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Moy Ridge Nursing Home, Ridgepool Road, Ballina, Mayo

Item Type	report
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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moy Ridge Nursing Home
Centre ID:	OSV-0000364
Centre address:	Ridgepool Road, Ballina, Mayo.
Telephone number:	096 218 86
Email address:	moyridgenursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Storey Broe Nursing Service Limited
Provider Nominee:	Noel Broe
Lead inspector:	Mary McCann
Support inspector(s):	Marie Matthews
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of 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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 1 day(s).

The inspection took place over the following dates and times

From: 06 September 2016 10:30 To: 06 September 2016 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (HIQA) to renew registration of this centre. This was the eighth inspection of this centre. Previous inspection reports can be accessed at www.hiqa.ie.

Moyridge nursing home is a purpose built residential care facility that can

accommodate 46 residents. It is situated in the town of Ballina and is made up of 17 Double rooms and 12 single rooms. All bedrooms have en-suite facilities. There are 3 additional toilets, a bathroom, smoking room, kitchen, dining room, and 2 day/rest rooms. An oratory hairdressing room, clinical room, storage area and laundry room complete the structural make-up. A secure enclosed outdoor garden is also available.

Inspectors found that residents were positive in their feedback and expressed satisfaction about the facilities, services and care provided.

An unannounced monitoring inspection had previously been carried out by HIQA in January 2016. The areas which required review post this inspection related to medication management, care planning and provision of signage that would enhance the environment for residents who were cognitively impaired. These actions had been addressed.

Inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. Inspectors found that overall residents' health care needs were well supported with good access to the general practitioner and allied health professionals. There was adequate staff on duty to meet the needs of residents on the day of inspection. Inspectors found a quiet calm atmosphere throughout the centre on arrival. Few call bells were activated, when call bells were activated, staff responded swiftly.

Activities provided were meaningful and most residents were engaged in the activities provided. Residents told the inspectors they enjoyed the activities. Staff were knowledgeable with regard to the care to be provided to residents to meet their needs and described a holistic care regime which was person centred.

Areas for review include consultation with residents and or their relatives where appropriate regarding review of care plans, consultation with residents and relatives regarding the annual review of the quality and safety of the service. Contracts of care for residents require review to ensure they comply with current legislation and realignment of the privacy curtains in twin rooms and affixing locks to en-suite doors to enhance residents privacy. These are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 written statement of purpose available that accurately described the service provided in the centre and was demonstrated in practice. A copy of the statement of purpose and function dated 7 July 2016 was available and a copy was forwarded to HIQA. This was found to contain all of the information as required by schedule 1 of the Regulations.

The statement of purpose and function accurately described the range of needs that the designated centre accommodates and the services provided.

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:

Lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and what the reporting structure was. The provider was available on

a daily basis in the centre and inspectors observed good communication between the provider and person in charge. The provider met with the person in charge on a daily basis and had a planned minuted meeting with the person in charge every 2-3 weeks. Inspectors reviewed these minutes and found there was evidence that the provider worked with the person in charge on a supportive basis in the governance and management of the centre. Systems were in place to ensure that the service provided was safe and effectively monitored. For example fire safety was found to be of a good standard, the centre was clean and good practices in infection control regarding hand hygiene were observed.

There was an annual review of the quality and safety of care delivered to residents, however there was poor evidence available that this was done in consultation with residents and their relatives. Inspectors noted that improvements are brought about as a result of the learning from the monitoring review. For example where an incident occurred that involved a resident a detailed analysis was completed by the person in charge to try and ensure that this did not reoccur.

Adequate resources were available to meet the needs of residents regarding facilities, staffing, staff training and sufficient assistive equipment to ensure appropriate care to residents to meet their needs.

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

Findings:
The residents' guide had been updated since the last inspection. An easy to read guide was available. A copy was made available to inspectors on the day of the inspection. It was found to contain all of the information required by the Regulations.

A sample of residents' contracts of care was reviewed by inspectors. These had been agreed on admission. While they set out all fees being charged to the resident they failed to set out all services to be provided. Any additional fees applicable to residents were documented.

