Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Maynooth Community Care Unit
Centre ID:	OSV-0000516
Centre address:	Leinster Street, Maynooth, Kildare.
Telephone number:	01 610 6351
Email address:	catherine.dempsey2@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	4

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 April 2019 10:30	09 April 2019 18:30
10 April 2019 10:00	10 April 2019 13:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self-assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Compliant
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Non-Compliant - Major
Outcome 06: Safe and Suitable Premises		Substantially Compliant

Summary of findings from this inspection

This inspection was focused on specific outcomes relevant to dementia care. However, a major non-compliance was found resulting in an urgent action requirement because details and documentary evidence of each staff members Garda vetting disclosure was not available in the designated centre. As a result, some staff working in the centre were removed from rostered duty until the necessary documents and evidence was available to management and in the centre. A written assurance by the provider was requested and subsequently received that all staff on duty would have a vetting disclosure in the centre in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

As part of the thematic inspection process, providers were invited to attend information seminars delivered by staff of the Office of the Chief Inspector in the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care

and the inspection process. The Inspector was informed that a request issued to the provider to complete a self-assessment questionnaire to judge the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) had not been received by management of the centre. Therefore, the table above only outlines the inspector's judgment for each dementia specific outcome.

Information received and actions required from the previous inspection were also followed up and found to be addressed satisfactorily.

The centre is registered to accommodate 42 residents and is laid out over two floors. It does not have a dementia specific unit. During the inspection the inspector was informed that 18 of the 38 residents (47%) had a diagnosis of Dementia. The inspector met with residents, relatives, visitors and staff members on duty, and reviewed the care and services provided to residents including those living with Dementia.

The centre was homely and welcoming but some aspects of the premises required review and improvement. The registration of the centre expires 24 June 2021 and consideration in relation to the purpose and function of seven multi occupancy bedrooms for four beds is required in order to comply with the timeframe and requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). Three of the seven four bedded bedrooms had full occupancy with four residents and the centre has been operating at a max of 38 residents since the previous inspection.

Care practices were observed and interactions between staff and residents were rated using a validated observation tool. Positive connective care was observed during the formal observation periods. Residents were consulted with and had opportunities to participate in the organisation of the centre. Residents' rights were promoted, occupation and meaningful activity was facilitated. The provision of activities and access to the wider community was satisfactory.

Timely access to the general practitioner (GP), pharmacist and allied health care professionals was available and provided. Appropriate systems and arrangements to ensure assessments and care plans were complete was in place. Data and information was shared with and between services providers to ensure that residents needs were met in a consistent, safe and effective way.

Hardcopy documentation such as care plans, medical records, operational procedures, recruitment and staff training records were reviewed. The inspector also followed up on the non-compliances found on the previous inspection of June 2018 in relation to fire safety precautions, risk management and the contracts of care which had been addressed. Staff training was provided and was on-going.

Staff were working towards a restraint free environment. There was evidence of good approaches to residents with communication difficulties. The assessment and management of residents with identified behavioural and psychological symptoms of dementia also known as responsive behaviours was well maintained.

Arrangements were available to promote choices, well-being and independence of residents. Responses received from residents and relatives were complimentary of the staff, food, activities and service. Opportunities for consultation and feedback from residents and family were afforded and the complaints procedure was displayed and understood.

The findings are discussed within the body of the report and areas for improvement are outlined within the action plan for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Suitable arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare services.

From an examination of a sample of residents' care plans, and discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans implemented. Contracts of care for long and short term residents was completed addressing the action required from the previous inspection.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and care plans were reviewed. Admission arrangements and practice included a pre-admission assessment in accordance with the centre's admission policy. On admission of a resident a documented assessment of all activities of daily living, including cognition, communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep was completed. Social and recreational plans were also completed in a sample reviewed. There was evidence of a range of validated assessment tools being used to monitor areas such as the risk of falls and malnutrition, mobility status and skin integrity. The development and review of care plans was done in consultation with residents or their representatives, where appropriate. Each resident's care plan was subject to a formal review at least every four months.

An assessment of resident's or family views and wishes for end of life care was recorded and outlined in medical notes and in a related care plan subject to regular reviews. The care plans inspected included details and information known by staff regarding religious, spiritual and cultural practices, and the named persons to assist in decisions to be made.

