



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

## Issued by the Chief Inspector

Name of designated centre:	Moyglare Nursing Home
Name of provider:	Moyglare Nursing Home Limited
Address of centre:	Moyglare Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	09 July 2024
Centre ID:	OSV-0000072
Fieldwork ID:	MON-0043947

## About the designated centre

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

Moyglare Nursing Home is a ground-floor purpose-built nursing home with a capacity of 53 residents located on the outskirts of Maynooth, Co. Kildare. A variety of communal facilities for residents are available, and residents' bedroom accommodation consists of a mixture of 37 single and eight twin bedrooms. Some have en-suite facilities, and all have wash hand basins. It intends to provide each resident with the highest quality standards of professional nursing care and a commitment to involve residents' families in the delivery of services and continuum of care. Staff strive to work effectively with the multi-disciplinary teams who are involved in providing care and services for residents. Nursing care is provided on a 24-hour basis. The philosophy of care is to maintain the basic values which underline the quality of life, autonomy, privacy, dignity, empowerment, freedom of choice and respect for the humanity of each individual resident. Quality of life and well-being is the primary aim of health care provision within this designated centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	45
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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 9 July 2024	07:00hrs to 17:30hrs	Geraldine Flannery	Lead
Tuesday 9 July 2024	08:00hrs to 17:30hrs	Helena Budzicz	Support

## What residents told us and what inspectors observed

From the observations of inspectors and from speaking with residents and their families, it was evident that residents were supported by kind and dedicated staff. Overall, residents reported improvements in the quality of care they received since the last inspection. Residents told inspectors that staff responded to their requests for assistance 'much faster' and 'did not make them feel rushed'. Residents described how staff were 'very helpful' and although some staff were new, they 'spent time getting to know us'. Staff also reported improvements since the last inspection. The extra staff allowed them to provide 'better care to residents' as now they were 'not stretched like before' as the workload had reduced.

Moyglare Nursing Home is a ground-floor purpose-built nursing home situated on the outskirts of Maynooth in County Kildare. On the day of inspection, 45 residents were accommodated in the centre. The centre was divided into four units: St. Anthony's, St. Margaret's, St. Martha's and Pio's. Residents were seen to move about the centre freely throughout the day and had access to communal areas inside and an enclosed courtyard outside the designated centre.

Inspectors observed that the centre was visibly clean and tidy. There had been improvements in the decor and upkeep of the centre since the previous inspection. A programme of works was put in place to address issues, including repairs to external and internal premises and call bell replacement where they were missing. Maintenance staff were on site, and the smell of paint was in the air.

Bedroom accommodation consisted of single and multi-occupancy bedrooms. All rooms contained sufficient storage for clothing and belongings and areas to display photographs and ornaments. Residents were encouraged to personalise their rooms with familiar objects, furniture and memorabilia. A lockable facility to store precious or private items was provided in the majority of bedrooms; however, in at least one bedroom, there was no lockable storage available for one resident in a multi-occupancy room.

Inspectors observed that one registered twin bedroom that formed part of a restrictive condition to the registration of the designated centre only was still configured for occupancy for one resident only. The registered provider declined the opportunity to demonstrate that this room was suitable for two residents.

Inspectors observed that the oratory was temporarily closed due to painting works. Inspectors were informed that the oratory had been used as an interim staff room for the two weeks prior to inspection. The existing staff room was no longer suitable to accommodate the larger numbers of staff that had been employed since the last inspection.

One of the inspectors arrived at the centre at 7 am and observed that many residents were up and about. Some residents who said they 'always wake up early'

were in the dining room having breakfast. Other residents had been assisted to get up and dressed for the day and were observed sitting in their bedrooms. Staff informed inspectors that some residents with higher dependency needs were assisted to get up by the staff on night duty from approximately 06.30 am.

During the inspection, inspectors observed that some residents' privacy in their bedrooms was compromised. Residents were seen freely entering other residents' bedrooms on the day of the inspection. In the early morning, the inspectors observed chaotic scenes where one resident, who was displaying responsive behaviour (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), with frequent verbal outbursts, was walking up and down the corridors, followed by staff. They entered a vulnerable resident's room who was sitting in their specialised comfort chair and was not able to respond due to their severe cognitive and mobility impairments. The inspectors observed the agitated resident displaying verbal aggression while invading the personal space of the other resident before sitting on their bed. Several staff were trying to de-escalate the incident before the resident vacated the room. Inspectors observed that this vulnerable resident was left in their bedroom for more than two hours without appropriate supervision. The inspectors brought this to the attention of the person in charge on the day of the inspection, and the resident was brought to the sitting room and in the company of other residents.