Judgment:
Substantially 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 centre was being managed by a suitably qualified and experienced nurse. She is a registered nurse and has many years experience of working with older people. She qualified as a registered general nurse in 2004 and had completed a post graduate diploma in gerontology and a special purpose award in end of life care. Throughout 2015/16 she completed courses in safeguarding, medication management, manual handling, capacity assessment and consent and administration of sub-cutaneous fluids, dementia training and nutrition and hydration. She has worked in this centre since 2009 in a full-time capacity. She demonstrated that she had knowledge of the Regulations and the HIQA's Standards which pertain to residential older persons services. She is supported in her role by an assistant director of nursing who takes charge in her absence. The assistant director, staff nurses, carers and catering/domestic staff were accountable to the person in charge. Maintenance and administration staff was accountable to the provider.

Inspectors reviewed the duty rosters and found that two nurses were on duty in addition to the person in charge up to 18:00hrs daily. The person in charge informed the inspector that she had adequate time for governance supervision and management duties. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She confirmed that the provider was supportive and was freely available to her and regular meetings were held between her and the provider representative. Deputising arrangements for the person in charge were in place. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), was up to date.

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):

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

Findings:

The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors.

All of the written operational policies as required by schedule 5 of the legislation were available.

Inspectors examined the documents to be held in respect of five persons working at the centre and found that all documents as required by current legislation were in place. Records required by current legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

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:

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced assistant director of nursing who has experience of working in elderly care and works full-time deputised in the absence of the person in charge. She is a registered general nurse having qualified in 1994. She has worked continuously in elderly care since 1999 in the centre.

Course completed to date by the deputy person in charge include special purpose award in gerontology, end of life care, phlebotomy, dementia care, infection control, train the trainer course and a management course.

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:

Measures were in place to protect residents from being harmed or suffering abuse was found. Staff had been provided with training on the prevention and reporting of elder abuse. All staff spoken with was clear on their role and responsibilities in relation to reporting abuse. Staff was also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse.

A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as bed alarms, chair alarms, roll out mats and low- low beds were in place.

Evidence of alternatives considered or trialled was available and a rationale for use of bed rails was referenced in a sample of care plans reviewed. Bedrails in use were used as enablers and were in place for the purpose of positioning or enhancing the residents' function.

Arrangements in place with regard to residents' finances were transparent. Receipts were available for all monies spent.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents.

Residents confirmed that they felt safe in the centre and contributed this to the presence to the continual presence of staff and the doors being secure at night.

The inspectors discussed the needs of the current residents with staff. Staff informed the inspectors that some residents displayed responsive behaviour occasionally. Staff confirmed that they had attended training in behaviour management and were aware behaviour monitoring logs and behaviour management care plans were in place to provide direction to staff as to how to manage the behaviour that was exhibited.

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post falls to monitor neurological function.

Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken with knew what to do in the event of a fire. Fire drills were being completed regularly. Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspectors found that all internal fire exits were clear and unobstructed during the inspection. At the time of inspection there were no residents who smoked. Inspectors noted that while there was a fire extinguisher in the smoking room and a steel bin for safe disposal of cigarette ends there was no smoking aprons available. There was good availability of observation by staff of the smoking room as there were glass windows and doors off the corridor into the smoking room.

There were arrangements in place for recording and investigating of untoward incidents and accidents. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. The person in charge completed an incident investigation form post any serious accident. Evidence of risk prevention strategies for example the use of sensory alarms or provision of hip protectors was available.

All incidents were reported to the provider representative, regular health and safety review meetings were held between the provider representative, the person in charge and the person participating in the management of the centre.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling and in the use of the hoists. Staff were knowledgeable in infection control procedures and training had been provided.

Judgment:

Substantially 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):

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

Findings:

All Nursing staff had completed medication management training. One of the inspectors observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The prescription sheet included the appropriate information such as the resident's name and address, date of birth, general practitioner and a photo of the resident. The General Practitioner's signature was present for all medication prescribed however dates and signature of the general practitioner for discontinued medication was not evident in most charts reviewed. Maximum doses of PRN (as required medication) was recorded.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted inspectors found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

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:

On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. Assessments were linked to the care plans. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspectors. Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. There was some evidence available of consultation with the resident and their significant other but this was an area that required further review. A narrative record was recorded for residents each day. These records described the range of care provided on a daily basis to ensure residents well-being.

There were no residents with wounds at the time of inspection. Where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. A review of residents' medical notes showed that GP's visited the centre regularly. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy and psychiatry was available.

Judgment:

Substantially 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):

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

Findings:

The action with regard to providing signage and greater colour contrast that would enhance the environment for residents who were cognitively impaired and aid orientation had been addressed.

