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## Mooncoin Residential Care Centre, OSV-0000254, 5 June 2018

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mooncoin Residential Care Centre
<b>Centre ID:</b>	OSV-0000254
<b>Centre address:</b>	Polerone Road, Mooncoin, Kilkenny.
<b>Telephone number:</b>	051 896 884
<b>Email address:</b>	admin@mooncoinrcc.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mooncoin RCC Limited
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	72
<b>Number of vacancies on the date of inspection:</b>	6

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
05 June 2018 10:00	05 June 2018 18:00
06 June 2018 09:00	06 June 2018 16:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

**Summary of findings from this inspection**

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's rating and the inspector's rating for each outcome.

Mooncoin Residential Care Centre is a purpose-built two-storey centre, which provides residential care for 78 people. All resident accommodation is on the ground floor.

Approximately 66% of residents have dementia. This centre does not have a specific

dementia unit.

The inspector met with residents and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, records and staff training records were reviewed.

The atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had access to general practitioner (GP) services and to a range of other health services. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. Improvement was required to ensure that care plans contained sufficient detail to guide practice and that the recommendations of members of the multidisciplinary team were incorporated into the plans.

The management of complaints was compliant with regulations although some improvement was required to the complaints policy.

The action required from the previous inspection relating to finalising the annual review of the quality and safety of care was completed.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were offered a range of training opportunities and plans were in place to provide dementia-specific training in the coming months.

The results from the observations indicated that improvement was required to ensure that interactions resulted in an overall positive outcome for residents. Nutritional care required improvement to ensure that adequate assistance was available to residents and that mealtimes were a social and enjoyable event.

In order to ensure the design and layout of the premises will promote the dignity, wellbeing, and independence of residents with dementia, the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

**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 Standards for Residential Care Settings for Older People in Ireland.**

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that improvements were required to ensure that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. These improvements related to nutritional needs, end-of-life care and care planning documentation.

The inspector reviewed a sample of care plans and saw that in general they were person-centred and complete. However, some care plans did not contain sufficient detail to guide staff. For example, on reviewing the care planning documentation for a resident with particular oral care needs, the inspector noted that there was no care plan in place to guide this procedure. The inspector also noted the care plans were not consistently updated to reflect the recommendations of various members of the multidisciplinary team.

The inspector was not satisfied that all residents' needs in relation to nutrition were met and that meals and mealtimes were an enjoyable experience.

In the main, the tables were very nicely laid with pretty tablecloths etc. However, the inspector saw at some tables, in particular the table where residents with higher dependency needs were seated; there were no tablecloths and minimal settings. The inspector saw that in the smaller dining room, there were no condiments offered or available. In addition, the inspector noted that inadequate assistance was available as the inspector saw a staff member assisting two residents at the same time. Another resident did not get their meal until sometime after the resident she sat beside because of lack of assistance.

Otherwise the inspector was satisfied that food was properly prepared, and was wholesome and nutritious. Weights were monitored at regular intervals, dietary/fluid intake was recorded daily when required, and nutritional assessments were carried out. The specific dietary needs of residents were clearly documented in the kitchen. Records showed that some residents had been referred for dietetic review.

Although there were several examples of good practice in relation to end of life, the inspector found that, in a minority of cases, deceased residents' belongings were inappropriately packed and stored. This was discussed in detail with the person in charge who addressed it during the inspection. Otherwise, the inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. The person in charge stated that the centre received support from the local palliative care team if required.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available in the centre on a weekly basis. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place to guide practice. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Additional training was planned to ensure that all staff training was up to date.

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Additional training was planned for staff. A staff member had been appointed as responsive behaviour champion to lead further improvements in this regard.

The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use.

During the inspection staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatric services.

The inspector reviewed the use of restraint and found that risk assessments were completed prior to use. Additional equipment, such as low beds and sensor alarms, had also been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint. This had been identified as an area for improvement at the last inspection. Detailed care plans were in place which outlined the care to be provided when restrictive practices were in use. This included the requirements for regular safety checks and the inspector saw that these were completed. The inspector noted that although use of restrictive practices remained high, ongoing efforts were underway to promote a restraint-free environment.

The provider acted as pension agent for some residents. The inspector saw that a robust system was in place in line with national guidelines. Pocket monies were being managed for some residents. The inspector checked a sample of balances and found them to be correct. Documentation such as receipts and details of each transaction were maintained.

**Judgment:**  
Compliant

### *Outcome 03: Residents' Rights, Dignity and Consultation*

**Theme:**  
Person-centred care and support

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

**Findings:**  
The inspector was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected. There was evidence that feedback was sought from residents with dementia on an ongoing basis, regarding the services provided. Some improvement was required to ensure that all interactions resulted in a positive outcome for residents.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the sitting room, activity room and the dining room. Observations of the quality of interactions between residents and staff, for selected periods of time, indicated that 41% of interactions demonstrated positive connective care, 33% reflected task orientated care while 5% indicated neutral care and 5% indicated protective and controlling care.

Importantly, 16% of interactions were classed as institutional care, observed at lunch time in the smaller dining room. These results were discussed with the management who attended the feedback meeting and a plan was put in place to address the issues raised.

