

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maryfield Nursing Home
Centre ID:	ORG-0000359
Centre address:	Farnablake East, Athenry, Galway.
Telephone number:	091 844 833
Email address:	maryfield1@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	West of Ireland Alzheimers Foundation
Provider Nominee:	John Grant
Person in charge:	Yvonne Murphy
Lead inspector:	Marian Delaney Hynes
Support inspector(s):	Lorraine Egan
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 February 2014 10:10 To: 11 February 2014 18:50

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

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the inspection process the inspectors met with residents, the person in charge, the operations manager and numerous staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centered care to the residents. Inspectors however were concerned that the operations manager, as a key person participating in the management of the centre, had a poor knowledge of the Regulations.

There was evidence of good practice in most areas including healthcare, provision of activity and risk management however inspectors found that there were a number of areas that required further improvement including:

1. The policy on the protection of of vulnerable adults
2. emergency lighting
3. medication management
4. aspects of care planning

5. storage of assistive equipment
6. provision of assistive equipment
7. aspects of the complaints management policy
8. aspects of the premises
9. aspects of the laundry
10. staff files

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Yvonne Murphy is the person in charge and a registered nurse. Inspectors were satisfied that she was suitably qualified and experienced to manage the care centre and meet with its stated purpose, aims and objectives. She maintained her professional development mainly through her attendance at information sessions and study days.

The person in charge had good knowledge of the Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland. Throughout the inspection process she demonstrated competence, insight and a commitment to delivering high quality care to residents.

Inspectors observed that she had a person-centred approach with residents, staff and visitors through her open and friendly interaction with them. She demonstrated strong leadership and good communication with her team. She was frequently observed meeting with residents, relatives and staff and ensured good supervision to all staff. She was an organised manager and all documentation requested by the inspector was readily available.

The person in charge informed inspectors that she was going on planned leave in the near future and was requested by inspectors to submit the required documentation to

the Authority which was received immediately following the inspection and outlined the deputising arrangements that were to be put in place in her absence.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The provider and person in charge had measures in place to protect residents from being harmed or suffering abuse however the policy on the prevention, detection and response to abuse within the residential care centre required improvement as it did not sufficiently detail how alleged abuse was responded to or details regarding the timeframes for the investigation.

Records examined by inspectors showed that all staff had received training on identifying and responding to elder abuse. Staff interviewed were aware of what to do if an allegation of abuse was made to them and the person in charge told the inspector there was a policy of no tolerance to any form of abuse in the centre. The person in charge had a clear understanding about the action to take if an allegation of abuse was reported. The contact details for the elder abuse officer were contained in the policy. Staff confirmed that they were satisfied that the management team supported them to report allegations of abuse. Residents spoken to confirmed that they felt safe in the centre.

The person in charge managed the finances of a small number of residents. Each resident's money and the financial records were maintained securely and balances were accurate. Records stated the purpose for which money was withdrawn and given to the resident.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that practice in relation to the health and safety and the management of risk promoted the safety of residents, staff and visitors. However, improvements were required in some aspects of risk management and fire safety.

There was a health and safety policy in place. There was a risk management policy and inspectors found that it did not meet with the requirements of the Regulations for example it did not include the arrangements in place to control the specific risks required by the Regulations such as, assault, aggression and violence and self-harm. There was a policy in place regarding the absence of a resident without leave but it was insufficient to guide practice as it did not give clear guidelines as to how a search might be conducted or the timeframes as to when family members and the Garda Síochána should be informed.

There were a range of risk assessments carried out throughout the environment and appropriate control measures in place to control such risks, for example the fitting of a coded key pad to the front door and sluice room door.

The environment was kept clean and well maintained and there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste. Staff were knowledgeable regarding infection control and had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

There was a comprehensive emergency plan which identified what to do in the event of fire, flood, loss of power, heating and other possible emergencies. The emergency plan included a contingency plan for the total evacuation of residents in the event of an emergency.

There was a system in place to carry out and record daily checks of fire exits and this was being carried out consistently and in line with the centre's policy on fire safety. Inspectors noted that all fire exits were unobstructed on the day of inspection.

Training records showed that not all staff had attended mandatory fire training in the past 12 months, this was raised as an issue at the previous inspection. The person in charge told inspectors that further training had been arranged for March 2014. Staff spoken with were knowledgeable on the procedures to be followed in the case of a fire. There were procedures for fire detection and prevention. Inspectors reviewed service records which showed that the fire alarm system and fire equipment were serviced on a regular basis however, there was no record that the emergency lighting had been serviced.