Moyridge Nursing Home is a purpose built residential care facility that can accommodate

46 residents. It is situated in the town of Ballina and is made up of 17 twin rooms and 12 single rooms. All bedrooms have en-suite facilities. There are 3 additional toilets, a bathroom, smoking room, kitchen, dining room, and 2 day/rest rooms. An oratory hairdressing room, clinical room, storage area and laundry room and an enclosed courtyard garden complete the structural layout. On exit from the centre to the enclosed garden there is a slight incline and no hand rail was in place to promote the safety and maintain the independence of residents.

There were no locks on some of the en-suite shower and toilets to ensure the privacy and dignity of residents was protected.

Car parking is available to the front of the building.

Judgment:

Substantially 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(s):

No actions were required from the previous inspection.

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was on display in a prominent position in the main reception area. A nominated person to deal with complaints was available and all complaints documented were investigated. There was evidence of good communication with the complaints initiator and their satisfaction with the outcome of the complaint was documented. The person in charge had implemented a process to ensure learning from complaints.

A second person was nominated to hold a monitoring role to ensure that all complaints are appropriately responded to, and records are kept. This was a staff member who did not directly work with residents. An independent appeal process was available and this was documented in the in the process displayed for residents, relatives and visitors.

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:

Inspectors found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for the resident. Inspectors found that care plans were in place detailing the views and wishes of residents regarding their preferences for end-of-life care.

At the time of the inspection no residents were receiving end of life care. Staff told the inspectors that palliative care services were available for those who needed them, and they offered a prompt effective service when used in the past.

The provider and person in charge confirmed that relatives were welcome to stay with their relative and they had access to drinks and snacks.

Residents' cultural and religious needs were supported. There was an oratory in the centre, and Mass was celebrated weekly. Residents who wished to receive the Sacrament of the Sick could do so monthly. Staff had undertaken training in end of life care.

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:

Residents' weights were recorded according to the clinical status of the resident. There was good monitoring of nutritional intake of residents at risk nutritionally. Residents' food likes and dislikes were recorded.

Inspectors saw residents being offered a variety of drinks and snacks throughout the day and fresh water was available through the centre.

One of the inspectors observed the lunchtime meal and saw that the food was served in a pleasant way and looked nutritional and appetising. Menus showed a variety of choices and meals. Staff offered assistance to residents in a discreet and sensitive

manner. Residents confirmed their satisfaction with mealtimes and food provided. Care plans were in place regarding nutritional care. Where residents were on a modified diet, evidence was seen that professional advice was contained in the care plans and followed by nursing, care and catering staff.

One of the inspectors met with the chef who was knowledgeable about the assessed needs of residents, their likes and dislikes. There was a list of the residents who required a special diet, modified diet, or for their food to be fortified and residents' preferences. Food and fluid balance charts were in place according to clinical need and were appropriately completed.

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 of a good communication amongst residents, the staff team and relatives. The person in charge outlined details of independent advocacy services that were available to residents. No residents were presently requiring this service. The contact information was available to residents/relatives. There was a relaxed atmosphere in the centre with residents stating they had a choice in the way they spent their day and could choose whether to join in an activity or to spend quiet time in their room.

There was a good range of activities available to residents. An activity therapist was on duty to facilitate meaningful activities for residents. All staff was involved in meeting the social needs of residents' and inspectors observed that staff was engaged in a meaningful way with residents. Staff displayed a good knowledge of what activities residents enjoyed. Regular activities included beauty therapy, exercise, skittles card games, bingo, and prayer sessions. Group and individual Sonas (a therapeutic activity for residents who are cognitively impaired) and imagination gym (a healthcare program based on music therapy, relaxation skills, imagination, nature awareness, communication skills and sensory stimulation) was available for residents. Many residents also had an opportunity to engage in 'reminiscence therapy'.

Residents told the inspectors that they enjoyed chatting to other residents and staff and spending time with their visitors. Inspectors observed that staff read the newspaper to residents and chatted with them regarding what was going on locally.

Some residents chose to spend time in their own rooms and enjoyed reading and watching TV, private praying or relaxing. There was evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom, however as mentioned under Outcome 12 en-suites did not have door locks. Additionally curtains in twin bedrooms did not protect the residents' privacy fully. While they divided the rooms if a resident wished to use the en-suite facilities when the other residents were in bed they had to go through their private space.

