



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| 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: | 27 November 2024 |
| Centre ID: | OSV-0000072 |
| Fieldwork ID: | MON-0044643 |

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.

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| Number of residents on the date of inspection: | 42 |
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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 27 November 2024 | 08:00hrs to 16:00hrs | Geraldine Flannery | Lead |
| Wednesday 27 November 2024 | 08:00hrs to 16:00hrs | Laurena Guinan | Support |
| Wednesday 27 November 2024 | 08:00hrs to 16:00hrs | Sinead Lynch | Support |

What residents told us and what inspectors observed

Overall, residents in Moyglare nursing home were supported to have a good quality of life. The feedback from residents living in the centre was very positive. The residents spoken with told the inspectors that 'it was a lovely place to live' and that 'the staff were fabulous'.

Staff reported the positive effects that additional recruitment had on the residents, staff and overall atmosphere in the centre. This was evident to the inspectors on the day of inspection, as pleasant, respectful interactions and a relaxing atmosphere was observed. Staff said they felt supported by the management and knew who to approach should they have any concerns.

This inspection found that the registered provider had made positive changes in response to the previous inspection, specifically relating to improvement in practices and services, and ultimately demonstrated improved regulatory compliance in key regulations.

The centre was found to be nicely decorated for the up-coming Christmas festivities. There were Christmas lights observed throughout the centre and residents who spoke with the inspectors said they 'loved the Christmas spirit' in the centre.

The inspectors observed that there had been significant improvements throughout the premises since the last inspection. The external driveway had been repaired and a fountain installed which made the entrance attractive and safe.

The interior was seen to have been repaired and decorated in soft colours and attractive wallpaper, and a number of bedrooms had been refurbished to a high standard. The provider outlined further refurbishment plans including, new flooring in areas and sourcing new chairs for the sitting rooms.

Communal areas were seen to be well-used by residents throughout the day. Resident bedrooms were found to be clean and organised and many were decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments.

The registered provider had provided new temporary staff break facilities which meant the oratory and nearby sitting room were refurbished and available for residents' use.

Residents were supported to make choices about their daily routines, for example; choice of meals, they could choose when to get up and go to bed, what activities they took part in and how to spend their day.

Residents spoke positively about the meals and the great choice they were offered. Menus were on display in each dining room and all residents spoken with were very

complimentary of the amount and variety of food on offer. Staff were available in each dining room and there was a pleasant atmosphere, with staff and residents chatting and laughing with each other. Residents were observed to be offered drinks regularly and discreet assistance was provided when needed.

Activities were made available to residents and these were carried out mainly in the communal rooms, to which there was a good attendance throughout the day. Activity staff were on site to organize and encourage resident participation in events, which were varied and adapted for residents that required support to include as many residents as possible.

Staff were observed to be very interactive with the residents and there appeared to be a mutual respect between the residents and the staff. One-to-one support care for some residents was provided in a kind and reassuring way. Staff that were appointed to each individual resident knew what they liked and what they didn't like and ensured their day was stimulated or as relaxed as they wished.

On the day of the inspection, one resident was observed knitting quietly with a staff member, others were leaving the centre with a staff member and going for a walk and a coffee in the local community, while others were helping to prepare for a remembrance ceremony that was due to take place later that same day. They appeared to enjoy decorating the Christmas tree together and practicing the hymns which they had planned to sing for the Mass later that day.

Visitors were observed coming in and out of the centre throughout the day and told the inspectors that they were always welcome and were assured of the care provided. One relative outlined that the centre was like 'home from home' for their family and how they valued the kindness and communications with staff.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on 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

Overall, this inspection found that the management team were striving to improve practices and services. Notwithstanding the positive improvements made by the provider since the last inspection, inspectors found that there was opportunity for further improvement in relation to care planning and residents' rights, and will be detailed further under the relevant regulation.

This was an unannounced inspection. The purpose of this inspection was to monitor the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The findings of the last two inspections of 23 April 2024 and 9 July 2024, were that the registered provider had failed to ensure there was an effective system of governance and management in place in the designated centre to ensure that residents were safe and were in receipt of high quality person-centred care.

The inspection of 23 April 2024 found that there were inadequate numbers of staff available to provide care to all residents, including for residents with highly specialised care needs and assessed as requiring one-to-one support.

Notwithstanding the improvements in staffing levels identified on the follow up inspection of 9 July 2024, the registered provider continued to admit residents with complex care needs, adversely impacting the care and welfare and quality of life for the residents living in the centre. As a result, the Chief Inspector of Social Services attached a condition to the registration of the designated centre restricting admissions until such time as improved governance and management systems and oversight, appropriate resources and effective supervision are in place to improve regulatory compliance.

Findings from this inspection noted that there was adequate number of staff working and on duty at all times and residents who had separate contractual arrangements in place for additional support care were in receipt of funded care. The inspectors were assured that the registered provider had enhanced the care, safety and protection of the residents and had taken the necessary action to provide appropriate resources, addressed the identified issues and demonstrated improved regulatory compliance in key regulations underpinning resident care.

