



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:	21 August 2024
Centre ID:	OSV-0000068
Fieldwork ID:	MON-0043222

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:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 August 2024	08:50hrs to 16:20hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

From the inspector's observations, it was evident that residents living in the centre received a good standard of quality and personalised care. Throughout the day, the atmosphere in the centre was relaxed and calm. The overall feedback from the residents was that the centre was a lovely place to live with friendly and helpful staff. Those residents who could not communicate their needs appeared comfortable and content. Visitors spoken with were very complimentary of the quality of care that their family members received.

Shortly after arrival at the designated centre and following an introductory meeting the inspector completed a tour of the designated centre, with the person in charge. The centre was spread out over two floors. Residents' accommodation was located over the two floors comprising of 48 single bedrooms and one twin bedroom, all with en-suite facilities.

Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular routines well. Residents were observed to be well presented in neat dress.

The centre was observed to be clean and well-maintained. Significant improvements had been made following the findings of the last inspection, including improvements to the storage arrangements in the centre. The registered provider was preparing to submit an application to vary to the office of the Chief Inspector, to reflect the completed changes to the floor plans.

Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions from home. All the rooms had a cosy and homely feel to them and were unique to each of the residents residing in them. However, the inspector observed that the twin room did not allow enough space to be occupied by a bed, a chair and personal storage for each resident of that bedroom, while also allowing enough room for each resident to mobilise around the room unrestricted. Furthermore, the limited space available in this room did not ensure both residents could carry out personal activities in private. On the day of inspection only one resident was accommodated in this room.

There was an access point on the ground floor which opened out to a large enclosed garden. This space was nicely maintained and had a suitable ground surface to enable residents who use wheelchairs or mobility aids to access and utilise the space safely. There was appropriate outdoor furniture.

The smoking area had been recently relocated outside and this area was observed to be covered to protect the residents in bad weather. There was appropriate fire safety equipment and call bell facilities. Management in the centre had engaged

with residents, who smoke, to ensure the space met their needs. There were additional plans in place to improve the weather proof arrangements from the entrance to the designated centre to the smoking hut.

Activities were observed taking place in the centre throughout the day of inspection. In the morning a large group of residents were seen to engage in group activities facilitated by staff in the centre. In the afternoon many residents attended a religious service, where a local choir group provided the music for the service. Residents across both floors of the centre were facilitated to participate in these activities. Quieter social engagement was provided on the first floor for residents with higher dependencies who were not suited to group activities and residents who did not like to participate in large group activities.

The inspectors observed the residents' dining experience and found that the dining rooms were calm spaces. A menu was displayed on a blackboard on the wall of the dining rooms. On the day of the inspection, residents were provided with a choice of dinner options which consisted of cottage pie or chicken with pepper sauce. Dessert options included eton mess or jelly and ice-cream. Residents were observed enjoying the food provided to them. Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. The inspector saw that there was sufficient staff available to provide assistance to residents who required support at meal times. The inspector observed that staff sat with residents and provided discreet, resident-centred care and support.

The inspector spoke with six residents, over the day of inspection, all of whom were positive and complimentary about the staff, and had only positive feedback about their experiences of residing in the centre. One resident told the inspector they came in for a respite stay and decided to stay for long term care. Another resident told the inspector "from the first day I came in here it was just lovely".

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However, the oversight systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored were not fully effective.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations

2013). This inspection also followed up on the compliance plan from the last inspection in October 2023 and reviewed both solicited and unsolicited information.

The centre is owned and operated by Mowlam Healthcare Services Unlimited Company, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by members of the registered providers operational team and a clinical nurse manager. Other staff members include nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the 47 residents during the day and night. Staffing and skill-mix were appropriate to meet the assessed needs of the residents.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings attended by senior management in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. However, the inspector found that records did not always provide clear findings and detailed analysis of the information and therefore were not leading to action plans for quality improvement.

Notifications of incidents were recorded and reported, as per the regulations. Three-day notifications and quarterly notifications were being appropriately reported and submitted within the regulation's time frame.

Regulation 15: Staffing

There was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the residents living in Moate Nursing Home at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had a current certificate of insurance which outlined a cover against injury to residents, staff and visitors and included insurance against other risks such as loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The quality assurance systems that were in place did not always ensure the quality and safety of the service was effectively monitored. This was impacting on clinical effectiveness for residents' quality of life. For example, there was a high incidence of falls in the centre. While two comprehensive audits were carried out and trends in times and areas of falls were identified there was no detailed time bound action plan or analysis of the findings to drive quality improvements in that area and records showed that falls had continued to trend upwards.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Review of the incident and accident records and complaints log confirmed that all incidents and safe-guarding concerns had been reported to the Chief Inspector as required under the regulations within the specified time periods. Quarterly notifications were also submitted in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspector observed that the staff treated residents with respect and kindness throughout the inspection.

