



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

Issued by the Chief Inspector

Name of designated centre:	Moate Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Dublin Road, Moate, Westmeath
Type of inspection:	Unannounced
Date of inspection:	01 December 2022
Centre ID:	OSV-0000068
Fieldwork ID:	MON-0037032

About the designated centre

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Thursday 1 December 2022	09:30hrs to 17:15hrs	Claire McGinley	Lead
Thursday 1 December 2022	09:30hrs to 17:15hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Inspectors met with a number of residents during the day in order to understand their lived experience in the centre. Some of the residents who were unable to tell the inspectors their views, appeared well cared for and relaxed in the environment. Residents spoken with identified that the food was "marvellous", and that "you get plenty of it". Several residents were observed having breakfast on trays in their rooms, residents confirmed that this was their choice and they were happy with this practice. They identified that there had been a high turnover of staff, but that the staff were "fabulous", "very obliging" and they "brought me back from the edge". Residents confirmed that they were "happy here", however, some informed the inspectors that their "days were long".

The atmosphere in the centre was calm and relaxed. The communal sitting rooms were occupied by residents throughout the day of inspection. An activities schedule was in place, and displayed outside the day room in the ground floor. Inspectors were informed that the activities programme commenced at 11 am, however, inspectors did not observe group activities being held until mid-afternoon. Inspectors observed that there were long periods of time where very little happened with residents, and staff supervising in communal areas did not avail of the opportunities to engage socially with the residents.

Residents were observed moving around freely within the centre. Lift access was available between the floors. Residents had access to a secure outside garden on the ground floor. However, the access to the balcony area on the first floor and the front door of the centre was restricted by a door lock on the day of inspection. This meant that independent residents did not have unrestricted access to these areas.

The premises was observed to be clean and well maintained. Inspectors observed three out of four shower rooms contained inappropriate storage of items including chairs, wheelchairs, linen skips and a privacy screen. These items limited resident access to these showers. Inspectors also noted that the smell of smoke from the first floor smoking room was noticeable and distracting on the adjoining corridor.

The inspectors observed a number of occasions when a residents' bedroom and en-suite toilet doors were left open while the resident was using their toilet, impacting on the privacy, dignity and respect of the resident. Inspectors observed that, due to the size of some en-suite toilets, it was difficult to close the toilet door when a resident required the assistance of equipment. Staff confirmed this practice of leaving the toilet door open.

The inspectors observed staff providing residents with assistance at lunch time. Assistance provided was not rushed, with staff observed to sit beside the resident and interact positively with the residents during this time.

The next two sections of the report present the findings of this inspection in relation

to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Inspectors followed up on the action taken to address the findings of the previous inspection on 27 January 2022, and on notifications received by the Chief Inspector.

The inspectors found that the provider had taken some action in addressing the findings of the previous inspection on the 27 January 2022. However, areas of non-compliance were found in Regulation 16, Staff training and supervision, Regulation 17: Premises, Regulation 18: Food and Nutrition, and in Regulation 9: Residents' rights.

Mowlam Health care Services Unlimited Company is the registered provider of Moate Nursing Home. The management structure in place identified distinct lines of authority and responsibility. The person in charge was supported by a regional manager and had access to the facilities available within the Mowlam Health care Group.

The post of the assistant director of nursing was unfilled at the time of inspection. This meant that there was inadequate support for the person in charge, and impacted on the supervision of staff in the centre.

The person in charge facilitated this inspection, and demonstrated an in-depth knowledge of the resident care needs. An auditing system was in place and a range of audits were completed, with quality improvement plans devised from the issues identified. There was evidence of regular quality, safety and governance meetings, and staff meetings to ensure robust communication within the centre. An annual review of the quality and safety of care in 2021 was completed, in line with the regulations.

Inspectors reviewed the staffing rosters and, while there were nursing posts vacant at the time of the inspection, the provider had a staffing and recruitment plan in place to ensure that staffing levels remained stable and residents care needs were met. While staffing levels were adequate on the day of the inspection, the allocation and supervision of staff did not ensure that residents received an appropriate level of social care, such as support with activities.

Information requested was presented promptly and in an easily understood format. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. A Garda Síochána (police) vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was available in

the designated centre for each member of staff.

Inspectors reviewed the centres staff training record. A review of the records indicated that a training schedule was in place for staff. Mandatory training such as fire prevention, infection control, manual handling, safeguarding residents from abuse, and dementia care was completed.

The inspectors reviewed the records of complaints raised by residents and relatives. Details of the investigation completed, communication with the complainant and their level of satisfaction with the outcome were included. The inspector noted that the complaints procedure was made available at the main reception notice board. Residents spoken with were aware of how and who to make a complaint to.

Regulation 15: Staffing

On the day of inspection, the number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not adequately supervised within the centre. This is evidenced by;

- The supervision of staff allocated to resident activities did not ensure an adequate level of social and recreational activities were provided for residents.

Judgment: Substantially compliant

Regulation 21: Records

Records, as set out in Schedules 2, 3, and 4, were available for review on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The centre had sufficient resources in place to ensure the effective delivery of care. Management systems were in place to ensure the service provided was effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed the system in place for the management of complaints and found that it contained the detail required under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents in the centre received a good standard of care, from staff who knew the residents well. Systems were in place to ensure that this care standard could be sustained and that the residents were safe. Residents who spoke with inspectors said that they felt safe and that they were well cared for by staff in the centre. However, inspectors found ongoing non-compliance in relation to residents' rights.

The centre monitored restrictive practices in use, and at the time of inspection there were no bed rails in use. However, the front door of the centre and the balcony on the first floor were locked and could only be opened by a member of staff, therefore restricting some residents ability to leave the building or to access the secure outdoor space on the balcony.