Mealtime was observed in the centre's dining rooms. Assistance was provided when required by allocated staff, to ensure meals were consumed while hot and appetising. Residents sat together in small groups at the dining tables. The lunch food served on the day of the inspection was seen to be wholesome and nutritious. All residents spoken with were very happy with the range of food on offer and confirmed that choices were available at all times.

There were activities provided to residents throughout the day. A lively 'gentleman's club' was held in the day room, which was well-attended. Residents who were present said they really enjoyed having the chat and making jigsaws. At the same time, the female residents were enjoying nail painting and massage and said they 'love being pampered'. Inspectors observed a small number of residents who chose to stay in their bedrooms during the day. Staff were seen to engage in meaningful activities appropriate to their interests and abilities. For example, one resident was enjoying a neck and shoulder massage, while another appeared to enjoy staff reading a passage from a book about their beloved interest in dogs.

Inspectors observed that visiting was facilitated throughout each day of inspection. Residents told inspectors that there were no restrictions and they could welcome visitors to their rooms or the communal areas of the centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an unannounced inspection that was carried out following receipt of representation from the registered provider, Moyglare Nursing Home Limited, in relation to a Notice of proposed decision issued by the Chief Inspector to stop admissions to the designated centre. Inspectors also followed up on unsolicited information received by the Chief Inspector in relation to the governance and management of the centre and the provision of safe services for residents, which was validated. Overall, the inspectors found that the registered provider had failed to provide a safe, high-quality service for all the residents living in the designated centre and staff working in the centre.

During this inspection, the inspectors reviewed the relevant actions from compliance plans from the most recent inspection dated 23 April 2024 and acknowledged some improvements in respect of the staffing levels, premises and infection control. However, significant action continued to be required to achieve compliance with respect to records, governance and management of key areas that are fundamental for a high quality and safe service, including individualised assessment and care plans, managing behaviours that are challenging, residents' rights and protection. This will be discussed further under the relevant regulations.

The registered provider is Moyglare Nursing Home Limited. A director of Moyglare Nursing Home Limited worked full-time in the centre and, together with the person in charge and a clinical nurse manager, facilitated the inspection. They were supported by a team of nurses, healthcare assistants, catering, housekeeping, activity and maintenance staff.

The governance and management structure had been strengthened since the last inspection to assist with the oversight of service and staff practices. This included the addition of a new clinical nurse manager (CNM) post, which meant that the service now had a CNM2 and a CNM1 to support the person in charge.

Inspectors observed that, following the last inspection, the registered provider had taken action and increased the staffing resources. This was confirmed by residents, staff and from a review of rosters. Residents requiring one-to-one and two-to-one dedicated care hours had the appropriate staff in place on the day of inspection. There were 19 residents in receipt of funded additional one-to-one care hours at the time of inspection. This was covered by the centre's regular staff and additional agency staff. A local and overseas recruitment drive was in place.

Inspectors found that such a high level of staffing had a significant impact on the premises, with staff using communal facilities registered for residents' use, such as the Oratory, to have their breaks and meals. This was not appropriate. Inspectors were informed that a staff canteen was under development in the attic space in St Martha's unit. The provider was requested to provide assurances that the planned changes had been risk assessed by a competent person and that they will comply

with the obligations of the Fire Safety Authority and Building Regulations.

In December 2023, a registration condition came into effect that four bedrooms should only be used to accommodate the existing residents on a single occupancy basis. In the event of vacancies occurring in the bedrooms registered as twin bedrooms, these rooms should be refurbished and reconfigured as twin rooms, ensuring that each bed space complies with the regulatory revisions which took effect on 01 January 2022. One of the bedrooms had reverted to a twin bedroom. The registered provider had submitted photographic evidence of the refurbishment to the Office of the Chief Inspector; however, on the day of inspection, there was only one bed in this room. The provider stated that the other bed and some furniture were removed at the request of the resident's representative to make more space for one resident, who required one-to-one supervision. The registered provider declined the opportunity to demonstrate that this room was suitable for two residents.

