



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:	19 May 2021
Centre ID:	OSV-0000072
Fieldwork ID:	MON-0033044

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 capacity for 54 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 38 single and eight twin bedrooms. Some have en-suite facilities and all have wash hand basins. Its intent is to provide each resident with the highest quality standards of professional nursing care and a commitment to involve resident's 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 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 are the primary aim of health care provision within this designated centre. The delivery of high quality person-centred nursing care is a priority and is supported by the wide range of nursing experience and qualified staff that have sufficient competencies, characteristics and interpersonal skills to form positive and genuine partnerships with residents. The integration of health promotion, independence, and meaningful activities is an essential component of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Wednesday 19 May 2021	09:15hrs to 17:30hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. Over the past year, the management team had been focusing on protecting the residents from the COVID-19 virus and to date the centre had been successful in preventing an outbreak. There were no immediate risks identified on the day, however the inspection identified a number of areas that required improvement. These findings will be discussed under their relevant regulations.

The feedback from the many residents and relatives met during this unannounced inspection was overwhelmingly positive. Relatives and residents expressed relief and gratitude for how they have been protected from COVID-19 and that the centre had remained free from the virus despite a very high incidence in the local community. They were unanimous in expressing their trust in the provider and the person in charge, who, they said, were present in the centre every day and showed leadership in running the service. Residents and family members reported that throughout the COVID-19 pandemic, staff made efforts to ensure residents and their families remained in contact by means of scheduled window visits, telephone and video calls. Visiting restrictions remained in place to protect residents, staff and visitors from the risk of contracting the COVID-19 virus. All visits were based on a prearranged appointment and a risk assessment was carried out. Window visits had been facilitated throughout the pandemic and the residents who spoke with the inspector said that although not ideal, they had gotten used to this arrangement and that it worked well to keep them safe. In addition, a visiting area had been put in place to facilitate visits in line with current guidance (Health Protection and Surveillance Centre, *Guidance on Visits to Long Term Residential Care Facilities*). It was appropriately equipped to support social distance and good infection control practices.

There was clear evidence that residents received a good standard of quality nursing care as there were no wounds or pressure in the centre and there was a low number of falls and adverse events.

The designated centre was centrally located in the local community of Maynooth and residents could enjoy beautiful views and landscaped internal gardens from their windows. The premises appeared clean and efforts to create a homely environment were evident. Appropriate signage was in place to remind staff and residents of infection prevention and control measures required but these did not detract from the homely feel of the environment. Residents' bedrooms were personalised and all residents who communicated with the inspector said that they were satisfied with their living arrangements, with the cleanliness of their rooms, and said that staff treated their personal possessions with respect. However the inspector saw that the cleaning of resident's equipment in the centre was not in line with best practice guidelines and required improvement.

The inspector spent time observing and chatting with a number of residents throughout the day. Residents looked well-groomed, well-cared for and staff were respectful and kind at every opportunity. There were several communal areas where residents were observed engaged in various activities throughout the day. These included watching the Mass service, singing hymns, finishing the proverb and story telling, painting and arts and crafts. Other residents were observed enjoying a cup of tea and chatting with their visitors, or listening to the radio in their rooms. Residents said that their days were busy and that they did not have time to get bored.

The programme of activities was varied and included bingo sessions, SONAS (a programme of sensory stimulation for residents with dementia), hand massages, nail painting, religious service, quizzes, dance Yoga, music and games. A monthly calendar was in place and displayed throughout the centre with planned activities and events to look forward to. Residents were actively involved in scheduling the activities for the month ahead and their wishes were respected. In addition a quarterly newsletter informed the residents of the planned activities for the season ahead, for example, gardening and the summer barbecue. For the month of May residents had plans to work on window flower boxes and hanging baskets, and the inspector observed a large array of colourful flowers in the courtyard ready to be planted.

There were sufficient staff on duty to ensure that residents' needs could be met, and staff were familiar with residents' needs. Call bells were observed to be attended to in a timely manner. Communal areas were supervised and staff were observed to be respectful and kind in their interactions with the residents. Residents told the inspector that there was always enough staff available and that they did not have to wait for staff if they rang their call bells.

Staff were seen knocking on residents' doors and respecting their privacy and dignity. Interactions between staff and residents were person-centred and relaxed and it was evident that residents felt safe and at ease. For example, staff were heard engaging in spontaneous singing and laughing with the residents on the corridors. Residents said they could exercise choice in what they wanted to do during the day or when they wanted to get up in the morning or go to bed at night. They praised staff who were 'exceptional' and 'very kind'. They said they felt safe in the centre and that they were satisfied with the quality and quantity of food and the programme of activities available to them. Residents meetings were carried out and the inspector saw that residents' feedback was taken into consideration in devising the activity programme and the running of the service.

