

**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:	OSV-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:	Patrick Holmes
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	0

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: 23 June 2017 09:30 To: 23 June 2017 18:00

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		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant

Summary of findings from this inspection

This inspection by the Health Information and Quality Authority (HIQA) of Maryfield Nursing Home was unannounced and took place over one day. The centre is registered to accommodate 22 residents and is a specialist service for people who have dementia care needs. Eighteen residents are accommodated long term and four places are dedicated to short term/respite care. The centre was fully occupied on the day of inspection. This inspection report sets out the findings of a thematic inspection, which focused on specific outcomes, relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider and person in charge completed a self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector talked to residents and staff during the inspection. The experience of a number of residents with dementia within the service was reviewed. Care practices and interactions between staff and residents was observed using a validated observation tool, the quality of interactions schedule, or (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in different communal areas and included periods of scheduled activity. Staff were observed to be familiar with residents' care needs and family background and efforts were continuously made to chat to them about daily life and local news in ways that were meaningful to them. Instances of warm and caring interactions between staff and residents were observed during the observation periods.

Maryfield Nursing Home is a purpose-built single-storey premises that is located a short drive from the town of Athenry. The atmosphere was home like, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector observed that staff had enhanced the environment for residents in a way that promoted their well being and independence. For example, there was good signage in pictorial and written format to guide residents around the centre and there were several communal areas where residents could spend time and engage in activity or spend time quietly. All areas were noted to be used well by residents at varied times of the day. The building was generally well maintained however there were some areas where paintwork required renewal to ensure infection control measures were not compromised for example some radiators were chipped and paintwork needed to be renewed.

There was a wide range of recreational activities available each day and these were observed to provide stimulation and enjoyment for residents. The varied activity programme included arts and crafts and specific sensory activity aimed at the needs of people with dementia. The programme included activities such as Sonas-an activity that includes interaction, reminiscence and sensory features massage, and other sensory therapeutic sessions for those residents with advanced dementia or who had high levels of physical frailty. There was good emphasis on health promotion activity such as encouraging residents to walk around to maintain their mobility and staff were observed to prompt residents to move from one area to another and to walk with them when they needed support. Newspapers and magazines were available and the inspector saw staff reading to residents and discussing the news and magazine articles with them.

The inspector reviewed documentation such as care plans, medical records, incident reports and staff training records. The self assessment questionnaire which had been submitted prior to the inspection was reviewed and the relevant policies were found to be in place. Residents were assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. A comprehensive assessment was completed following admission and care plans were put in place to meet their assessed needs. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a

range of other allied health services and nursing care was found to be based on good practice standards. The catering service was valued by residents some of whom told the inspector they enjoyed the "home cooked" meals. The dining experience was pleasant, social and well organized. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the resident they were assisting and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There was appropriate staff numbers and skill mix to meet the assessed needs of residents available according to the staff rota in place. Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff spoken to confirmed that they had received training on recognising abuse, and were familiar with the reporting structures in place.

Care plans were noted to provide detailed information on how dementia impacted on residents' day to day lives and described what abilities and capacity residents continued to have, who they continued to recognize and their overall level of orientation. However, reviews of care plans required improvement as they did not convey progress or change that occurred in health conditions or dementia from one review to another.

There were arrangements in place for consultation with residents and families. Meetings took place regularly and there were questionnaires circulated to families to obtain feedback on the service provided. The records maintained conveyed that the service was highly regarded. Consultation ensured that residents had a say in how activities for example were organized and varied to include their preferences.

The areas noted to require attention during this inspection are identified under the outcomes reviewed and outlined for attention in the action plan at the end of this report.

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:

The inspector found that each resident's wellbeing and welfare was maintained by a high standard of nursing care and that appropriate medical and support from allied health care professionals was available when required. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. There were 22 residents in the centre during this inspection. Four were in receipt of short term/respice care. Nineteen residents had been assessed as maximum or high dependency and the remaining residents had medium level care needs. A referral pathway was in place for residents with dementia to ensure they had access to ongoing assessments from the mental health team for old age psychiatry and to diagnostic procedures to ensure optimum health and wellbeing was promoted.