The staff training record was available for review. A schedule of training was in place and inspectors found that the management team were making efforts to ensure staff were up-to-date with training requirements according to their roles and responsibilities. One hour per day, four days a week had been dedicated to staff training since the previous inspection. However, from a review of records and observations on the day, inspectors found that residents and staff had been subjected to a number of physical and verbal incidents of aggression from a number of residents, as further detailed under Regulations 7 and 8. Although staff had the mandatory training completed, due to the layout of the premises and the high level of need that some of these residents had, staff could not effectively meet those needs and ensure all residents were protected.

The centre had a directory of residents in accordance with Schedule 3, which ensured that comprehensive records were maintained of a resident's occupancy in the centre. The contracts of care reviewed for newly admitted residents did not meet the criteria of Regulation 24: Contract for provision of services.

Overall, the inspectors found improvements in some of the documentation reviewed, including complaints procedure, visitors' log, directory of residents and information for residents. However, a number of records despite repeated requests, were not presented to inspectors on the day of inspection and will be discussed under the relevant regulation.

## Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.



Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was in a hard copy format and was appropriately maintained, safe and accessible. Since the last inspection, it was updated to include the name, address and telephone number of the resident's general practitioner (GP), details of all transfers to and from the centre, as well as details in respect of residents who had died, including the date, time and cause of death when established.

Judgment: Compliant

### Regulation 21: Records

The following residents' records were not made available in the designated centre on the day of inspection;

- A record of the designated centre's charges to residents, including any extra amounts payable for additional services not covered by those charges and the amounts paid by or in respect of each resident
- A completed and updated record of residents with one-to-one and one-to-two funding arrangements, including newly admitted residents. This was required to evidence that the number of additional staff working in the centre was commensurate with the care packages for each resident.
- A record of how many new staff had been hired and working in the centre since the last inspection, number of staff who had left since the last inspection, number of staff vacancies and number of agency staff in use currently.
- A record of written acknowledgement for the social charges that had been refunded to residents/representatives admitted before February 2024, before changes to the contracts used in the centre were introduced.
- Residents' care records were not maintained as required by Schedule 3 of Regulation 21.

Judgment: Not compliant

### Regulation 23: Governance and management

The registered provider had failed to abide by its conditions of the registration,

specifically:

- An additional restrictive condition 4 had been applied to the registered provider in respect of ensuring that bedrooms registered as twin occupancy would be reconfigured and inspected before a new resident was admitted to them. The provider continued to admit into one of these rooms in breach of this condition.
- The registered provider had failed to provide facilities in accordance with the statement of purpose and requirements of Condition 1 of the registration, specifically in respect of using the oratory space as a staff facility.

The registered provider did not implement effective management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- There was insufficient oversight and supervision of the completion of clinical nurse assessments to inform relevant care plans based on the comprehensive pre-admission assessment and discharge documents. This is described further under Regulation 5: Individual assessment and care plan and Regulation 7: Managing behaviours that are challenging.
- A failure to implement the centre's policies and associated procedures that underpin the provision of safe, evidenced-based and consistent care to the residents as evidenced under Regulation 7: Managing behaviours that are challenging and Regulation 8: Protection.
- Ineffective record management systems were in place and required review to come into compliance with the regulations.
- The oversight and management of the admission process was not adequate. The registered provider continued to admit residents with complex care needs who required one-to-one care, without appropriate planning, management and consideration of the capacity of the building to cater for the increased number of staff required. Inspectors found that despite increased staffing levels, there were significant risks to the privacy and welfare of vulnerable residents living in the centre, as evidenced in the first section of this report and under Regulation 9: Residents' rights and Regulation 8: Protection.
- Pre-admission assessments of potential residents were not informed by consideration of the impact of admitting some residents on those residents already living in the designated centre. Residents who had lived in the centre for significant periods of time found that their lived environment had changed dramatically as a consequence of the increased numbers of staff and the responsive behaviours of some residents.

