



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Moycullen Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinahalla, Moycullen, Galway
Type of inspection:	Announced
Date of inspection:	28 May 2024
Centre ID:	OSV-0000365
Fieldwork ID:	MON-0037401

About the designated centre

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

Moycullen Nursing Home is a purpose built facility located in Ballinahalla, Moycullen, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is single storey in design and accommodates up to 53 residents. Residents are accommodated in 47 single bedrooms and 3 double bedrooms. Resident living space is made up of a large sitting room and a large dining room. In addition, the centre has a smaller lounge, a visitors room and an oratory. Residents also have access to an enclosed courtyard and gardens. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Tuesday 28 May 2024	09:45hrs to 18:00hrs	Leanne Crowe	Lead
Tuesday 28 May 2024	09:45hrs to 18:00hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Based on the observations of the inspectors, and discussions with residents, staff and visitors, the centre was a nice place to live. All residents were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life, had many opportunities for social engagement and they were supported by a kind and dedicated team of staff.

This was an announced inspection. Upon arrival to the centre, inspectors were met by the person in charge. Following an introductory meeting, the inspectors walked around the centre, giving an opportunity to meet with residents that were passing time in the communal areas or in their bedrooms. Inspectors observed that staff were busy attending to the care needs of residents. The atmosphere was calm and relaxed and residents observed by the inspectors appeared to be comfortable and content.

Moycullen Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The single-storey nursing home is situated in a rural area on the outskirts of Moycullen Village, in Co. Galway. The designated centre was registered to provide care for 53 residents, accommodated in 47 single and three twin bedrooms. On the day of this inspection, there were 47 residents living in the centre.

The centre was visibly clean and well laid out to meet the needs of the residents. There were handrails in place along the corridors to maintain residents' safety. The corridors were sufficiently wide to accommodate walking aids and wheelchairs. The building was well lit, warm and comfortable. There were a variety of communal areas for residents to use, including a spacious dining room, sitting room and visitors' room. There was also enclosed garden areas that were accessible from several parts of the building.

Residents' bedroom accommodation was nicely decorated and contained sufficient storage for their belongings. Inspectors noted that many bedrooms were personalised with items such as ornaments, pictures and soft furnishings. Residents who spoke with the inspectors confirmed that they were content with the size and layout of their bedrooms.

Residents were able to meet their friends and family in the privacy of their bedrooms, or sitting rooms, where appropriate. The inspectors spoke with a small number of visitors who confirmed that they were satisfied with the care their loved ones received, as well as the level of communication from the staff in relation to important issues. They also said that visiting arrangements were flexible and satisfactory.

The dining room was spacious and contained sufficient seating for residents. Tables were set neatly and menus displayed included a choice of dishes at every meal. Residents gave positive feedback about the meals provided and one resident spoken to described the scones provided as the "nicest scones I have ever eaten". Mealtimes were observed to be unhurried, with residents who required assistance being provided with a good level of support from staff.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that residents received person-centred care and support. This was an announced inspection conducted by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on a previous inspection in March 2023. Inspectors found that the registered provider had taken action to address areas of non-compliance, such as the management of responsive behaviours, the provision of activities to residents and the layout of multi-occupancy bedrooms. On this inspection, inspectors found that the provider did not fully meet the requirements of Regulations 31, Notification of incidents, and Regulation 5, Individual assessment and care planning.

Mowlam Healthcare Services Unlimited Company is the registered provider of Moycullen Nursing Home. There was a clearly defined management structure in place. The person representing the registered provider is the chief executive of the company. The director of care services and a healthcare manager participated in the management of the centre at a senior level. The person in charge worked full-time in the centre. They were supported in their role by a clinical nurse manager (CNM), as well as a team of nurses, healthcare assistants, catering, housekeeping, social care practitioners and maintenance staff.

There were systems in place for monitoring the quality and safety of the service. There was a programme of audits that included reviews of incidents involving residents, environmental hygiene, infection control and other key areas of the services. The audits reviewed supported the management team in identifying areas of improvement and were accompanied by time-bound quality improvement plans.

Management meetings were held on a regular basis between the person in charge and members of the senior management team, as well as the nursing management team within the designated centre. Records of these meetings indicated that items such as staffing levels, complaints management and an overview of key clinical

incidents were discussed. Meetings with various staff groups, such as nursing staff and healthcare assistants, were also held on a regular basis.

An annual review of the quality and safety of care delivered to residents in 2023 had been completed and was available for review.

On the day of inspection, inspectors found that there was sufficient numbers of staff on duty to meet the care needs of the residents. A range of training was provided to staff, including fire safety, recognising and responding to allegations of abuse and manual handling procedures. Staff demonstrated an appropriate awareness of their role and responsibilities in relation to these areas. However, a review of weekly nursing management meeting records indicated that supervision and training in wound management had been identified as requiring improvement since July 2023. The inspectors' findings did not provide assurances that this action had been adequately addressed.

A review of staff files found that they held all of the information required by Schedule 2 of the regulations, including vetting disclosures from An Garda Síochana.

Inspectors reviewed a record of incidents and accidents and found that an incident of injury to a resident had not been notified to the Chief Inspector, as required under Regulation 31.

Policies and procedures as outlined by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were made available to inspectors during the inspection. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within these policies remained current and in line with best practice.