A separate visitor's room was available and some residents used this as a quiet space throughout the day.

Inspectors were satisfied that residents were consulted on the organisation of the centre. Regular resident meetings were held and there was evidence of involvement of residents in these. Where residents raised any issue there was evidence this was addressed. The person in charge had recently completed a satisfaction survey but had written up the overall findings. She stated she had gone through the views expressed and they were positive in nature.

One of the inspectors met with the activity co-coordinator. She explained the assessments she carried out to ensure that a comprehensive social care history was obtained. An activity attendance record was available for each resident. Social care assessments were completed.

Residents were facilitated to exercise their civil, political and religious rights. Residents had access to the television and/or radio. Visiting times were flexible and visitors could avail of a private facility if they so wished.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

There was a policy in place covering resident's possessions which set out a process for

recording resident's belongings, and also the arrangements for storing of valuables. Inspectors noted that there was sufficient storage space in the bedrooms for residents which included a wardrobe and a bedside locker, and a set of drawers with a lockable drawer. Residents had personalised their rooms with pictures and ornaments. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. No complaints were documented regarding missing clothes.

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:

Inspectors found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Inspectors reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff was available to assist residents and residents were supervised at all times.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, hand hygiene, person centred dementia care and nutritional care.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which showed there was a comprehensive recruitment process. Appraisals were being carried out. They focused on performance and training needs. The information from the appraisals supported the development of the training plan.

There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

Minutes were seen of staff meetings, covering issues such as the regulatory process, training, activities and deficits found on auditing were discussed. Management were in the centre daily offering support to staff and supervising practices. Care assistants were supervised and supported in their role by the nurses. Staff and residents said the providers and the person in charge were approachable and available if required. There were copies of the regulations and standards in the centre. there were no volunteers working in the centre.

At the time of inspection there were 46 residents residing in the centre, 33 of which were over 80 years, 14 of these were over 90 years. Some residents had general medical related aging problems while a high percentage had a cognitive impairment. 20 residents were maximum dependency, eight were highly dependent, eight as medium and ten as low dependency.

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:

Mary McCann
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:	Moy Ridge Nursing Home
Centre ID:	OSV-0000364
Date of inspection:	06/09/2016
Date of response:	10/10/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was an annual review of the quality and safety of care delivered to residents but there was poor evidence available that this was done in consultation with residents and their relatives.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation

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

23(1)(d) in consultation with residents and their families.

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

We will prepare the Annual Review of Service provided in 2016 using the guidance document provided by HIQA.

We will complete this review in consultation with residents and family members through the resident's council meeting.

We will prepare a synopsis of the results of the review.

We will provide each resident with a copy of the synopsis of the review in a format that is suitable to meet each resident's needs.

We will place copies of the synopsis at the front lobby for relatives and friends of the residents.

Proposed Timescale: 31/01/2017

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

A sample of residents' contracts of care was reviewed by inspectors. These set out all fees being charged to the resident they failed to set out all services to be provided.

2. Action Required:

Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

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

The Contract of Care will be reviewed and the services provided will be added

Proposed Timescale: 16/12/2016

Outcome 08: 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:

There were no smoking aprons available

3. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Two smoking aprons have been purchased and will be used to reduce the risk of injury to residents who smoke

Proposed Timescale: 21/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was some evidence available of consultation with the resident and their significant other but this was an area that required further review.

4. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We will review each residents care plans in consultation with the residents and/or representative and provide more written evidence of the details of the consultation and the outcome of the consultation; any changes made and any interventions agreed upon.

We will document this information in a specific area that is easily retrievable at time of inspection.

Proposed Timescale: 31/01/2017

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:

There were no locks on some of the en-suite shower and toilets to ensure the privacy

and dignity of residents was protected.

On exit from the centre to the enclosed garden there is a slight incline and no hand rail was in place to promote the safety and maintain the independence of residents.

5. 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.

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

Locks are currently being placed on all En- suite doors.

Hand rail will be purchased and put in place on exit from the home into the enclosed garden space.

Proposed Timescale: 14/01/2017

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:

Curtains in twin bedrooms did not protect the residents' privacy fully. While they divided the rooms, if a resident wished to use the en-suite facilities when the other residents were in bed, they had to go through their private space.

6. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

All twin rooms will be reviewed and changes will be made to the curtains to ensure that residents' privacy will be maintained fully at all times.

Proposed Timescale: 01/02/2017