Staff said that this was a very good place to work, and that despite the anxious times, they praised the provider who ensured they had the resources they needed to consistently provide good care. The person in charge provided good leadership to the team and staff attended daily briefings where infection prevention and control was always on the agenda for discussion. Staff told the inspector that 'residents had a tough year' even though there was an enhanced programme of activities put in place to support them. With vaccination complete, there was now some hope for a

return to more normal times.

The next section of the report sets out the findings and judgments of the inspection. These are summarised under each pillar and then discussed under the relevant regulation.

Capacity and capability

While improvements were required in some areas, the inspector was satisfied that this was a well-managed service. This was a provider who was committed to ensuring residents' safety and comfort was maximised and promoted at all times, and who had worked very hard throughout the pandemic to keep the centre COVID-19 free.

In speaking with the staff and the management team, the inspector found that they understood their roles and responsibilities and had implemented the action plan from the previous inspection. However, significant focus was now required to ensure local policies were consistently implemented by staff and that the auditing systems in place to monitor the care and services provided for the residents were sufficiently robust.

The registered provider was Moyglare Nursing Home Limited. This inspection was carried out to monitor the provider's compliance with the Health Act 2007, Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 and to review the provider's COVID-19 contingency processes in the event of an outbreak in the centre. The inspector also followed up on unsolicited information received in respect of visiting arrangements in the centre. The concerns in relation to visiting arrangements were not validated on this inspection.

The centre had not had an outbreak of COVID-19 to date. The vast majority of residents and staff had been vaccinated against COVID-19. Serial staff testing for COVID-19 was ongoing with four staff members trained in swabbing. All staff had their temperature measured twice daily in line with current guidance.

The staffing levels were sufficient to meet the needs of the residents and at the time of inspection there were no vacancies, other than a part-time staff to supplement the activity role at the weekend. This ensured good continuity of care as the long established staff team knew the residents well and their needs, as observed by inspector on the day. In their conversations with the inspector staff said that they felt supported by the management team, who ensured they had the required resources and skills to keep the residents safe and to meet their needs.

Training records showed that staff had attended the mandatory trainings and a suite of other relevant courses. Due to the pandemic a number of courses had been postponed, and the person in charge was arranging refresher training sessions. Staff training records were stored in their individual files and therefore it was difficult to

appraise whether each staff had all their training up to date. A training matrix was required to ensure the provider had full oversight of staff training and be able to provide an overview of outstanding courses at a glance.

The person in charge was a full-time registered nurse with more than 30 years experience of working with the older persons in a residential care setting. At operational level, the person in charge was supported by a senior nurse with dedicated managerial duties and the wider team of nurses, care, catering and housekeeping staff. There were clear lines of accountability and responsibilities in the designated centre and staff were familiar with the reporting structures. From a governance perspective, the person in charge was supported in their management role by the registered provider representative who was actively involved in the running of the centre on a daily basis. They worked closely together and a review of the minutes of the governance and management meetings showed they maintained oversight of the service.

The person in charge was completing regular audits of aspects of care such as falls, medication management, hygiene and infection prevention and control audits. However the inspection found that these audits were not sufficiently robust as they were consistently showing 100% results and not picking up areas of improvement. For example the inspector found that improvements were required in the cleaning of residents' equipment and medicine administration practices.

Complaints were well-managed, however the local policy required review to ensure it included a nominated person to oversee the complaints process as required by the regulations.

Regulation 15: Staffing

There were sufficient staff and appropriate skill-mix to care for the needs of residents. There was a minimum of one registered nurse on duty at all times, in line with regulatory requirements.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to mandatory training and courses in line with regulatory requirements including fire safety, infection prevention and control and safeguarding vulnerable adults. However staff had not attended refresher training in key areas such as end of life care and responsive behaviour to ensure they had up to date knowledge and skills to implement the centres' own policy and procedures in these areas.

The person in charge carried out regular appraisals and performance reviews and new staff completed an induction programme as part of joining the organisation.

Overall staff were supported and supervised in their work. However the supervision of cleaning processes required improvement to ensure that cleaning services were implemented in line with the centre's own procedures and standards. This included the cleaning of resident's equipment.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with explicit lines of authority and accountability.

The service was appropriately resourced to meet the needs of the residents and ensure their safety.

There were comprehensive management systems in place to monitor the service however these were not effective in all areas and had not picked up a number of improvements required as identified on this inspection and presented in the report.