Regulation 15: Staffing

There was sufficient staff on duty, with an appropriate skill mix, to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspectors demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents. However, staff training and supervision in relation to wound management required improvement to assure that the needs of the residents were being met.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were systems in place to support the provision of a safe and appropriate service to residents. There was a clearly defined management structure in the centre and sufficient resources to ensure the effective delivery of care.

The person in charge carried out an annual review of the quality and safety of care in 2023 which included a quality improvement plan for 2024.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 31: Notification of incidents

While the majority of notifiable events had been submitted to the Chief Inspector, the inspectors found that one incident whereby a resident had sustained an injury and had received medical treatment, had not been notified as required. This action is repeated from a previous inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a policy and procedures in place for the management of complaints. which had been revised in line with recent changes to the regulations. The inspectors reviewed the centre's records of complaints, which demonstrated that they contained all of the information required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated. Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Inspectors found that the standard of care provided to residents living in this centre was of a satisfactory quality. Residents who spoke with inspectors said that they were well cared for by staff in the centre. This inspection found that assessment and care planning did not fully meet the requirements of the regulation.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. Inspectors viewed a sample of residents' files, with a range of needs, and found that while residents' social care plans were person-centred and very informative, care plans relating to areas such as mobility and end-of-life care were not consistently updated when the residents' condition or needs changed. This did not ensure that staff had sufficient, up-to-date information to guide them in their delivery of care.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy and speech and language therapy as needed.

Medicines were seen to be stored securely in the designated centre and returned to the pharmacy when no longer required. Medicines were administered in accordance with the prescriber's instructions. A pharmacist was available to residents to advise them on medications they were receiving

Arrangements were in place to ensure residents were appropriately assessed prior to commencing the use of restrictive practices. The centre promoted a restraint-free environment, which was evidenced by the low incidence of bedrails or other

restrictive practices in the centre. There was appropriate oversight and monitoring of the use of restrictive practices in the centre. Records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

Residents had access to local television, radio and newspapers. Residents' meetings were regularly convened and there was evidence that issues of concern raised by residents were progressed. Meeting records demonstrated that items discussed included, activities, restrictive practices and staffing. Residents' views on the quality of the service provided were also sought through satisfaction surveys. Inspectors viewed a sample of resident questionnaires and noted that feedback recorded was positive.

There was sufficient space for residents to meet with visitors in private. Inspectors observed a number of residents receiving visitors during the inspection and found that appropriate measures were in place for residents to receive visitors.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents voiced their satisfaction with the quality food of provided. Food was seen to be freshly prepared and cooked on site. Choice was offered at meal times and adequate quantities of food and drink were provided. Residents had access to refreshments throughout the day.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems were in place to ensure medication management practices were in compliance with the regulations. Medicines were stored securely and administered in accordance with best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some care care plans were not reviewed to ensure that they contained the most up-to-date information in relation to residents' care needs and that outdated information which was no longer relevant had been removed. This posed a risk that this information would not be communicated to all staff. For example:

- A resident's mobility care plan did not reflect current arrangements regarding use of specialist seating or equipment for transfer
- A resident's end-of-care plan did not reflect current arrangements regarding their wishes for end-of-life care
- A resident's skin integrity care plan did not align with the information contained in their skin integrity risk assessment
- A resident's personal evacuation plan did not align with the information contained with the resident's mobility assessment.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint free environment. The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy. Any implementation of restrictive practice was used following the trial of alternatives, and was informed by appropriate assessments and subject to regular review.

Records demonstrated that all staff had completed training in the management of responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and there was a safeguarding policy in place.

The provider acted as a pension agent for a small number of residents living in the centre. For these residents, arrangements were in place to support them to access, and manage their finances, in line with the guidelines published by the Department of Social Protection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Moycullen Nursing Home OSV-0000365

Inspection ID: MON-0037401

Date of inspection: 28/05/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) has completed a review of all staff training records. Since the inspection, all staff who required training and refresher updates in wound management have completed and have sessions scheduled for completion. • The PIC, with the support of the CNM, will ensure that all wound training is scheduled for new staff and refresher updates scheduled as required. They will monitor staff attendance to ensure compliance. • The PIC will ensure each week that wound management is reviewed as part of monitoring KPI’s and will discuss wounds and skin integrity at daily safety pause, weekly clinical meetings and monthly quality and safety meetings to ensure that staff are aware of current issues with wounds and maintenance of skin integrity. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The PIC is aware of her requirement to notify incidents within the required regulatory framework and will notify such incidents accordingly. • The PIC will review all resident incidents and complaints to ensure that any notifiable incidents are submitted to the Authority within the required timeframe and appropriately screened and investigated. • The Healthcare Manager will monitor compliance with the submission of required notifications to the Authority. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC will complete documentation training with all nursing staff by 31/08/24. The education sessions will enable each nurse to ensure that each identified care need of a resident shall be used to create an individual care plan that considers all aspects of their physical and mental health, personal and social care needs, and any supports required are identified. • The PIC and CNM will review the assessments and care plans in conjunction with the named nurses to ensure that assessments inform the plan of care, that the care plan is individualised and person-centred, considering the resident’s current medical, health and lifestyle status, and that the care plans accurately reflect the current status of each resident. • As part of the audit management system, all care plans will be regularly audited and reviewed by the PIC/CNM to ensure that they are sufficiently detailed and reflect the residents’ current health status and required care interventions. • Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings. • Any changes or developments in the resident’s condition or plan of care will be updated. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/08/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	31/08/2024

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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