Training records indicated that all staff had attended moving and handling training. However, inspectors observed that staff were using unsafe handling practices such as full body lifts to transfer residents which may put both residents and staff at risk of injury. The person in charge told inspectors that she would discuss this matter with the staff without delay.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The issues from the previous inspection had been satisfactorily implemented for example there was now a policy in place to guide staff on PRN (as required) medication and medication errors.

Inspectors found that medication management policies in general provided guidance to staff however, there was no policy on recording of medication.

The inspector observed the nurse on part of a medication round and found that medication was administered in accordance with the policy and professional guidelines.

Medications that required special control measures were carefully managed and kept in a secure cabinet. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

The inspector reviewed a sample of medication charts. Photographic identification was available on the chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN and regular medication. The maximum amount for PRN medication was indicated on prescription sheets in the sample viewed by the inspector. Drugs were prescribed on the medication charts for administration in a crushed form individually for some residents who had a swallowing difficulty.

The medication administration sheets viewed by the inspector were signed by the nurse following administration of medication to the resident. The drugs were administered within the prescribed timeframe and there was space on the administration sheet to

record when a medication was refused.

Medication that required refrigeration was well managed in a secure fridge and the temperature of the fridge was recorded on a daily basis

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the accident and incident book and were satisfied that there was a detailed record of all accidents and incidents occurring in the designated centre. The person in charge and provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents however the Provider had overlooked to notify the Authority of the planned leave of the person in charge. The required notification was submitted to the Authority immediately following the inspection which also outlined the deputising arrangements that were to be put in place in her absence.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The person in charge had continued to review the quality and safety of care and quality of life of residents living in the centre through the collection of clinical data in areas such as medication management, falls, physical restraint and food and nutrition. This information was used to identify trends and was shared with staff on both an informal

and formal manner at staff meetings.

The person in charge told inspectors that she met with family members on a regular basis and welcomed their feedback and suggestions.

Inspectors met briefly with the pharmacist who explained that together with the person in charge she carried out regular audits of all medications including antibiotic and analgesia use.

Discussions with residents and staff confirmed that the person in charge monitored the quality of care and experience of residents on a daily basis through her continuous presence in the centre and ongoing discussion and consultation with them. The person in charge told inspectors that she met with him on a regular basis and their discussions included audit findings, risk and issues pertaining to the day to day operation of the centre. Inspectors did not meet with the provider on the day of inspection.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall inspectors found that residents healthcare needs were met however, as identified at the previous inspection improvements were still required in some care planning documentation.

There was evidence that residents had good access to medical and allied health care. The centre had sufficient medical cover and staff confirmed that out-of-hour services were adequate and responsive. Review of residents' medical notes showed that medical staff visited the centre regularly and nursing staff informed the inspector that medical staff were also available by phone to offer advice to staff. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly

intervals.

Residents' records reviewed by inspectors showed that they had access to a range of other health services, including dietetic, chiropody, speech and language therapy (SALT), audiology, ophthalmology and dental services.

Inspectors reviewed a number of residents' files and noted that nursing assessments and additional risk assessments were carried out for residents. All residents had a range of care plans which inspectors found to be generally person centred and individualised and which described the care to be delivered. However there were inconsistencies for example there was no care plan in place for a resident who was using bed rails and no assessment for a resident who had a fixed tray attached to her chair. Inspectors found that additional improvements were required in the management of restraint for example there was no documented evidence that alternatives had been considered prior to the application of physical restraint.

Another care plan reviewed for a resident who was at risk of falls did not incorporate the recommendations of a recent physiotherapy assessment.

At the time of inspection there were no residents with pressure ulcers however, there were wound care guidelines in place should they be required.

Weight records examined showed that residents' weights were checked monthly or more regularly if required. Nutritional assessments were used to identify residents at risk. The inspector reviewed residents' records and saw that residents were reassessed if they had lost weight. Records showed that residents had been referred for dietetic review when required. The treatment plan for these residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Although there were no residents with any significant behavioural issues inspectors found that there were procedures in place for responding to behaviours that challenged. Training had been provided to staff and there was a policy in place which provided guidance to staff.