The registered provider is Moyglare Nursing Homes Limited. The senior management team included the provider representative who worked full-time in the centre, the person in charge and two clinical nurse managers. The management team were supported by a dedicated team of staff nurses, health care assistants, activity staff, catering, household, and maintenance staff.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they did not have to wait long for staff to come to them.

Staff were provided with appropriate training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices.

Overall, documents reviewed met the legislative requirements including, the written policies and procedures, insurance certificate, directory of residents, contracts of care and the residents' guide.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding resident's needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was an on-going schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013. No new resident had been admitted since the restrictive condition to stop admissions to the designated centre was added.

Judgment: Compliant

Regulation 21: Records

Information governance arrangements in the designated centre had significantly improved since the last inspection and the management of records was in line with regulatory requirements. All documents requested on the day were promptly provided.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The centre has sufficient resources and used these appropriately.

The management systems in place to monitor the effectiveness and suitability of care being delivered to residents had greatly improved.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts of care between the resident and the registered provider and found that they were transparent and accurate. They clearly set out the terms and conditions of the resident's residency in the centre and any additional fees charged were clear. The contract also stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services and submitted within the required time frame. The inspectors followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. There was a well-structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents were receiving a high standard of care in an environment which supported and encouraged them to actively enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences.

Care planning documentation was available for each resident in the centre. Notwithstanding the improvement that had been implemented since the last inspection, further improvements were required in relation to care planning. Some residents were found to have care plans that did not guide practice and many care plans were generic in nature. This is discussed in more detail under Regulation 5: Individual assessment and care plan.

Residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had person-centred care plans in place. Staff spoken with on the day outlined to the inspectors their knowledge of appropriate interventions to support residents with responsive behaviour.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Inspectors did not observe any safeguarding incidents on the day of inspection.

Residents' rights and choice was mostly promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. However, the privacy of residents was not consistently protected at all times, and will be outlined further under Regulation 9: Resident's rights.

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure, including information on advocacy services and visiting arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care documentation and found that assessment and care planning required improvement to ensure safe care delivery for residents. For example;

- For one resident it could not be clarified in the care plan if they were a Type 1 or Type 2 diabetic as both were documented in the care plan. This could cause confusion in the provision of care.
- The care plan for a resident with a diagnosis of diabetes did not have any information in respect of the specific requirements associated with such a diagnosis and the specific care management needs. One resident's care plan included two different types of falls risk assessment. These assessments provided conflicting information, with one indicating the resident was a low risk of falls while another indicating that the resident was a high risk of falls.
- There were two different activity care plans for one resident, both indicating different preferences in relation to social and recreational likes and dislikes.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. There was evidence of assessment and analysis tools used for managing behaviour that is challenging. Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. All staff spoken

with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns.

The inspectors reviewed a sample of new staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' right to privacy was not always upheld. For example:

- Closed-circuit television (CCTV) in use in communal rooms used by residents did not ensure the privacy of residents. Such use was not in line with centre's local policy.

Judgment: Substantially 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 | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 20: Information for residents | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Moyglare Nursing Home OSV-0000072

Inspection ID: MON-0044643

Date of inspection: 27/11/2024

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 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>As part of the care plan audit all residents with diabetes will have a detailed appropriate assessment and care planning carried out and this will be regularly updated.</p> <p>As part of an assessment audit, only one type of assessment will be used for falls, that is the Falls Risk Assessment Scale for the Elderly (Connard G.1996).</p> <p>Only one activity care plan will be in use for residents, My Care Plan, Moyglare Nursing Home.</p> <p>As part of care plan review, all nurses received in service training on Creating an Individualized Holistic Comprehensive Care Plan for Residents on December 10th 2024. This training focused on equipping nurses with the knowledge and skills to assess, develop, implement and review person-centered care plans in compliance with current standards and best practices for long-term care settings.</p> <p>In addition, all care plans will be typed in preparation for downloading to a new software program.</p> <p>Person(s) Responsible; Registered Provider, Person in Charge, Clinical Nurse Managers</p> <p>Time Frame: All care plans to be updated and typed Complete: February 14th 2025</p> <p>Implementation of new care planning software: August 30th 2025</p> | |

| | |
|--|-------------------------|
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> •Closed-circuit television (CCTV) in use in communal rooms used by residents did not ensure the privacy of residents. Such use was not in line with centre's local policy. <p>Closed-circuit television (CCTV) in use in communal rooms used by residents will be disabled by January 17st 2025.</p> <p>A CCTV Policy is also in place: Complete: 8/1/2025</p> <p>Person(s) Responsible; Registered Provider, Person in Charge</p> <p>Time Frame; Completed January 17th January 2025</p> | |

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 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). | Substantially Compliant | Yellow | 17/01/2025 |
| 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. | Substantially Compliant | Yellow | 07/01/2025 |