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Moate Nursing Home, OSV-0000068, 22 January 2019

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Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Moate Nursing Home
Name of provider:	Moate Nursing Home
Address of centre:	Dublin Road, Moate, Westmeath
Type of inspection:	Unannounced
Date of inspection:	22 January 2019
Centre ID:	OSV-0000068
Fieldwork ID:	MON-0023810

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Moate Nursing Home is a purpose-built facility which can accommodate a maximum of 50 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long term residential care, respite convalescence, dementia and palliative care. Persons with learning, physical and psychological needs are also met in the centre. Care is provided for people with a range of needs including those of low, medium, high and maximum dependency. The centre aims to provide a nursing home that feels like home by providing a resident focused service.

The centre has 48 single and one twin ensuite bedroom. The nursing home is situated on the outskirts of the town of Moate in County Westmeath.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 January 2019	09:30hrs to 16:00hrs	Sheila McKeivitt	Lead

Views of people who use the service

Residents spoke positively about the centre. They said they felt safe living there. They were facilitated to maintain their independence and they had choice regarding all aspects of their care.

They enjoyed the activities provided to them and said they were facilitated to attend activity of preference. Food provided met their needs and some said there was too much food. Residents said they would complain to the person in charge or any member of staff and said they had a meeting with the person in charge every few months where they could voice their any opinions or concerns.

They felt their were enough staff scheduled to work each day and their needs were attended to promptly by the staff. They spoke positively about the staff, one resident said saying they couldn't do enough for them.

Capacity and capability

This was a well-managed centre with effective management structures in place to ensure the care delivered to residents was of a high standard. The non compliance's identified on the last inspection had been addressed in full.

The person-in-charge was supported by the senior and junior management team. Residents feedback and engagement had been sought for the 2018 annual review which included a quality improvement plan for the following year. Established systems to monitor the quality of care provided to residents were being used to monitor key performance indicators such as falls, medication management, complaints and person centred care.

There was a sufficient number of staff on duty with the adequate skill mix in place to meet the needs of the residents. Staff spoken with told the inspector that additional relief staff were rostered if the dependency levels of residents increased. The inspector observed good examples of positive staff engagement and interactions with residents. Staff respected residents' rights during the day, including their right to privacy. Posters advertising the date of the next residents meeting were on display.

Safe recruitment practices were in place to protect residents. Satisfactory references and Garda Vetting were sought for all employees prior to commencing employment. The centre no staff vacancies. There was good supervision in place and the staff reported that they had an annual appraisal with the person-in-charge.

Volunteers had garda vetting in place and details of each volunteers roles and responsibilities were available for review in their file.

All staff had completed the mandatory training. Staff had good knowledge of recognising and reporting alleged abuse, what to do in the event of fire and the inspector observed good practice in manual handling. There were good learning and development opportunities for staff, those spoken with felt supported by the management team.

Documents such as policies outlined in schedule 5, the statement of purpose and certificate of insurance were all up-to-date and available for review.

Regulation 15: Staffing

The staffing levels and skill mix were adequate to meet the needs of the residents. There was a staff rota available which reflected the staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training to ensure they could meet the needs of residents. All staff had up-to-date mandatory training in place for fire, safe guarding vulnerable persons and manual handling, a high number had also completed training in cardio-pulmonary resuscitation (CPR) and in managing behaviour that is challenging. Staff were adequately supervised by the management team.

Judgment: Compliant

Regulation 22: Insurance

The centre was adequately insured. The insurance covered injury to residents and loss or damage to their property. The certificate of insurance was displayed in reception.

Judgment: Compliant

Regulation 23: Governance and management

The governance of the centre was good. The person in charge was supported by the senior and junior management team. The established systems for monitoring the quality and safety of care being delivered were maintained and the results of these were discussed at senior management meetings. An annual review had been completed in 2018, it included residents opinion of the service provided and a quality improvement plan.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available for review. It had been update within the past year and was available for residents to view.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers coming into the centre had garda vetting in place. Each volunteer had been informed of their roles and responsibilities and had signed a document outlining these prior to commencing work as a volunteer.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures outlined in schedule 5 were available for review. They had all been reviewed within the past 3 years and were available staff to read.