The inspector was informed that none of the resident group had pressure ulcers or wounds. The inspector saw that a variety of specialist equipment for preventative measures was available to residents in the centre identified at risk of developing a pressure ulcer.

A falls prevention and management programme was in place. Staff were familiar with residents abilities and needs, and understood the associated risks and measures to be taken to support specific residents. Allied healthcare specialists were available on a referral basis following an assessment. Mobility and daily exercises were encouraged in structured activities. Access to a physiotherapist and occupational therapist (OT) was available to residents on a referral basis while the internal vacancies for these posts were being filled. Residents had suitable mobility aids which promoted and enhanced their independence, many had motorized wheelchairs and some had modified chairs following seating assessments by an occupational therapist and or input by the physiotherapist. Hand rails on corridors and grab rails in bathrooms were available in facilities used by residents.

Operational procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording, if required. The inspector spoke with a speech and language therapist who was onsite to complete an assessment with a resident during the lunchtime meal.

Residents had good access to medical and general practitioner services, and out-of-hours medical cover was provided. A full range of other professional services available on a referral basis included speech and language therapy (SALT), dietician services and tissue viability specialists. Chiropody, podiatry, pharmacy, audiology, dental and optical services were also provided on a referral basis. Residents' confirmed and records reviewed showed that some residents had been referred to these services when required and results of their appointments were recorded in the residents' clinical notes and associated care plans.

Residents were protected through the practices and procedures in place for medicine management.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:
Measures were in place to protect residents from being harmed or suffering abuse, and to promote residents' safety.

There was a policy in place that was implemented and measures for the prevention, detection and response to abuse of residents were in place. The policy and guidance documents available provided good guidance for staff on the various types of abuse, assessment and reporting procedures, investigation process and referral arrangements to external agencies. Staff had opportunities to participate in safeguarding training and staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure of actual, alleged, or suspected abuse.

Good emphasis was placed on residents' safety. A number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, the main entrance was monitored by CCTV and controlled by staff, and call-bell facilities, mobility aids and hand rails were available in communal and circulating areas. During conversations with the inspector, residents confirmed that they felt safe in the centre and that their freedom of movement was not prohibited.

The ethos of the centre promoted a restraint free environment in line with the national policy and any restraint in use was as a last resort. Psychotropic medicine prescribed for residents on a PRN (a medicine only taken as the need arises) basis was rarely given. A local policy reflecting the national guidance document was available to describe and guide restraint usage. Risk assessments in relation to restraint methods and use had been completed and records of decisions made such as the low use of bedrails (5%) were available to show the decision was made in consultation with the resident or representative and staff. Decisions were also reflected in the resident's care plan that was subject to regular review and evaluation. Alternative equipment such as, low low beds, wedges, sensory alarms and floor beds and mats were available and tried prior to the use of bedrails. This formed part of the ongoing risk assessment and review process.

Due to their medical conditions, some residents displayed responsive behaviours. During the inspection, staff approached residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff. Education and training in dementia, management of aggression and responsive behaviour was provided for staff. The Inspector observed good communication and positive interaction between staff and residents living with dementia. Good support from the community liaison team and dementia specialist nurse was described by staff. Access to these services was also seen recorded in records of assessments and recommendations observed within the sample reviewed. Staff spoken with were familiar with the centre's policy and procedures to be implemented including the referral process to relevant professionals to inform the care-plan and review process.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place as a pension agent for a small number of residents

and for carrying out and documenting property transactions. In a sample reviewed, records were kept of two signatures for money transactions and receipts were maintained. Internal and external audits formed part of the safeguarding arrangements for managing residents finance and property.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were consulted with and had opportunities to participate in the organisation of the centre. Residents' rights were respected and opportunities to take part in a range of activities were facilitated.

A residents' forum was held three monthly to enable residents to provide feedback on the quality of the service, express their views on operational matters and propose improvements. An advocacy service was available and family involvement was central to the care and services provided. Positive interactions between staff, residents and relatives were observed.

