circuit television.

Action Required:
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Please state the actions you have taken or are planning to take:
A CCTV policy is now in place.

Proposed Timescale: 27/05/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Based on dependency levels of residents, the size and layout of the premises and staff communication to inspectors the nurse allocation at night required review.

Action Required:
Under Regulation 16 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:
We are constantly monitoring our dependency levels and quality care indicators to ensure that our staffing levels and skill mix are appropriate to the needs of our residents. On analysing the results of our audits from April 2013-April 2014 where the maximum dependency level remain the same, but the high dependency level increased by 5. There has been a decrease in the number of falls and restraints in the Nursing Home and this is since the reduction to two nurses on night duty. Management will continue to monitor residents dependency levels and quality care indicators on a monthly basis, but the level of care required by our residents is monitored on a daily basis and adjustment will be made to staffing levels if required.

Proposed Timescale: 10/06/2014

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Roles and responsibilities for volunteers had not been set out in writing.

Action Required:
Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

Please state the actions you have taken or are planning to take:
Roles and responsibilities for volunteers have now been set out in a written agreement between the designated centre and the individual.

Proposed Timescale: 16/05/2014