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

Inspectors reviewed records in relation to contracts for the provision of services for

newly admitted residents and found that these records were not fully transparent and accurate, for example:

- The contract of care for one resident did not have an accurate reflection of the fees to be charged in respect of social charges.
- Two contracts of care for new residents were not available on the day of the inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

### Quality and safety

Inspectors found that inadequate systems for overseeing the quality and safety of residents' care impacted aspects of the care and did not ensure that all residents living in the centre were protected by safe practices. Notwithstanding the positive feedback from residents, inspectors observed incidents which compromised residents' safety and some routines and practices in the centre which did not reflect person-centred, evidence-based care and were not in line with the centre's policies.

Care planning documentation was available for each resident in the centre. Inspectors reviewed a sample of care plans for newly admitted residents and found significant gaps in the records, which meant that key information was not available to support a comprehensive review of residents' care. This will be discussed further under Regulation 5: Individual assessment and care planning.

The inspectors reviewed a number of residents' care plans in respect of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors were not assured that such residents were appropriately assessed and care records updated to ensure these residents were appropriately managed.

Although staff had access to safeguarding training, inspectors were not assured that all residents were protected and that all reasonable measures were in place to

safeguard all residents from abuse. This is further detailed under Regulation 8: Protection.

While there were opportunities for recreational and occupational activities, inspectors observed practices that were not person-centred and which did not ensure that residents' rights, dignity and choice were promoted at all times in the centre and will be detailed under Regulation 9: Residents rights.

The inspectors observed many instances of good practices in respect of infection prevention and control including effective processes to mitigate the risks associated with the spread of infection. Residents' bedrooms, corridors and most communal areas were seen to be clean on the day of the inspection.

### Regulation 27: Infection control

On the day of inspection, inspectors identified areas of good practice in the prevention and control of infection. Staff were observed to practise good hand hygiene techniques, and all staff were bare below the elbow and hand hygiene-ready. All areas of the centre were observed to be very clean and tidy, and some of the premises were in the process of being painted. Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of newly admitted residents' assessments and care plans found that they were not in line with the requirements of the regulations. For example;

- Residents did not have a comprehensive assessment of their needs with associated care plans completed within 48 hours after their admission. While some of the pre-printed generic templates for the assessments and care plans, such as Manual handling assessments, Stratify assessments, nutrition, mobility and safe environment, and crushing medication administration care plans, were present in residents' files, they were not completed with dates, names of the residents, or any person-centred information to guide the staff in safe care delivery and provide individualised care based on the needs of the resident.
- There was no photograph in the missing person profile to help identify residents in the event they had gone missing, and there was no missing person profile created for residents assessed at risk of leaving the centre and wandering. This posed a significant safety risk.
- Personal emergency evacuation plans (PEEPS) were either not in place or

were not completed with accurate information. For example, the information about the room number where the residents resided and the impact of sedation/ psychotropic medication on the evacuation of the resident was missing from the profile.

- There was no care plan for a resident with a diagnosis of diabetes and an insulin prescription, which posed a risk that key aspects fundamental to this resident's care were not met.
- There was no safeguarding care plan for residents who were at risk due to their behavioural patterns, responsive behaviours or who have had involvement in previous safeguarding incidents. In addition, the details for arrangements for residents' one-to-one or one-to-two care were not accurately documented to reflect an actual assessed need and required interventions for adequate care support.
- While there was evidence of regular dressings being completed, there was no date on the skin assessment, and the wound care plan did not outline the instructions and actions required for the specific treatment. The progress of wound healing was also not documented in the resident's care plan. This meant that it was difficult to establish whether the interventions were effective.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

Where residents exhibited responsive behaviours, the appropriate assessment and behavioural analysis were not completed following these events to prevent further re occurrences. In addition, the care plan for behaviours that were challenging was not updated following an incident of responsive behaviour to help the staff understand and navigate these behaviours when necessary.

Furthermore, while the discharging hospital records of a newly admitted resident described different events and a history of sexually inappropriate behaviour, this information was not transferred to and considered in the resident's risk assessment and was not included in the resident's care plan for responsive behaviours. This posed a risk to their safe care delivery as the staff members were not appropriately informed and guided on how to safely and effectively manage and navigate potential events of sexually inappropriate behaviour and to ensure that all other residents would be adequately safeguarded and protected from these types of behaviours.