An annual review had been completed which included consultation with residents and families and an improvement plan for 2021.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The number of accidents and incidents in the centre was very low and incidents had been appropriately notified to the Chief Inspector.

The provider had also been submitting the quarterly notifications as required, however there had been an oversight in respect of the first quarter of 2021. This notification was received immediately after the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was an effective complaints policy in place, it did not include a

nominated person to oversee the process, as required by regulation. However, the inspector was satisfied that complaints were appropriately managed.

The number of complaints was low, and a suggestion box was available in the centre. The inspector reviewed the complaints records and found that there had been five complaints received in the centre since the last inspection, all of which had been appropriately investigated and closed off.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

The policies were very comprehensive and evidence-based and sufficiently detailed to guide care. While a list of signatures was in place confirming that staff had read and understood the policy, the inspector found that the following policies were not being consistently implemented in practice;

- the medication management policy,
- the management of behaviours that is challenging,
- the end of life care policy.

Judgment: Substantially compliant

Quality and safety

While areas for improvement were identified in respect of the quality and safety regulations, the inspector was assured that the residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices.

Although there was clear evidence of the significant efforts made by the provider to ensure the centre remained clear of COVID-19 infection, further action was required to achieve full compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 which requires each registered provider to ensure that procedures, consistent with the standards for infection prevention and control are consistently implemented by staff.

The service ensured that residents' assessed needs were met in a timely and appropriate manner and that the care was person-centred. While residents had good

access to medical treatment and services as recommended by the General Practitioner (GP) and other allied health professionals, access to chiropody services required review. Residents care records were paper-based and a review of a sample of five residents' care plans found a good standard of nursing care was provided to the residents, based on their assessed needs. Falls were well-managed, and included multidisciplinary post fall reviews. There were no wounds or pressure sores and when residents were losing weight they were appropriately reviewed and monitored with support from the dietitian. A COVID-19 care plan at a glance was in place for each individual resident, which was a one page document containing key details about the resident and listing all of their identified needs and the nursing interventions required to respond appropriately. This was a very useful aid for staff and a good initiative on behalf of the provider and the person in charge.

A review of the care records of a recently deceased resident found that they had received a high standard of nursing care in line with their expressed needs, including appropriate communication with family. Nevertheless, a more proactive approach to advanced care planning was required as not all residents had had the opportunity to express their wishes for care and support at end of life.

A review of the medicine management systems in the centre showed that they were largely of a good standard which meant that residents were protected by safe practices. However improvements were required in respect of the administration of medication practices and the documentation of same.

A communication strategy was in place and was found to be effective. An information guide and information leaflets were made available to residents informing them of measures to take to protect themselves during the COVID-19 pandemic. Residents were satisfied with the visiting arrangements and the way the provider communicated with them throughout the pandemic.

Overall the designated centre environment appeared clean, however the inspection found that some areas of the premises including some items of residents' equipment were not cleaned to the required standards.

All interactions between staff and residents were observed to be person-centred and it was evident that staff knew the residents well.

Regulation 11: Visits

Visits were arranged in line with current guidance (Health Protection and Surveillance Centre, Guidance on Visits to Long Term Residential Care Facilities).

Indoor visits were facilitated based on a risk assessment. All visits were based on appointment, and relatives and residents met on the day were all satisfied with visiting arrangements. Residents wishes to refuse visitors were also respected.

Residents were supported to keep in touch with their families and friends on the

telephone and using video calls with the support of staff

Judgment: Compliant

Regulation 13: End of life

End of life care was provided to residents with the support of the GP, and if required community palliative care services. There were no residents actively dying on the day of inspection, however some residents were identified to the inspector to be on a palliative pathway.

A sample of care plans reviewed showed gaps in the care planning arrangements for residents at the end of life, and that not all residents had a care plan in place documenting their expressed wishes for end of life care and support.

There was also evidence of very good practice, with some residents having completed a Think Ahead document that detailed their wishes and preferences, however these documents had not been reviewed and the inspector was not assured that if the resident's wishes had changed that this was recorded.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available in the centre which included all relevant details in respect of the service and facilities available for the residents.

Judgment: Compliant

Regulation 27: Infection control

While the provider had been successful at ensuring the centre remained COVID-19 free, enhanced oversight and supervision of staff practices was required to ensure staff implemented local policies and that standards of infection prevention and control were consistently adhered to.

The inspector observed and acknowledged numerous examples of good practice throughout the day, however a number of issues were identified which required improvement to ensure that residents were adequately protected. These included:

- A review of the mop head cleaning process was required to ensure it aligned

to best evidence practice and that the same water was not reused between bedrooms.