Inspectors found that residents continued to have opportunities to participate in meaningful activities. Social care assessments had been completed in respect of all residents. A programme of activities was widely displayed there were dedicated staff members employed to provide a range of activities including weekly outings, music sessions, board games card playing, discussing newspaper articles and going for walks. The activity staff maintained an individual daily activity plan for each resident.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Although some aspects of the premises required improvements inspectors found that the centre was bright, clean, warm, and odour free throughout. The building appeared to be safe and secure and had a key code lock on the front door and CCTV cameras were installed on all corridors and externally around the building to ensure additional safety of residents.

The premises were well maintained and decorated. The communal areas such as the dining room and the day room had a variety of comfortable furnishings and were domestic in nature.

Residents with the assistance of their relatives were encouraged to decorate their rooms and inspectors noted that residents had personalised their bedrooms with a variety of photographs, ornaments and pictures. Each resident had been provided with sufficient wardrobe space and a lockable storage space.

Assistive equipment such as hoists, specialist mattresses, pressure relieving cushions and wheelchairs which were serviced on a regular basis however inspectors found that one of the specialised hoists had been out of order for a period of time and had not been sent for repair. Staff told inspectors that this resulted in delays taking residents to the bathroom. The person in charge told inspectors that she would make immediate arrangements to have the hoist sent out for repair. There continued to be insufficient storage for assistive equipment which inspectors found was mainly stored in residents bedrooms and communal areas.

The laundry and sluice rooms were well equipped and maintained in a clean and well organised manner.

Inspectors visited the garden and found that it was hazardous in areas due to its uneven surface and protruding piping. The operational manager told inspectors that the provider intended to address these issues in the near future.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that some improvement was required in the management of complaints. The policy was displayed in a prominent position and clearly outlined how staff managed complaints received. It indicated that the nominated person to deal with complaints was the person in charge. The policy outlined how a resident or a relative can make a complaint, who the nominated person was and described the independent appeals process. However as legally required, a person independent to the person nominated in Regulation 39 (5) had not been nominated to ensure that records of complaints were maintained.

The complaints log contained records of complaints, including all relevant information about the complaint, investigation and the outcome.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors noted that improvements were still required in the management of residents' personal clothing. Staff informed the inspectors that the clothing identification button tag system was no longer in use as tags kept falling off in the wash and the

identification of personal clothing had become an issue as a result. During the inspection it was noted that there were several items of clothing in the laundry with no means of identification and the laundry assistant stated that she did not know who the clothing belonged to. The person in charge told inspectors that she was aware of the issue and was examining options to manage and address the issue.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors were satisfied that on the day of inspection there was an adequate ratio of staff to residents on duty throughout the day. Residents' dependency levels were assessed using a validated tool and the person in charge used this to decide on appropriate staffing levels.

Inspectors observed staff attending to residents in a friendly, prompt, attentive and respectful manner.

Inspectors reviewed the staff rota and found that the planned staff rota corresponded with the staffing levels on duty.

There was evidence that systems of communication were appropriate to support staff in the provision of safe and appropriate care. In addition to daily handover meetings the person in charge informed the inspector that risk management, safety issues and falls prevention were discussed regularly at team meetings.

Inspectors found that the staff knew the residents very well and were enthusiastic and committed to meeting with their needs.

Staff interviewed were knowledgeable about the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse.

Staff turnover was low with some staff having worked at the centre for many years.

Apart from fire training all staff had attended mandatory training and most health care assistants had completed Further Education and Training Awards Council (FETAC) level five training in care of the elderly.

There was however, little evidence that any additional training had occurred in the past 12 months, the person in charge told inspectors that she was devising a training schedule for 2014.

Inspectors reviewed the recruitment policy and found that it met with the requirements of the Regulations however, staff were not recruited in accordance with the policy as all staff files did not contain the information required by the Regulations including three references. This issue had been identified on the previous inspection.

There was no Garda vetting sought for a volunteer. The person in charge told inspectors that she would address this issue following inspection.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Marian Delaney Hynes
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**



Action Plan

Provider's response to inspection report¹

Centre name:	Maryfield Nursing Home
Centre ID:	ORG-0000359
Date of inspection:	11/02/2014
Date of response:	24/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy did not provide adequate guidance to staff and management

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:

The policy for the detection and response to allegations of abuse now gives clearer guidance to staff on the procedure to follow in Maryfield Nursing Home in the event of any suspected incident of abuse. The policy now includes timeframes for management to follow in the event of a reported allegation of abuse.