Judgment: Not compliant

### Regulation 8: Protection

The inspectors were not assured that the registered provider had taken all reasonable measures to protect residents from abuse. For example:

- Inspectors found numerous recorded incidents in the residents' files and observation notes, showing that despite the specialised one-to-one care provided, a number of vulnerable residents living in the centre had been subjected to verbal and physical abuse. While the inspectors saw some evidence of preliminary safeguarding screening being completed, some of the safeguarding care plans were missing. It was clear that the mitigating measures in place were not effective at ensuring all residents were safe and appropriately protected.
- Furthermore, while the inspectors saw that the safeguarding of vulnerable adults training was provided for the staff members, inspectors were not assured that all the staff had the required knowledge, experience, and set of skills to prevent, detect, and adequately respond to instances of abuse and protect the vulnerable residents residing in the centre. Although this was a designated centre for older persons, the providers' strategy to admit residents with high complex needs stretched the capabilities of the staff to assure that each resident living in the centre was appropriately safeguarded at all times.
- As detailed under Regulation 7: Behaviours that challenge, resident's history and patterns of responsive behaviours were not included in residents' care plans and therefore not shared with staff to ensure that all residents were adequately protected and safeguarded from potentially abusive behaviours.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents' privacy, dignity and personal space were not consistently upheld and protected at all times due to the failure of the registered provider to ensure the effective delivery of care in accordance with the statement of purpose. Inspectors observed on several occasions a number of residents with cognitive impairment and a history of responsive behaviours walking at a quick pace around all areas in the centre and entering other residents' bedrooms without their consent and permission. While these residents who were wandering were receiving one-to-one supervision and care support, the staff members allocated to these residents were not able to stop them and redirect them to walk in different directions. Some of the residents residing in their bedrooms were not in a position to talk, raise a concern or respond to such behaviour due to their cognitive and mobility impairment. Inspectors found that some residents with higher dependency needs were assisted to get up by the staff on night duty from approximately 06.30 am. Such practices were not person-centred and did not uphold each residents' choice in respect of when they wished to get up in the morning.

Therefore, inspectors were not assured that all residents were afforded to exercise

choice and take their personal activities in private and that this right to choice, privacy and protection was supported at all times.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Moyglare Nursing Home OSV-0000072

Inspection ID: MON-0043947

Date of inspection: 09/07/2024

## 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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Regulation 21: Records Not Compliant</p> <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The following residents' records were not made available in the designated centre on the day of inspection; The provider can assure the Authority that all records under regulation 21 and schedule 2,3 &amp; 4 are available and fully accessible in the home for inspection. The resident’s contract of care has been fully reviewed and updated by the Registered Provider Representative. The weekly fee for the services has been incorporated. Additional services and funding sources have been outlined for residents with specialized care. An addendum to contracts has been generated and communicated to the residents. We will have all addendum’s to the contracts of care signed and return by the 30th of September.</p> <p>We will aim to issue contract of care on admission if possible Contracts of Care will be reviewed monthly and updated as required. Complete</p> <p>Moyglare nursing home has 20 residents with complex needs who are provided with additional funding to assist in meeting there needs and improving their quality of life. Moyglare has hired enough staff to ensure that the hours funded are always covered by one-to-one staff and two-to-one staff. There is a specifuc roster kept to cleary demonstrate that these staff are on duty. Each resident has an individulaised care plan which includes their specific needs and how many hours of additional care they are provided with and how this care assists them in their daily lives and enhances their quality of life. Moyglare will have fully recruited all staff required by November 30th 2024 and this will reduce the need for agency staff. The management team of Moyglare are regularly reviewing staffing and it is discussed at our weekly management meetings so as to ensure sufficient staffing numbers are employed to meet the residents needs.</p>	

Moyglare nursing home has hired 10 staff since the last inspection. One HCA staff members has left since our last inspection. 8 staff vacancies currently exist but will be filled by November 30th 2024 as the staff recruited are coming from overseas and are awaiting work permits. Agency staff are currently rostered for 3.5 hours per day on a weekly basis until the newly recruited staff commence, this will cease by November 30th 2024.

Moyglare can confirm that all residents and or their representatives have been refunded for their social charge if they were admitted before February 2024. Moyglare has introduced a socila programme charge for any resident admitted after February 2024 and this is clearly outlined in the contract of care.

An audit has been carried out of all care plan in relation to compliance with Schedule 3 of Regulation 21 and care plans that required changes have been fully updated. Complete. The PIC and CNM's will continue to audit care plans each month so as to ensure they remain compliant with Regulation 21, schedule 3.