- A review of the storage and segregation practices to minimise the risk of cross contamination; for example the storage of slings in communal assisted bathrooms.
- Residents' equipment (particularly frequently used equipment such as wheelchairs) were not included in a cleaning schedule and as a result some items were observed to be unclean.
- Communal use of items should be minimised and equipment designated as 'Single use only' should not be reused and should be disposed of appropriately in line with *National Standards for the infection prevention and control in community services, 2018*.
- Wear and tear was visible in some areas and the quality of surfaces and finishes on furnishings, fittings and fixtures did not always support effective cleaning and appropriate disinfection.
- Additional wall mounted hand sanitisers were needed throughout the building to support staff and residents with the good hand hygiene practices.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Nurses maintained a register of controlled drugs. Medicines that required special control measures were appropriately managed and kept securely, in line with professional guidelines. The stock balance was checked twice a day or more often, with two nurses signing and dating the register at the change of each shift.

The inspector was satisfied that residents were protected by safe medicine management practices in the designated centre. However enhanced oversight was required as some areas for improvement were identified as follows:

- Crushed medication was not individually documented on residents' prescription- there was however evidence of multidisciplinary consultation with the nursing staff, GP and pharmacist.
- Maximum dosage not consistently documented on the PRN medication.
- The time of administration not documented for the weekly administered medication, in line with best practice.
- Enhanced supervision of administration practices was required to ensure medication was only signed for after being administered.
- Prescriptions were printed, however when medication was added in handwritten format it was not always legible and the inspector found misspellings in the name of medications that had the potential to lead to medication errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Admissions to the centre were based on a pre-assessment to ensure the service could appropriately meet the needs of the resident.

Detailed and person-centred care plans were in place for each resident, which were based on a comprehensive assessment and updated on a four monthly basis. Staff were familiar with residents and were seen to appropriately implement the care plan. There was evidence that residents and their families where appropriate, were consulted with in the development of the plan of care.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a GP of choice who visited the centre on a twice weekly basis. Out of hours medical cover was also provided. A variety of other professionals were available to support the residents, some of which continued to provide input remotely, such as dietetic services. While the inspector was assured that essential service providers were available to residents including physiotherapy, occupational therapy, dentist, pharmacist etc, access to chiropody services required prompt review.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

From a review of care records and interviews with staff on the day, the inspector found that access to training in responsive behaviours was required to ensure staff had up to date knowledge and skills in this area. This was particularly relevant as more than half of the residents living in the centre had a diagnosis of dementia or other forms of cognitive impairment.

The number of residents using bedrails had steadily increased over the past year with 10 residents using them on the day of inspection. The inspector was assured that alternative to bedrails had been considered and appropriate assessments had been carried out for these residents, however the use of restraints in the centre required close monitoring to ensure the centre continued to move towards a restraint free environment.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected and all residents said they were happy living in the centre. The inspector observed communal items in use which were not individually labelled, however was satisfied that this issue was immediately addressed on the day.

Residents had access to television, radio and daily newspapers and said that they were maintained informed of any changes. A hands free phone was available for the residents and communication via social networks or video calls were facilitated.

Residents were supported to lead their lives as they wished and their choices, privacy and dignity were respected. Staff provided person-centred care and were found to be knowledgeable about residents' needs and preferences.

Residents were facilitated to exercise their civil, political and religious rights. Due to restrictions imposed by the COVID-19 pandemic access to religious services was being facilitated online. Residents had access to independent advocacy services if required.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moyglare Nursing Home OSV-0000072

Inspection ID: MON-0033044

Date of inspection: 20/05/2021

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> <p>S 1.Since day of inspection all staff are scheduled to attend refresher training on End of Life Care, Responsive (Challenging) Behavior, Dementia Care and Infection Control commencing June 8th 2021 to June 24th 2021.</p> <p>S2.Refresher training has been provided to household staff to ensure cleaning services including cleaning of resident’s equipment as per Moyglare Nursing Home procedures and standards.All household staff will have completed training by July 8th 2021</p> <p>S3.Resident’s equipment is now included in daily cleaning schedule,</p> <p>M.Staff attending courses .Through auditing and observation of staff to determine they apply theory to practice.</p> <p>Daily checklist performed and completed by PIC /senior nurse.</p> <p>A.By PIC /senior nurse.</p> <p>R. Refresher training provided. Daily checklist reviewed immediately post inspection.</p> <p>T. S1: June 8th 2021 to June 24th 2021. S2 :July 8th 2021 S3: May 20th 2021</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S1. Staff refresher training has commenced to include End of Life Care, Responsive (Challenging) Behavior, Dementia Care and Infection Control and this will be continued and rolled out for other courses.</p> <p>S2. A full review of audits has taken place this includes restraints and medications.</p>	