Residents' independence and autonomy was promoted. A range of meaningful and sensory activities were available to residents with dementia. The Inspector observed residents expressing personal choices in relation to where they chose to spend their day and where they met visitors. Outings, trips and access to the surrounding area, local or national events and local attractions was facilitated. Members of the community and local groups visited the centre and provided entertainment. The arrangements seen and described enhanced residents' well-being, social inclusion and engagement in the wider community.

A variety of activities were seen being provided on inspection. Religious ceremonies and a weekly mass service formed part of the activity programme. Residents were encouraged to participate in group or individual activities according to their preferences.

The inspector saw that residents' privacy and dignity was respected. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents who spoke with the inspector said they were respected, consulted with and well cared for by the staff team.

Residents said they were able to make decisions about their care and had choices about

how they spent their day, what they wore, when and where they sat, ate meals, and when they rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs. A family room was available on the ground floor and an end of life suite overlooking the central courtyard was available on the first floor.

Procedures and precautions were in place for visiting arrangements, as required. Visitors were unrestricted during the day time and a record of visitors was maintained.

There was a policy on communication that was implemented in practice. Positive communication and meaningful interaction was observed between staff and residents throughout the formal and informal observation periods. Staff were empathetic, and demonstrated good communication and listening skills. Communication aids, notice boards, signage in parts, picture cards, telephones, radios, newspapers, magazines and televisions were available to support residents needs and abilities.

Overall, residents had good opportunities to participate in activities that were meaningful and purposeful to them and which suited their needs, interests and capacities.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were policies, procedures, systems and practices in place for the efficient management of complaints in accordance with the requirements of the legislation.

The complaints procedure was displayed in the reception area and on both floors. Complaint leaflets and information about support agencies were available in reception and throughout the centre.

Residents who communicated with the inspector were aware of the process and identified the person with whom they would communicate with if they had an issue of concern.

Management and staff were open to receiving complaints or information in order to improve the service. There were no unresolved or active complaints at the time of this inspection. Records maintained were comprehensive demonstrating action taken,

engagement and level of satisfaction of the complaint management.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
An urgent and immediate action requirement was issued to the provider as a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available in the designated centre for each member of staff on duty.

The Inspector found deficiencies within the provider's recruitment systems and arrangements that required immediate action. The Inspector learned that following the recruitment, selection and allocation of staff to the centre, documentary evidence of each staff members Garda vetting disclosure was not provided in advance or by the commencement date, and was therefore not available in the designated centre, as required by the Regulations. As a result, management were unable to demonstrate that all Schedule 2 documents were available for staff members working in the centre. Consequently some staff working in the centre were removed from rostered duty until the necessary evidence was made available. This measure was required and taken to ensure that the delivery of care and the service provided was safe. The provider representative, by request, provided written assurances that all remaining rostered staff had complete staff files and a declaration of Garda vetting in the centre.

The policy and procedures in relation to recruitment, selection and vetting of staff required review to ensure it was effective and implemented in practice. The inspector noted that the person in charge had communicated to the provider in relation to the absence of Garda vetting disclosures for staff of the centre prior to this inspection and had been in regular communication with senior management over the previous six months.

There was a planned staff roster available. While there were appropriate rostered staff numbers with the relevant skills and training to meet the needs of the residents, the absence of a Garda vetting disclosure for rostered staff negatively impacted on residents as a reduced level of staff was available from that rostered at the commencement of the inspection.

Staff development arrangements within the centre were in place. The director of

nursing, assistant director of nursing and clinical nurse manager were supernumerary to support and advise staff as required. The staff team included clinical nurse managers (grade one and two), nurses, health care assistants, activity, catering, porter and administration staff. Security, household and agency staff were contracted as needed.

Supervision arrangements included an induction process, on-going facilitation and supervision in practice and annual appraisals.
Staff and residents spoken with were satisfied that there were generally adequate staff on duty over a 24 hour period and at weekends for the number and needs of residents. Residents and relatives confirmed the staff team were kind, friendly and responded quickly when they were needed.

An on-going training plan was in place. Staff were able to provide feedback on what training they had completed in relation to their role and responsibilities. The provision of mandatory and relevant staff training was evident. The detail, frequency and learning from simulated fire drills was improved since the last inspection. Staff spoken with were familiar with the policies and procedures related to their area of work, and also the importance of effective communication with residents living with dementia and their families.