Proposed Timescale: 20/03/2014

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

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no documented evidence that the emergency lighting had been serviced.

Action Required:

Under Regulation 32 (1) (c) (iv) you are required to: Make adequate arrangements for the maintenance of all fire equipment.

Please state the actions you have taken or are planning to take:

A periodic inspection of all electrical installations in Maryfield Nursing Home took place on the 18.2.2014. (Findings attached). A system for testing the emergency lighting in the building is to be installed by the 10.4.2014. Documentation of ongoing testing will then be maintained.

Proposed Timescale: 10/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some staff had not attended fire safety training in the past 12 months.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

Please state the actions you have taken or are planning to take:

Forty two staff members have so far completed their fire safety training in the last month. The remaining staff members will complete their training on the 4.4.2014. All staff members will then be in receipt of up-to-date fire training for 2014.(Please see confirmation of fire training completed attached)

Proposed Timescale: 04/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no centre specific policy or procedure in place to guide staff regarding the contemporaneous recording of medication following administration

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:

HS-007 The administration of medication policy now contains the steps that are taken for the contemporaneous recording of medication following administration by staff nurses in Maryfield Nursing. Please find policy attached.

Proposed Timescale: 21/03/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvements were required in relation to assessments and care planning documentation as outlined under outcome 11.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:

Care Plan Assessments:

A review of all resident records has taken place. Residents who have had outside assessments now have a corresponding care plan in place.

Restraint

The Director of Nursing has discussed the use of the lap table with the resident, her next of kin and GP. It is the consensus of the multidisciplinary team that the resident uses the lap table as an enabler. New restraint release documentation is now in place during the day detailing on a two hourly basis the removal of the lap table and the varied activities undertaken with the resident during this time. For those residents who require the use of bedrails nursing staff conduct an assessment on a three monthly basis to determine the need for the bedrails.

Proposed Timescale: 10/03/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

One of the hoists was broken and had not been sent out for repair.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Please state the actions you have taken or are planning to take:

An additional hoist has been sourced for use in Maryfield Nursing Home. The hoist that was awaiting repair is now no longer in use as parts for the hoist has been discontinued. An audit on all equipment took place on the 12.3.2014 by our external medical equipment supplier to ensure all equipment is in good working order.

Proposed Timescale: 24/03/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The garden was hazardous due to uneven surfaces and protruding pipes.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

Please state the actions you have taken or are planning to take:

A gardening services company are conducting an onsite garden audit on the 24.3.2014 to draw up plans to landscape both the front and rear gardens of the nursing home.

Proposed Timescale: 24/03/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no nominated person, independent to the person nominated in article 39(5) to ensure that all complaints are appropriately responded to and appropriate records maintained.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Please state the actions you have taken or are planning to take:

A staff nurse has been nominated by the Director of Nursing to ensure all complaints are dealt with in line with our complaints policy. A complaint report form has been drawn up which will be used to detail the recording, investigation and outcomes of all complaints in the nursing home.(please find complaint form attached). Complainants who are not satisfied with the outcome of the complaint can contact a nominated external advocate who will offer assistance to resolve the issue.

Proposed Timescale: 05/03/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was insufficient laundry arrangements in place to ensure that clothes do not go missing

Action Required:

Under Regulation 13 (b) you are required to: Provide adequate facilities for residents to wash, dry and iron their own clothes if they wish to do so, and make arrangements for their clothes to be sorted and kept separately.

Please state the actions you have taken or are planning to take:

A person clothing trolley with individual compartments has been purchased so all laundry can be sorted and kept separately in a colour coded trays on the trolley before distribution to the residents rooms.

Proposed Timescale: 26/03/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff files did not meet with the requirements of the Regulations.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:

Staff members who have incomplete staff documentation have been written to by the Director of Nursing requesting all information to be submitted by the 1.4.2014. All staff nurses registration documentation is now on file in Maryfield. The Director of Nurse is commencing a schedule for staff performance appraisals in the coming months

Proposed Timescale: 01/04/2014

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Volunteers were not vetted appropriate to their role and level of involvement in the designated centre.

Action Required:

Under Regulation 34 (c) you are required to: Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

Please state the actions you have taken or are planning to take:

All volunteers and additional service providers including hairdresser and Chiropodist have been contacted by the Director of Nursing and asked to complete a garda vetting form. These documents have now been submitted for processing.

Proposed Timescale: 18/03/2014