S3.Complaints Policy in Moyglare Nursing Home has been reviewed and now includes a names nominated person, person to report to and an independent person.
M 1. Training matrix is now completed which will give full oversight of staff training and provide an overview of outstanding courses at a glance.
M2.Full review of audits and a more detailed daily cleaning checklist schedule including residents equipment
M3.Complaints Policy reviewed and now includes name of nominated person, person to report to and an independent person.
A. Through PIC and management team.
R. Now operational
T.S1:June 8th – June 24th 2021.S2:May 31st 2021 S3:May 20th 2021

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
S.Snce day of inspection the Complaints Policy now includes name of nominated person, person to report too and independent person.
M. This information is now in Complaints Policy and displayed in front hall.
A. By management team.
R.Operational
T. May 20th 20121.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
S1.End of Life Care, Responsive (Challenging) Behaviour, Medication Policies are now updated to provide more detail and clarity.
S2.Medication administration record has a column for crushed medicines, PRN states Maximum dose over 24hrs
All medicines printed to ensure legibility
S3.Management that is Responsive (Challenging) Behavior policy reviewed and read and signed by all staff.
S.4 End of Life Care policy reviewed and read and signed by all staff.
M. Read and signed by all staff.
A. By PIC and staff.
R. Read and signed by all staff. T.S1;- S4 June 30th 2021

Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>S .A review of End of Life Care planning arrangements for residents has taken place between PIC, management and staff where a more proactive approach is now in place.</p> <p>M.All residents will have a nursing care plan updated and placed in nursing notes following discussion with residents.</p> <p>Residents who have a think Ahead booklet will have same reviewed and updated Residents who do not have a Think Ahead booklet will be given one to complete.</p> <p>A. Through review and updates.</p> <p>R.Overview by PIC and senior nurse by4 monthly care plans updates or sooner as residents wishes.</p> <p>T. End of life education presently taking place</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>S1. A review of the mop heads took place and disposable mop heads are on order for use</p> <p>S2. A review of the storage and segregation practice in relation to storage of slings has taken place and they are now stored in residents room.</p> <p>S3.A revised daily cleaning scheduled was drawn up and now includes resident's equipment (wheelchairs,etc)</p> <p>S4.Single use equipment is now disposed correctly after use.</p> <p>S5. A review of chairs, furniture, fittings & furniture has taken place. All items that required upholstery, replacing and quality of surfaces is completed.</p> <p>S6.A review of wall mounted hand sanitizers took place following inspection and extra hand anitizers have been wall mounted.</p> <p>M.Through review and monitoring</p> <p>A.By PIC and Management</p> <p>R.Overview by management</p> <p>T. S1.:June 30th 2021(due delivery date) S2,S3,S4& S6 :May 30th2021-S5 17TH June 2021</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>S1. Medication administration record has a column for crushed medicines, S2. PRN states Maximum dose over 24hrs S3. Time of administration for weekly doses is now printed on medication administration record. S4. All nursing staff reminded to sign after administer of medicine. S5. All medicines printed to ensure legibility and a comprehensive checking of spellings. M. Through review and comprehensive checking A. By PC and nursing staff. R. Overview by PIC and senior nurse. T. S1,S2,S3,S4,S5, May 30th 2021</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>S. Chiropody services contacted and schedule for visit arranged M. Through confirmation from chiropody service. R. Managed by PIC. A. By the PIC and chiropody services. T. Chiropody service contacted and will confirm dates when they are available</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>S1. Staff refresher training has commenced to include Responsive (Challenging) Behavior and Dementia Care. S2. Eight high dependency residents were transferred from Connolly Hospital in March 2020 due to pandemic and this resulted in an increase in use of restraints. Restraints use is reviewed every 4 months trailing alternative methods however this has not been successful. Moyglare Nursing Home will continue to review use of restraints and strive towards a restraint free environment.</p>	

M. Through attendance of refresher course. Through assessing and trial of restraint use.
A. Through staff attendance at courses. Through review and monitoring of restraints.
R. Managed by PIC and staff.
T.S1: June 8th – June 24th 2021. S2: June 24th and 4 Monthly assessments

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	24/06/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively	Substantially Compliant	Yellow	24/06/2021

	monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	17/06/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/05/2021
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Not Compliant	Yellow	20/05/2021
Regulation 34(3)(b)	The registered provider shall	Not Compliant	Yellow	20/05/2021

	nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	20/05/2021
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Yellow	14/07/2021
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.	Substantially Compliant	Yellow	24/06/2021