Residents had access to health and social care services, which reflected their varied care needs that included additional conditions such as Parkinson's disease, diabetes and wound care problems. Residents were enabled to make healthy living choices, for example, they were encouraged to remain mobile and walk around the centre, to participate in chair based exercises and to dance. The assessment, care planning processes and clinical care were supported by the use of evidence-based assessment tools. Each resident was assessed before, or on admission, to identify their individual needs and preferences. A sample of the assessments was viewed by the inspector. They were found to contain background histories, information on communication ability, dietary patterns and behaviours. Day and night time routines were described including where residents liked to have drinks or snacks at night. Residents had a choice of medical practitioner, where possible.

Each resident had a personalised care plan which was prepared within 48 hours of their admission. Documentation viewed conveyed that residents or their representatives, were actively involved in the care planning process and information on how the residents spent their day normally and their personal choices was recorded. Care was delivered to residents, in accordance with guidelines set out in the care plan. For example, where a resident was assessed to need one to one attention for most activities the inspector saw that this resident was appropriately supported by staff.

Care plans were reviewed, on an ongoing basis and at a minimum of every four months. The inspector found that some reviews did not provide an overview of the residents' health and condition or reflect any change since the previous review and concluded that the format for reviews should be revised to ensure that they provided a summary of residents' health conditions and if the care plan was effective. Treatment provided to each resident was supported by signed consent forms, where required. Systems were in place to ensure that all relevant information, in relation to residents with dementia, was provided when they were admitted or returned, from home or hospital.

There were policies and procedures in place to support end-of-life care. According to staff, care practices at end of life, ensured that residents with dementia, received end-of-life care, based on their individual wishes, where known. Family members were supported to remain with residents and the inspector saw evidence of this in practice. The person in charge stated that residents had access to specialist palliative care services, when appropriate. Staff said that they developed good relationships with families during residents' stays in the centre and felt that they were able to provide them with appropriate practical and emotional support as well as up to date information at this time. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life.

There was a comprehensive policy and associated procedures for monitoring and recording nutritional intake. The inspector spoke with catering and care staff about specialised diets, menu choices and how they supported residents to receive optimum nutrition. There was good communication between the staff team and recommendations from allied health professionals such as dieticians and speech and language therapists (SALT) were recorded and noted to be followed by staff in the preparation and service of meals and liquids. and the kitchen staff. Processes were seen to be in place, to ensure that the needs of residents with dementia, who were at risk of malnutrition, were addressed. For example, the universal malnutrition tool (MUST) was utilised, to assess residents' malnutrition risk, food intake charts were recorded and residents had their weights recorded weekly if identified at risk or prone to weight loss. In addition, dietary supplements were prescribed by the GP, when necessary. Food was seen to be nutritious, varied and available in sufficient quantities. Extra snacks and drinks were provided throughout the day.

There were policies in place, relating to the ordering, prescribing, storing and administration of medicines, to residents. Staff followed appropriate medicines management practices. These were reviewed and monitored. Medication is supplied in blister packs for long term residents and respite care residents usually bring their own medication supplies. If residents require "as required" medication to assist with their care this is reviewed if found to be needed regularly. Residents on psychotropic medications are reviewed by the specialist team for old age psychiatry to ensure their medication regimes were appropriate.

The inspector saw in records and heard from staff that families were invited to meet with staff and their relative to discuss care practice. Decisions made in relation to active interventions or do not resuscitate decisions were reviewed regularly by doctors and the

nursing care team. The standard of care planning in relation to dementia care was generally good with details on residents' backgrounds and lifestyles used to inform care practice. There were good details on communication capacity and how dementia impacted on day to day life. For example residents' capacity for independence, who they continued to recognize, if they could participate in group activity was recorded to guide staff interventions.

Residents had access to GP services and out-of-hours medical cover was provided. Other services was available on referral including speech and language therapy (SALT), dietetic services and occupational therapy (OT) services. Some residents with complex care and mobility needs. An action plan in the last report required that an occupational therapy assessment be undertaken where additional support pillows were used in a resident's chair. This had been completed and assistive wheelchairs to promote comfort and mobility needs were available.

Accidents and incidents were recorded and reviewed so that preventative measures could be put in place to prevent future incidents. The inspector saw that a range of matters had been recorded that included falls and spontaneous outbursts of aggression or fluctuating behaviours. The latter was not a problem when the inspection was conducted and when such problems were evident staff undertook assessments of trigger factors and put strategies in place to protect residents and staff. Incident reports outlined the event and actions taken however all reports did not indicate that neurological observations were recorded to detect deterioration where falls were unwitnessed and did not convey what prevention measures were in place to prevent further falls particularly when residents were admitted for respite care.