Person(s) Responsible;Registered Provider Represntative,Person in Charge and Clinical Nurse Managers

Time Frame;

November 30th 2024 Staffing will be complete and agency will cease.

Records are complete.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The registered provider had failed to abide by its conditions of the registration, specifically:

The Registered Provider understands that the restrictive conditon 4 that has been applied means that no new residents can be admitted to bedrooms 30,31,32 and 33 until they have been inspected and accepted as suitable twin rooms with a minimum of 7.4m2 bedspace. We apologise for the misunderstanding. No further residents will be admitted to these rooms until they have been inspected and approved.

Staff are no longer using the oratory for staff breaks and this has been returned as residents space effective immediately. Complete –9th September 2024.

Staff breaks are being staggered and a new portacabin will be put in place once the new drive way has been laid. A new staff room has been created and once the fire regularisation certificate has been issued, Moyglare will apply to vary the registration so this area can also be used for staff breaks.

An audit has been carried out of all resident's care plans and the care plans have been updated to ensure they are resident specific and meet the residents needs and abilities. The PIC and CNM's will continue to monitor and audit care plans so as to ensure care plans remain up to date and compliant. Complete

Moyglare is ensuring that the policies in relation to Managing behaviours that are challenging and Protection as being implemented into practice and that staff are fully aware of their meaning and importance in enhancing and guiding resident care. Staff and residents have also been provided with easy to read safeguarding booklets to help inform and guide understanding and practice. An information booklet is also available to nominated representatives. These booklets are used as part of our staff training and education so as to ensure staff fully understand the importance of protecting residents. The PIC is arranging a safeguarding information session with resident's and families for 19th September 2024.

We have reviewed our record management systems and the senior management team have implemented structure and systems to ensure records are compliant. Complete

Moyglare has taken the voluntary decision to cease all new admissions at present so as to ensure the centre is safe, calm and comfortable for all residents. Moyglare recognises that the pattern of admissions has changed to more residents with complex needs. Moyglare does not intend to increase the number of newly admitted residents with complex needs when admissions recommence. Immediate effect.

Any potential new admission will be carefully assessed and their needs will be discussed with the management team so as to ensure they do not negatively change the atmosphere within the home.

Careful consideration and planning will take place prior to all new admissions, current resident needs and staffing levels will form part of this consideration.

As part of all future pre-admission assessments, current residents and the dynamic within the home will form a prominent part of decisions made to admit which also trying to keep the home sustainable.

Person(s) Responsible; Registered Provider Representative, Person in Charge and Clinical Nurse Managers

Time Frame: Complete

Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  All contracts of care have been updated and clearly reflect any charges that will apply in relation to social charges.</p> <p>All residents have been issued with the new amended contract and a signed contract of care will be returned and on file by the 30th of September.</p> <p>Person(s) Responsible;Registered Provider Representative,Person in Charge and Clinical Nurse Managers  Time Frame; September 30th 2024</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Regulation 5: Individual assessment and care plan  Not Compliant</p> <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>An audit of all resident care plans has taken place by the senior clinical team and all care plans have been made specific to each residents individual needs and abilities. All new residents will have a comprehensive assessment completed with 48 hours of admission which will in turn assist in created a resident specific care plan. This will be audited by the senior clinical team after each admission and a care plan audit will take place monthly.</p> <p>On the day of inspection one resident was missing an up to date photograph from their missing person profile. This was immediately put in place. A thorough review was carried out all residents missing person profiles was carried out as Motglare appreciates the vital importance of this document. The provider can assure the Authority that the registered provider does understand and take seriously the vital importance of such assessments. A through audit of all care plans and assessments has taken place and will continue to be carried out monthly.</p>	

A new missing person profile has been created for all residents which includes an up to date photograph of the resident. Complete.

All PEEPS have been fully updated with all of the information required. These will be audited monthly so as to ensure they remain up to date and accurate. Complete.

As part of the care plan audit and review all residents with behavioural problems have a suitable safeguarding care plan in place. Any resident with one-to-one or two-to-one care is accurately reflected in the care plan. Complete.

A safeguarding audit will be carried out monthly by the MDT.

As part of the care plan audit and review all residents with a wound care plan have been fully updated to include the date of the skin assessment and the actions and insotructions around the management of the wound and any improvement or deterioration will also be clearly noted. These records are now kept in residents files rather than in the wound management folder. Complete.