Judgment: Compliant

Quality and safety

The quality and safety of residents in this centre was well monitored hence the standard of care provided to residents was high.

Residents safety and well-being was promoted through staff awareness of arrangements to safeguard residents from abuse. Staff spoken with were clear of the policy to follow in the event that they witnessed, suspected or had abuse reported to them and they confirmed that they had attended refresher training on this topic.

Staff had been provided with training sessions on dealing with behaviours that challenge and on how to perform cardio-pulmonary resuscitation (CPR).

Activities were available for residents to access. The schedule of activities, activities staff working hours and variety of activities offered had improved since the last inspection to ensure the needs of residents were met. Residents could now avail of evening activities. Resident told the inspector about new initiatives such as the breakfast club and the Friday night late, late show gathering, which they enjoyed. Others such as the tranquility and Sonas classes were meeting the need of those living with dementia. A number of residents went out to the local day care facility. Residents care plans reflected their specific interests and what they enjoyed participating in.

Improved medication management practices ensured residents prescribed as required medications included the maximum dose that could be administered within 24 hours.

Nursing care plans reviewed reflected the needs identified on assessment and outlined the person centred care required to meet the needs of the resident. The level of personalisation assured the inspector that the resident and /or their next of kin were involved in its development. However, end-of-life care plans required review to ensure they were clear, concise and could be read without delay.

Regulation 13: End of life

There was an end-of-life policy in place which outlined care that would be provided to residents when they required end-of-life care. This policy outlined how the the religious and cultural needs of residents would be met together with their care needs. Facilities were in place to ensure residents family could be with them at this time. End-of-life care plans required further review to ensure that the residents preferences could be viewed in a clear ,concise and efficient manner.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Residents transferred into the centre had transfer letters and all relevant documentation transferred with them. Residents transferred out of the centre had

transfer documents sent with them however, a copy of the nursing transfer letter was not always kept in the resident's file.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were adequate arrangements in place against the risk of fire including firefighting equipment, means of escape, emergency lighting and regular servicing of systems. Fire drills were practiced with staff on a monthly basis and the support needs of residents were documented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

As required medications now included the maximum dose of these drugs that could be administered within a 24 hour period.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents assessments were completed and person centred care plans were put in place to reflect the assess needs. Reviews took place four monthly or more frequently if required. There was evidence of residents being involved in the development of their care plan and the reviews.

Judgment: Compliant

Regulation 9: Residents' rights

The needs of residents were met. The facilities for occupation and recreation had improved since the last inspection. All residents now had the opportunity to access activities to meet their interest or capabilities. Their rights were respected and they had access to radio, television and newspapers.

Judgment: Compliant

Regulation 17: Premises

Functioning locks were in place in all toilets, bathrooms and shower rooms. The amount of dining space available for residents use had increased since the last inspection. The dining space provided now met the needs of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Compliant

Compliance Plan for Moate Nursing Home OSV-0000068

Inspection ID: MON-0023810

Date of inspection: 22/01/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life: We are currently reviewing "End of Life Care Plans" in conjunction with Compassionate End of Life (CEOL) Group in Moate Nursing Home. We will ensure that all care plans are person-centered, clear and concise with relevant information readily available for all staff regarding the individual care needs of all residents as they approach the end of life. The CEOL group will provide education to all staff which will enhance their insight and awareness of the care required by the residents and their families.</p> <p>We will conduct regular audits on care plans and will provide feedback to nurses for their learning and improved compliance.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: We will ensure that a copy of all documentation accompanying residents on transfer from the nursing home is retained on residents' medical files.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	07/02/2019
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is	Substantially Compliant	Yellow	07/02/2019

	temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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