There was one wound care problem in receipt of attention. This had been present on admission and the condition of this had improved significantly over recent months. There was a marked reduction in the size and condition of the wound according to the records viewed. However the regular evaluations on the wound care plan did not convey fully the changes in evidence and did not convey that an infection had receded.

Good infection control procedures were observed to be in place and the new laundry area and improved storage contributed positively to how staff managed infection control measures. Fire safety procedures included unannounced fire drills and any learning from these exercises was recorded and used to inform future drills.

Judgment:

Substantially 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:

There was a policy and associated procedures available to guide staff on the prevention of elder abuse. Staff were familiar with the procedures they were expected to follow if an abuse situation was detected. The person in charge monitored residents' care needs and vulnerabilities to ensure residents were appropriately protected. For example, residents including residents on respite care were comprehensively assessed to ensure their medication was appropriate and to determine when "as required" medication was needed. Specialist mental health services were involved in these assessments. The inspector was told by nurses that being knowledgeable about residents' conditions and their day to day routines and choices were significant factors in preventing distressed or responsive behaviours. Residents who could communicate told the inspector that they felt safe in the centre and said that staff were kind and gentle to them. The inspector found that the arrangements in place to safeguard residents met good practice standards. There was a training schedule in place for staff but the training record provided to the inspector indicated that some staff had not had refresher training on this topic since 2013 or 2015 and concluded that staff should have updated information on safeguarding and the protection of vulnerable adults.

There was a policy on, and procedures in place, for working with residents, who experienced behaviour and psychological symptoms of dementia (BPSD). There were no residents who displayed fluctuating or responsive behaviours at the time of inspection. The inspector was told that efforts were made to identify and alleviate the underlying causes of BPSD where these became evident. A restraint-free environment was promoted and risk assessments were in place, for the use of bedrails, where required. There were five bedrails in use and assessments and reviews were completed to ensure the safe use of bedrails.

Residents' financial arrangements were managed in a transparent and careful manner. The fees for care were set out in residents' contracts and any additional costs incurred for services such as chiropody, hairdressing or escorts to hospital appointments were described. Residents' property was checked and recorded and property lists were updated when needed.

Judgment:

Substantially 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:

The inspector found that there were arrangements in place to ensure that residents could exercise freedom of choice and care practice reflected that staff had up to date knowledge on the values of rights, privacy and dignity. Residents were spoken to in a respectful way and staff waited for a response where residents were known to take their time or to have sensory problems such as deafness or sight loss. The inspector saw that privacy was respected throughout the day and staff could describe the specific arrangements they had in place to address the needs of some residents. For example some residents had sensory blankets or sleeves that they liked while others didn't and the inspector saw that only residents who found these a comfort were offered them.

The inspector observed that residents' choices were respected and that they had control over their daily life in terms of times of getting up /returning to bed. Residents were asked where they wished to spend their day and what area of the sitting dining area they wished to be in during the morning and afternoon.

Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

There were records that confirmed that residents and relatives were involved and included in decisions about how the centre was organised. A consultation and feedback exercise had been conducted in November 2016. Staff told the inspector that they consulted residents regularly about the activity schedule and varied this in response to feedback and when residents' needs changed.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity.

Staff conveyed good knowledge about the value of emotional support, sensory stimulation, validation of feelings and reminiscence when supporting people with dementia. They were observed to sit at eye level and near residents when speaking to them and adjusted their communication to suit the person they were speaking to in accordance with their communication capacity and any sensory problems.

Residents were encouraged to choose their own clothes each day and staff said where residents were unable to do this they showed them varied items of clothing and helped them to choose what they would wear. The inspector noted that all residents were well dressed, clothing was in good condition and residents had adequate space to store personal belongings.

The inspector observed that residents had access to newspapers, TVs and radios. There were notice-boards in place which provided information, for residents and visitors, about activities and events in the centre. Residents also had access to a hairdresser, group

activities, and various beauty treatments when requested.

During the inspection, the interaction between residents and staff was observed using a validated observational tool to rate and record at five-minute intervals the quality of interactions in the centre. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in the dining room and sitting room. Each observation lasted 30 minutes and the inspector observed two activity sessions. Residents were involved in a quiz and in a music and singing /dancing session. Residents were addressed by name and the songs were familiar to them and they sang along. Both activities were designed to encourage and facilitate interaction and participation and were observed to do this successfully as there was participation from all residents. People who were particularly frail were supported on a one to one basis by staff who sang along and reminded them of what was going on. Residents showed evident enjoyment when songs they recalled were played. It was apparent that residents enjoyed taking part and that a sense of wellbeing was promoted, amongst the group. The inspector found that positive interactions were evident during both observation periods.