A number of volunteers worked in the centre. The inspector met with them and reviewed a sample of files held. A Garda vetting disclosure and agreement in relation to their role and responsibilities were in place as required.

Judgment:
Non-Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
This centre is a purpose built two storey building located on the edge of Maynooth town. The centre has been operating since 2002 providing continuing long term care and a respite service for male and female residents over 18 years of age with high dependency needs. A regular turnover of two respite persons was confirmed.

The centre is registered for 42 residents with up to a maximum of 38 residents being accommodated. The centre is designed around a central courtyard accessible from the ground floor. Communal day, dining and sanitary facilities were available. There is an additional balcony / terrace off the sitting room on the first floor with a view over the nearby canal.

Residents private and communal accommodation was primarily on the first floor within two distinct ward areas, called Fitzgerald Ward and Geraldine Ward. Bedroom accommodation comprises of single, twin, and up to four beds in seven rooms. A separate spacious palliative care room was available for residents accommodated in a shared or multi-occupancy bedroom when approaching end of life. This room was spacious and had facilities for both the resident and their family.

A passenger lift is available between the ground and first floor. The ground floor accommodation is primarily occupied by office and administration staff, but includes a family room, bath room, staff and meeting rooms, and spacious oratory used by residents for prayer, reflection and repose.

Reconfiguring, painting and décor was completed in one ward and in the main dining room that enhanced the appearance of the environment, and improved the safety and comfort for residents that was required from the previous inspection. Further painting, décor and upgrading of the premises was required and planned to be completed in 2019 with minor capital projects also identified for completion such as bathroom refurbishment.

A spacious storage room was available on the first floor and a number of rooms infrequently used were available on the ground floor, however, the inadequate storage of linen, linen skips and equipment was seen stored in communal bathrooms. When highlighted to staff and management, action was initiated to identify necessary equipment required to be stored close to residents on the first floor and equipment not regularly required that could be stored elsewhere.

Consideration to the occupancy levels, layout, purpose and function of the seven multi occupancy bedrooms with up to four beds is required prior to the registration expiry date of 24 June 2021 to ensure the centre will comply with the timeframe and requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). While multi occupancy bedrooms had sufficient space on this inspection, only three of the seven four bedded bedrooms had full occupancy of four residents. The centre has been operating at a max of 38 residents since the previous inspection

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Maynooth Community Care Unit
Centre ID:	OSV-0000516
Date of inspection:	09/04/2019
Date of response:	10/05/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The policy and procedures in relation to recruitment, selection and vetting of staff required review to ensure it was effective and implemented in practice.

1. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The policies and procedures in relation to, regulation 4(1) have been reviewed and updated in the centre. An annual audit will be undertaken to ensure that all policies and procedures referred to in regulation 4(1) are stored in the centre to ensure compliance with this regulation.

Proposed Timescale: 15/06/2019

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Staff files did not contain all the requirements of Schedule 2 of the Regulations.

A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available in the designated centre for each member of staff on duty.

2. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
All staff files have been reviewed in the centre and the requirements of Schedule 2 documentation have been requested from the Health Service Executive (HSE), Human Resource Department to be stored onsite.

A Garda vetting disclosure is in place for each staff member involved in direct patient care since 9/04/19.

Proposed Timescale: 30/05/2019

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Consideration to the occupancy levels, layout, purpose and function of the seven multi occupancy bedrooms with up to four beds is required to ensure the centre will comply with the timeframe and requirements of the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) Regulation 2013 (as amended). Three of the seven four bedded bedrooms had full occupancy of four residents and the centre has been operating at a max of 38 residents since the previous inspection.

Further painting, décor and upgrading of the premises was required to be completed in 2019 with minor capital projects also identified for completion such as bathroom refurbishment.

Inadequate storage of equipment was seen stored in communal bathrooms.

3. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The further painting décor and upgrading of the centre will be completed by 30th September 2019.

Equipment for storage has been accommodated in storage space outside the unit and in rooms infrequently used on ground floor since the 10/5/19.

Proposed Timescale: 30/09/2019