Inspectors found that nutritional supplements were not securely stored and were accessible to all residents and staff on an open shelf in the communal dining room. The process for the administration of these supplements was not robust and did not consistently align to the directions as prescribed by health care staff. This is discussed further under Regulation 18, Food and Nutrition.

Construction of communal shower and bathroom facilities identified in the previous inspection had been completed, however, these areas contained inappropriate storage which limited resident access to these facilities. This is discussed further under Regulation 17, Premises.

A sample of seven residents' care files were reviewed by inspectors. Residents' care plans and daily nursing notes were recorded through an electronic record system. A comprehensive assessment ensured that residents' individual care and support needs were identified on admission to the centre. Inspectors found evidence that residents' care plans were developed to guide the care to be provided to residents, within 48 hours following admission to the centre. Care plans were found to be person-centered and to guide care. Reviews were carried out at intervals not exceeding four months.

The provider had a number of assurance processes in place to monitor infection prevention and control which included auditing, training and supervision of staff. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection. The environment and equipment used by residents were visibly clean on the day of the inspection.

Inspectors were assured that all the required works identified by the centres own March 2022 Fire Risk Assessment had been completed. A review of the record of fire drills found that drills were completed at regular intervals intervals of the largest compartment with night duty staffing levels. Staff on duty confirmed that they had received fire safety training and could demonstrate appropriate knowledge of evacuation procedures in the event of a fire.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and in line with Regulation 11.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the premises was in compliance with Schedule 6 of the regulations. This is evidenced by;

- The hairdressing room and shower rooms contained inappropriate storage, including a number of chairs, wheelchairs, linen skips and a privacy screen, reducing resident access to this space.
- The ventilation of the smoking room was poor as a strong smell of smoke was noted in the corridor between the day room and the smoking room on the first floor.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The process for the administration of nutritional products did not ensure the dietary needs of the resident was met as prescribed by health care staff. For example, the amount and frequency of the administration of nutritional supplements did not align with prescriptions reviewed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and had systems in place to assure compliance with Regulation 28.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. The care plans reviewed were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Residents also had access to additional allied health care professionals, when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

Regulation 9: Residents' rights

Some action was required by the provider to ensure that residents' rights were in line with the requirement of Regulation 9. This is a repeat non-compliance from the previous inspection in January 2022. This is evidenced by;

- Not all residents were provided with opportunities to participate in activities in line with their individual preferences. For example, the inspectors observed one resident being excluded from joining in a group activity due to an equipment issue. The inspectors queried this with staff and the person in charge on the day, and the matter was addressed. The resident was later observed joining the activity.
- Throughout the day of inspection, residents were observed sitting in a large communal day room with little to do. There were no communal activities observed for residents to participate on the morning of the inspection.
- The right to privacy of some residents using their en-suite was compromised, as toilet doors could not be easily closed when being used by residents who used assistive equipment.
- The front door of the centre was locked and could not be opened without the assistance of staff, therefore, the choice of the resident to leave the centre was impacted.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Moate Nursing Home OSV-000068

Inspection ID: MON-0037032

Date of inspection: 01/12/2022

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"> • Since the inspection, the Person in Charge (PIC) and Activities Coordinator have reviewed the weekly activities schedule to ensure that more group activities take place at times convenient to the residents to meet the varying social and recreational needs of residents. • A Healthcare Assistant (HCA) will be allocated to supervise and assist residents with activities in the first-floor day room and will help residents to actively engage in activities during the day. • The Activities Coordinator will schedule a range of activities on the first floor and ensure that residents have an opportunity to participate in the activities or hobbies of their choice, in accordance with their capacities and interests. • The PIC will ensure that a validated Activity assessment will be completed for all residents so that an individualised care plan can be developed which will assist and guide staff in providing meaningful activities to residents. • A Sonas training programme has been scheduled for the Activity Coordinator which will enhance her skills in facilitating appropriate social and recreational activities for residents with dementia and cognitive impairment. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Facilities Manager will review the available internal and external storage facilities to facilitate the appropriate storage of equipment. The PIC will ensure that all equipment is stored appropriately and there will be no inappropriate storage of furniture, equipment or 	

clinical items throughout the home.

- As part of the review of storage facilities, the Facilities Manager will review the current smoking room and develop a plan to relocate the smoking facility to a more appropriate area.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The PIC has reviewed the storage of nutritional supplements and they are now stored appropriately and safely, in accordance with the policy on storage of prescribed items.
- The PIC and the newly appointed Clinical Nurse Manager (CNM) will supervise the administration of prescribed nutritional supplements to ensure that they are administered in line with prescriptions.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC and Activities Coordinator have reviewed the schedule of activities to ensure that there is a variety of group and individual activities for residents, in accordance with their expressed choices and preferences. The PIC will ensure that equipment required for activities is made available for activities as required.
- The PIC will ensure that all residents are offered the opportunity to participate in their preferred activities, including the provision of equipment to undertake the activity.
- A HCA will be allocated to supervise the dayroom on the first floor each day, and will facilitate residents to engage in group or individual activities.
- The PIC will ensure that residents' right to privacy is protected when staff are assisting residents during intimate care, including using the toilets. The Facilities team will ensure that the ensuite doors are in good working order.
- The key pad to open the front door of the building has been relocated to a more convenient place beside the door to enable independent residents to exit the building without requiring assistance from staff. There is unrestricted access to the garden area from the back door during the day.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in	Substantially Compliant	Yellow	31/01/2023

	accordance with the individual care plan of the resident concerned.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/01/2023
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.	Substantially Compliant	Yellow	31/01/2023
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	31/01/2023