There was evidence that relatives of residents were consulted about residents' care and their care plans. The activity organiser spoke with the inspector, in relation to the range of activities available. For example, residents were involved in craft work, quizzes, newspaper and magazine reading sessions, music and art work. The staff member also explained that residents were encouraged to go out to the town and on outings to local areas of interest that included the local pet farm, Esker monastery and the seaside at Salthill. Residents also visit other residents when in hospital the inspector was told.

There was evidence that staff made themselves familiar with residents communication capacity. Memory handbooks were in use and staff conveyed good knowledge about residents' backgrounds and interests which helped them in their interactions and when planning suitable activity. Good connections with the local community had been established and the art's office in Galway County Council send an artist regularly to undertake work with residents.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The centre had an up-to-date policy and procedure for the management of complaints.

While many residents were unable to communicate their views two residents said they knew how to make a complaint and said that would make a complaint to any member of staff or the nurse in charge.

The complaints procedure was included in the information given to residents such as the residents' guide and contracts of care. There was a record of complaints maintained. This record included the details of the complaint, the results of investigations completed, actions taken and if the complainant was satisfied with the outcome. An action plan outlined in the last report had been addressed. All complaints were now recorded in full. A small number of matters had been addressed according to the record viewed and these included the temperature in a bedroom and care practice. All complaints had been resolved and there were no active complaints at the time of the inspection.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

During the day there were two nurses including the person in charge on duty. They were supported by six care staff, two catering staff and three ancillary staff allocated to laundry, cleaning and maintenance. An administrator was also available daily to undertake the general business and administration requirements of the service. There was one nurse and two carers available to attend to residents' care needs at night. There were two staff dedicated to social care activity. The inspector observed that residents were appropriately supported, their needs were promptly addressed and where additional support was required at times such as meal times there was adequate staff available. There was evidence that the staff worked well as a team and that there was good understanding of the role each staff member performed. For example, during activity sessions care staff supported and encouraged residents to participate and at meal times catering staff ensured that meals were distributed in accordance with residents' choices and when staff were available to assist so that meals did not get cold or residents were left waiting to be served.

Staff training records were reviewed by the inspector. The record provided had gaps and conveyed that some staff may not have attended training recently on elder abuse or moving and handling. They showed majority of staff had attended training on responsive behaviours/behaviours that challenge but all staff require training on this topic due to the specialist nature of the service provided in this setting. An action plan in this report requires that the mandatory training requirements are met and that staff are

provided with training on topics relevant to the care needs of residents. A wide range of other topics had been included in the training programme. Staff had attended training on dementia care, infection control and the prevention of infection, end of life care, resuscitation procedures and specific training on social care methods. Nursing staff had attended a range of specialist training on topics that included medication and dementia, managing errors, the nutrition screening tool- MUST, pain assessment and management in dementia care and report writing.

A samples of staff personnel files was reviewed by the inspector. These were found to be in compliance with the requirements of Schedule 2 of the Regulations. The person in charge confirmed to the inspector that the required Garda vetting (GV), was in place for all staff and relevant personnel. Staff had job descriptions for their roles and contracts of employment. There was a staff appraisal system in place. Documentation to support these appraisals was available in the sample of staff files reviewed.

Regular staff meetings were held and these were used to discuss care practice matters and general staff business. The inspector saw from the records of proceedings that there was an open culture of communication and that staff were free to air their views on topics of concern to them. Throughout the inspection it was evident that staff were committed to their roles, were well informed and person centred in the approach they took to residents' care. For example, some residents had communication sheets that they were encouraged to use to indicate if they were content or otherwise when asked how they were and others had activity/sensory blankets that staff ensured they had readily available if they liked to use them.

Staff had the support of volunteers who visited the centre regularly both to organize and undertake social activities particularly music sessions. There was recruitment guidance and an application form for volunteers available however an outline of the specific role they undertook in the centre was not yet complete although preliminary work on this was underway the inspector was told by the person in charge. The required vetting had been obtained. It is required that the roles and responsibilities of each volunteer is outlined in writing in accordance with regulation 30- Volunteers.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre is a one storey building located in a country side setting a short distance

from the town of Athenry. The design of the building contributed positively to dementia care practice. For example, residents had a choice of places to spend time during the day. There was sitting space and a visitors' room where residents could spend time quietly away from the main communal areas where activities and television viewing took place. The communal sitting and dining areas were adequately spacious for the number of residents accommodated. There was good natural light and residents could easily see out of windows to view the surrounding countryside.