Person(s) Responsible; Registered Provider Representative, Person in Charge and Clinical Nurse Managers

Time Frame: Complete

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

As part of the care plan audit all residents with responsive behaviours will have a detailed appropriate assessment carried out and this will be regularly updated. Post incident reviews will take place with staff so that there is learning and understanding about how situations can be handled in the best possible way. All care plans will be updated after any incident of responsice behaviours. This will be reviewed by the senior clinical team. Additional in person safeguarding training is being organised at present with an outside provider. This will enhance staffs education and practical practice. Any history of sexually inappropriate behaviour will be clearly documented and communicated to all staff involved in the resident's care, so that staff are guided and fully equipped to care for these residents. This will also be something that will be carefully reviewed at the pre-admission stage and will clearly state if there is a history of sexually inappropriate behavior. Complete.

Person(s) Responsible; Registered Provider Representative, Person in Charge and Clinical Nurse Managers

Time Frame: September 30th 2024 Records

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Regulation 8: Protection Not Compliant</p> <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Moyglare has decided to voluntarily suspend admissions so as to allow time to ensure all residents are cared for in a meaningful way, to meet their required individual needs. Resident's care plans have been reviewed and updated to reflect the needs of these residents and to effectively ensure the residents with complex needs enjoy a good quality of life whilst also ensuring the protection of all residents and ensuring all residents rights and dignity are protected.</p> <p>When admission do recommence careful pre-admission assessment will take place and discussion amongst the managemnt team prior to any resident being admitted. Ensuring that current residents safety, dignity and choice are not compromised. The management team are carrying out regular observation audits of the care and environment so as to ensure residents are enjoying a good safe quality of life and regaulr feedback and learning is provided to staff.</p> <p>As part of the care plan audit and review additional staff training and educatiuon is taking place to ensure staff are fully aware of how to manage these situations. All residents that require a safeguarding careplan will have one in place and this will be communicated to all staff involved in the residents care. Any incident of a safeguarding event will have a preliminary screening carried out and an NF06 will be sent to HIQA with a suitable safeguarding and protection plan</p> <p>Additional staff training will be provided to ensure staff are eduacted and capable of meeting the particular residents they are provideing direct care to. A specific in-house praticial / workshop will be held weekly for all staff to role play various scenarios of challenging behaviours to assist them in understanding and to navigate challenging behaviours. This will be closely monitored by the Registered Provider and PIC.</p> <p>As part of the care plan audit and review residents behaviours and history and patterns will be included so as to ensure all staff are fully aware of the residents potential needs and what type behaviour may be displyed, so that staff are capable of providing the most appropriate care to these residents.</p> <p>Person(s) Responsible;Registered Provider Represntative,Person in Charge and Clinical Nurse Managers</p> <p>Time Frame: September 30th 2024</p>	
Regulation 9: Residents' rights	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: No resident will be got up before 8am unless this is an explicit wish of the resident. On occasion some residents get up early and they will be provided with assistance and breakfast as and when they would like it.</p>	

Residents with complex needs are assisted and supervised to leave the home as and when they wish. Each resident has a detailed care plan outlining the wishes, preferences, risks (incorporating positive risk taking) which ensures they can lead meaningful high-quality lives.

Staff are educated and aware of the importance of protecting all residents' privacy, dignity and personal space. The management team are carrying out regular observation audit so as to ensure the environment is meeting all resident's needs. Any learning's are share with staff so as to improve care for all residents.

Additional in house training is being organsied with an external trainer in relation to safeguarding and protection to further enhance staffs learning and understanding in practice.

All staff are being educated about the importance of this as part of their safeguarding and responsive behavior training. A Human Rights lecture was given to staff on Augst 16th and the CNM 2 was trained to provide this in-service to all staff

Person(s) Responsible;Registered Provider Represntative,Person in Charge and Clinical Nurse Managers

Time Frame;September 30th 2024



## 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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/09/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/09/2024

	consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	30/09/2024
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Not Compliant	Orange	30/09/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and	Not Compliant	Orange	30/09/2024

	include details of the fees, if any, to be charged for such services.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	30/09/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	09/09/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	30/09/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that	Not Compliant	Orange	30/09/2024

	behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/09/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/09/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/09/2024