Overall the layout of the premises promoted a good quality of life for residents. There were suitable ancillary services throughout the building, including appropriate hand washing facilities. The centre was clean and well maintained. There was a choice of communal spaces available to residents and a well maintained external courtyard. However, the layout and design of one twin bedroom, on the first floor occupied by one resident on the day of this inspection, did not ensure that the needs of two residents could be met and needed review.

Staff had access to appropriate training in relation to the detection and prevention

of and responses to abuse. Staff spoken with were knowledgeable on how to report abuse and what steps to take if they witnessed or had any safeguarding concerns. The inspector reviewed a number of recent safeguarding incidents. Detailed investigations had taken place with relevant learning outcomes implemented.

The registered provider had prepared a residents guide in respect of the designated centre which contained a summary of the services and facilities in the designated, the terms and conditions relating to living in the centre and the procedure around making complaints. However the information did not include external complaints processes such as the ombudsman or detailed information regarding independent advocacy services.

The inspector reviewed the medicines and pharmaceutical services within the centre and found that the practices and systems including storage of medicines was safe.

The inspector reviewed a selection of residents' assessments and care plans on the day of inspection. The inspector found four care records where residents' care plan information did not adequately direct staff on the care they must provide to meet these residents' assessed needs. Furthermore, residents' care documentation was not always kept up-to-date and consequently could also not be relied on to clearly direct staff on the care they must provide to meet each resident's needs. The inspectors' findings are discussed under Regulation 5: Individual Assessment and Care Plan.

Regulation 17: Premises

The twin room, on the first floor, did not meet the requirements of Schedule 6 (1B) of the regulations, the room could not facilitate a chair for each resident in their bed space. There was no room between the location of the two beds to facilitate assistive equipment, including hoists, should it be required. Furthermore the limited space available around the bed when the privacy curtain was pulled did not facilitate the safe movement around the bed.

Judgment: Substantially compliant

Regulation 20: Information for residents

The information for residents guide did not include information on the external complaints processes or information regarding independent advocacy services.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary absence and discharge of residents was reviewed. All relevant information about the resident being transferred to hospital was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files.

Judgment: Compliant

Regulation 26: Risk management

An appropriate risk management policy was in place and in accordance with the regulations.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Actions were necessary to ensure that residents' care documentation reflected their individual assessed needs and were updated to clearly direct staff regarding the care interventions they must complete to meet each resident's assessed needs. For example:

- One resident had discharge information in their end of life care plan that was not relevant to their end of life care and support needs.
- Two residents had conflicting information in their nutrition and hydration care plans, while a further two residents had conflicting information in their

mobilisation care plans.

- Two residents had multiple behaviour that challenges care plans that did not clearly direct staff on the residents' most up to date care and support needs.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training. A review of potential safeguarding incidents that had occurred in the centre were seen to have been appropriately investigated.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Moate Nursing Home OSV-0000068

Inspection ID: MON-0043222

Date of inspection: 21/08/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The Person in Charge (PIC) and senior management team will conduct a falls review on a quarterly basis. This will include an analysis of falls and a clear, time bound action plan which will identify areas to drive quality improvement. • The PIC will participate in the organisation-wide Falls Committee which will provide up-to-date falls information and quality improvement goals for the home. • The PIC will include physiotherapy services in falls management training for residents and staff within the home. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The Person in Charge (PIC) conducts a risk assessment prior to the admission of any resident to the twin room as described in the centre’s Statement of Purpose. The PIC will ensure that the room is appropriate for any potential occupants so that their care needs can be safely and effectively met without difficulty. We will not admit residents to the twin room who require hoists for transfer or the use of assistive or specialised equipment that would encroach on the space of the other resident. • We will always ensure that residents in the twin room are happy to share with each other. 	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) has reviewed the Residents' Guide to include information on the complaints and advocacy service and submitted an updated version to the Authority. A copy is available to residents within the home. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) and Clinical Nurse Manager (CNM) will conduct a full audit of assessments and care plans to ensure that they accurately identify residents' healthcare needs and that appropriate care interventions are clearly described to guide staff who deliver care. • Care plans will be updated at not less than four monthly intervals or as the resident's condition changes. • All care plans, including end of life care plans, will be person-centred and will reflect each resident's wishes and preferences. • A focused care plan for residents with responsive behaviours will be implemented in line with the centre's policy and in conjunction with the Multidisciplinary Team (MDT), General Practitioner (GP) and Psychiatry of Later Life. • Further training on care planning will be provided to assist newly recruited nursing staff. 	

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 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	31/12/2024
Regulation 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	30/09/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/10/2024

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/10/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/10/2024