There were fixtures and fittings provided that could aid and promote reminiscence and prompt memory in varied areas. The dining room was decorated in a home like way with a fire place which provided a point of interest for residents. The sitting area had a piano that contributed to the home like environment. There was also a good range of books, magazines and craft materials such as knitting needles and wool to prompt activity and discussion. There was a range of craft material and folders on topics such as gardening, farming, cookery and needlework which were used by staff as discussion topics. Hallways were wide and unobstructed and there was contrast in the colours used for floors, walls, doors and handrails to improve accessibility.

Bedrooms were single or double occupancy. There are 10 single and 6 double rooms available. En-suite facilities in bedrooms were visible from beds and residents were able to see the outdoors when sitting by bedroom windows. The inspector observed that a number of residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged relatives to bring in personal belongings particularly photographs that remind residents of family events and to ensure that bedrooms reflect their identity. Signage had been provided to help residents find their way around the building and this was meaningful and well thought out. For example signs to indicate sitting areas had armchair symbols and the word "sittingroom" in large black font on a coloured background so that it was easily visible. Signage on other areas was also clear and depicted in words and photographs.

The centre had undergone a major refurbishment during the past year. Three new bedrooms were nearing completion and a laundry and improved storage areas had also been added. The bedrooms were single occupancy, were appropriate in size with good levels of natural light and had a tracking hoist system to aid moving and handling manoeuvres. Ensuite facilities that included floor level showers, toilets and wash hand basin facilities were provided in each room. An application to vary the number of residents accommodated from 22 to 24 is due to be made when the work is complete.

Access to areas that may pose a risk to residents such as the sluice and cleaning areas is restricted. There was a call bell system in place so that residents could request help when in bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment were available and records indicated such equipment was regularly serviced.

The following areas were noted to require attention:

- There were some areas where radiators were chipped and damaged and the surface did not enable thorough and effective cleaning required for good infection control management and
- The handrails to support residents in some toilets required review as some were not

fixed and could be moved easily which could present a risk to residents.

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:

Geraldine Jolley
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:	OSV-0000359
Date of inspection:	23/06/2017
Date of response:	21/07/2017

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

Care plan reviews were undertaken at the required intervals but some did not provide an overview of the effectiveness of the care provided or changes since the previous review.

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

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

4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Staff nurses to document the effectiveness of care plan interventions and required changes at each care plan review.

Proposed Timescale: 21/07/2017

Theme:

Safe care and support

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

While records of falls and incidents were maintained, the treatment provided was not fully recorded as some records did not indicate that neurological observations were maintained to detect change or deterioration following an unwitnessed event.

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:

The PIC has updated staff nurses on procedure following witnessed/unwitnessed falls including neurological observation assessments to monitor the resident's condition. Prevention and Management of Falls policy to be amended to incorporate this assessment into the policy.

Proposed Timescale: 31/07/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The training record did not convey that all staff had up to date training on the protection and safeguarding of vulnerable adults.

3. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

CNME have confirmed they will provide training to staff members on the Safeguarding of Vulnerable Adults. 28.9.2017

Proposed Timescale: 28/09/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The training record indicated that some staff may not have up to date training in the mandatory topics of moving and handling and elder abuse/safeguarding.

In view of the specialist nature of the service, staff who have not had training in behaviours associated with dementia should be provided with training to ensure the safety and well being of residents.

4. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

1. Three staff members to complete up to date training in People Moving and Handling on the 25.7.2017.
2. Training in Behavioural Support for staff members to take place on the 7.9.2017
3. CNME to provide training to staff members on the Safeguarding of Vulnerable Adults 28.9.2017.

Proposed Timescale: 28/09/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The following areas were noted to require attention:

- There were some areas where radiators were chipped and damaged and the surface did not enable thorough and effective cleaning required for good infection control management and
- The handrails to support residents in some toilets required review as some were not fixed and could be moved easily which could present a risk to residents.

5. 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:

Radiators with chipped or damaged surfaces have been rectified to minimise infection control risk.

Maintenance staff have reviewed all handrails in the toilets to ensure they are in a secure fixed position.

Proposed Timescale: Completed

Proposed Timescale: 21/07/2017