The inspector found that satisfied residents' privacy and dignity was respected. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

The residents' forum had recently reconvened, and now had plans in place to meet on a two monthly basis. Resident satisfaction surveys were also carried out. The inspector was satisfied that residents' religious and civil rights were supported. Residents confirmed that they had been offered the opportunity to vote at the recent election. Maas was celebrated on a regular basis within the centre and was streamed from the local church on a daily basis. Advocacy services were available.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends.

The inspector saw that the activity team were very committed to meeting the needs of the residents. A comprehensive assessment was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. Some dementia appropriate activities were available and a programme of activities was on display. This included music, games and crafts. One to one activities, such as hand massage, were carried out for residents who did not wish to engage in group activities.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

From the information available, the inspector was satisfied that the complaints of each resident and their family were listened to and acted upon, and there was an effective appeals procedure.

A log was maintained electronically and adequate details were recorded including the level of satisfaction with the outcome. The inspector read a sample of complaints received and found that they were managed in line with the policy in place. Residents

told the inspector who they would talk to if they had a complaint.

There was a policy in place. However, this did not meet the requirements of the regulations. It did not give details of the nominated person to ensure that all complaints were appropriately responded to, and adequate records were maintained

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

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

**Findings:**

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents, including residents with dementia.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were in place. Action required from the previous inspection in relation to staff files had been addressed.

Assurance was given by the management team that Garda Síochána (police) vetting was in place for all staff.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling. The inspector saw that additional training was planned for the coming months. This included specific training on dementia care. The inspector discussed with management the need to roll out this training in the near future to ensure that all staff had the necessary skills and knowledge to adequately care for residents with dementia. The inspector was aware that a staff member had recently completed specific training in this regard with the intention of providing training to staff.

Several outsourced service providers and volunteers attended the centre and provided very valuable activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role

and all volunteers had their roles and responsibilities set out in writing as required by the regulations.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

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. Once the planned improvements are completed, the centre will meet the needs of all residents including residents with dementia.

Mooncoin Residential Care Centre is a purpose-built two-storey centre and all resident areas are located on the ground floor. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming.

In total there are 74 single and two twin bedrooms. All bedrooms have full en-suite facilities. Each bedroom was appropriately decorated.

Adequate screening was available in the shared rooms. Rooms were nicely personalised with photographs and memorabilia.

Other communal rooms available included the main sitting room and several smaller sitting rooms and seating areas along the corridors. There was also an oratory, kitchen, dining room, treatment room and offices.

The inspector noted that white boards were at various locations throughout the centre reminding residents of the date, day, weather and planned events. Some directional signage was also in use although, additional signage may further assist residents, as the inspector heard residents asking staff which way to go to the sitting room.

There was a large well-maintained secure garden area along with a smaller courtyard area. Both were popular with residents and their families.

The inspector was aware that some improvements were already planned such as changing the floor covering in the front hall area and finishing off the painting once completed. Some maintenance was also required to areas such as the lock on the door to the courtyard, some furniture and some fittings.

<b>Judgment:</b> Substantially Compliant
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### **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:***

Sheila Doyle  
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 report<sup>1</sup>

<b>Centre name:</b>	Mooncoin Residential Care Centre
<b>Centre ID:</b>	OSV-0000254
<b>Date of inspection:</b>	05/06/2018
<b>Date of response:</b>	16/07/2018

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

Some care plans did not contain sufficient detail to guide staff.

Some care plans had not been updated following review by specialist services.

#### **1. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

- Nurse management liaising with staff to provide additional guidance on care assessing and planning.
- CNMs will check all documentation post a new admission to ensure all is completed correctly and sufficiently; CNMs will also check documentation on an on-going basis.
- Information to be disseminated to staff to raise awareness.

**Proposed Timescale:** 10/07/2018

**Theme:**

Safe care and support

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

Some personal belongings of deceased residents were inappropriately packed and stored.

**2. Action Required:**

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

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

- Deceased residents' families to be contacted within a 2 week period to ensure belongings are collected; permission to donate same will be obtained should families wish not to reclaim same.
- Belongings will be stored in green End of Life bags and kept in an assigned storage area for collection.
- Information to be disseminated to staff to raise awareness.

**Proposed Timescale:** 10/07/2018

**Theme:**

Safe care and support

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

Adequate assistance was not available to residents at mealtimes.

**3. Action Required:**

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

- Review of staff allocations and dependencies with staff relocated to ensure one to one assistance at mealtimes is available and to ensure residents are assisted with meals in a timely fashion.
- Information to be disseminated to staff to raise awareness.

**Proposed Timescale:** 10/07/2018

### Outcome 03: Residents' Rights, Dignity and Consultation

**Theme:**

Person-centred care and support

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

Some care practices did not demonstrate positive connective care for residents.

**4. Action Required:**

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

- Positive connective care to be addressed in upcoming dementia education sessions to create/reiterate staff awareness of same.
- Positive connective care to be addressed during upcoming staff meetings to raise awareness among staff.

**Proposed Timescale:** 10/09/2018

### Outcome 04: Complaints procedures

**Theme:**

Person-centred care and support

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

The complaints policy did not meet the requirements of the regulations.

**5. Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

- 1.Person now nominated and reflected in the policy.
- 2.Same to be addressed in upcoming staff meetings to raise awareness.

**Proposed Timescale:** 06/07/2018

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Continue with planned improvements to the premises.

**6. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

1. While funding to the nursing home is completely inadequate, we endeavour to maintain the premises to a high standard and current planned improvements will be completed by the end of August 2018.

**Proposed Timescale:** 10/11/2018