



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

## Issued by the Chief Inspector

Name of designated centre:	Maypark House Nursing Home
Name of provider:	Maypark Lane Limited
Address of centre:	Maypark Lane, Waterford
Type of inspection:	Announced
Date of inspection:	12 February 2020
Centre ID:	OSV-0000249
Fieldwork ID:	MON-0023123

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Maypark House Nursing Home is located in the south east side of Waterford city close to shops and local amenities. The premises was originally opened as Maypark House and was built in 1780's. The house was converted to a private hospital in the early 19th century and then to a nursing home. While there had been significant extensions and renovations since then, the overall design and layout of the premises is largely reflective of a large house from this period. The centre is registered to provide care to 38 residents.

Residents' private accommodation is laid out over two floors and is provided in a mixture of single, twin and one three bedded room. Communal accommodation including a large sitting, dining and conservatory area is located on the ground floor. There is an activities room, physiotherapy room and hairdressing room for residents use also on the ground floor along with a parlour on the first floor. There is also a beautiful church where Mass is held weekly attended by residents and their families. Residents have access to an external enclosed garden to the rear of the building plus a secure decking area to the front of the building. There are extensive gardens around the centre.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents and the centre provides in house physiotherapy services a number of days per week.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 12 February 2020	09:15hrs to 17:30hrs	Caroline Connelly	Lead
Thursday 13 February 2020	09:10hrs to 16:30hrs	Caroline Connelly	Lead

## What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live with plenty of choice in their daily lives. Staff promoted a person-centred approach to care and were found to be kind and caring.

The inspector spoke with the majority of the 25 residents present on the days of the inspection and met numerous visitors throughout the inspection. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the office of the chief inspector for distribution to residents and relatives for completion.

The inspector arrived in the morning to a homely centre where a number of residents were up and moving around. A number were having breakfast at tables in a number of locations around the centre. Residents confirmed that they had choice of when and where to have their breakfast. Some residents had it in bed or beside the bed, but the majority of residents had breakfast when they got up as they stated this was what they were used to doing at home. The inspector observed residents sitting enjoying their breakfast being assisted by staff as required. Chat was going on as to what was taking place in the centre for the day. There was evidence of choice of toast, cereals, porridge and eggs, which was confirmed by residents that they had whatever they wanted. Breakfast was observed to be an unhurried event and went on for a good part of the morning.

Residents and relatives were extremely complimentary about staff saying, that staff were out on their own at how good they were to the residents. A resident said anything you ask staff to do will be done. Another resident confirmed that staff will do anything for you and that makes a great difference to your day. The inspector observed resident and staff interactions throughout the two days and observed kind and caring interactions. It was obvious that staff knew residents well and vice versa. During the activities the care staff were observed to bring out the best in residents singing their favourite songs with them and getting residents up to dance with them. There was good humoured banter going on with plenty of laughter. One family member said her relative can be quiet in herself but the activities and staff bring her out of herself and she gets a lot of enjoyment from them.

Residents were complimentary about the activities and said there was something on every day. The activity co-ordinator worked four days per week and had organised music or bingo for the days she was not present. During the inspection the inspector sat in the living room whilst a number of different activities took place. The inspector saw newspaper reading, crafts, adult art, music and dancing taking place. An exercise with new equipment which the activity co-ordinator had trained in, took place which the majority of residents in the room participated in. A number

of residents told the inspector their favourite activities were bingo, baking and music. Residents also said they particularly enjoyed going outside when the weather was fine and told the inspector they had a walking group. Unfortunately the two days of the inspection the weather was wet and stormy, so the inspector did not see residents using the outdoor spaces. The inspector observed that residents had easy access to the garden via the dining room. The inspector also saw residents going out with family members and to outpatient appointments.

Residents who did not like to participate in group activities, were seen to spend time in the many alcoves and seating areas along the corridor. A number of residents read the paper or listened to the radio. A few gentlemen sat overlooking the gardens and the entrance, they told the inspector they liked to watch people coming and going and watching the world go by. The staff were seen to greet them as they passed by and the activity staff member did some one to one or small group exercises such as cards with them. One resident was seen to enjoy the television and the farmers' journal. He told the inspector he likes to stay in his room and has many visitors during the day, so did not want to participate in activities but enjoyed chatting with the activity staff.

The physiotherapist is in the centre a minimum of two days per week and a number of residents and relatives said this is very important to them to keep active. The inspector saw the physiotherapist taking residents for walks around the centre and many received therapy in the physiotherapy room which was fully equipped with exercise bars and a bike. One resident says she spends large parts of her day in there and thinks she is the physiotherapists' best customer.

The hairdresser visited weekly and was present during the inspection and residents were seen to have their hair done in the comfort of the centre's hair salon.

Residents were seen to be all well dressed and families told the inspector that staff paid great attention to residents dress and appearance. Scarfs and jewellery were featured as regular attire on numerous residents. Those with dementia were well coordinated and families said this was what they would choose to put on themselves if they were still able to do so unaided. A number of residents did express concern about the laundry system as there have been ongoing issues with clothing going missing or delayed in return. Residents personal clothing was sent out to an external laundry and despite a recent change to a different laundry service, some issues of loss continued to be identified. A couple of residents said the clothing came back creased and one said she thought they were damp on return.

Residents and relatives were complimentary about the environment and the easy access to communal space. Residents said they loved having the church on site and mass there on a Sunday. A number of relatives and people from the local community also came in to attend mass there and visit the residents. Residents said they liked to see local people come in and meet old neighbours. Bedrooms were seen to be personalised and residents reported to having plenty of storage space. There were a number of residents in the centre with a level of dementia and cognitive impairment, the inspector saw that there was pictorial directional signs and assistive handrails throughout. There was evidence of doll therapy and the residents had made fidget cushions and blankets in the activity sessions which were

seen to be used and enjoyed.

The inspector observed frequent tea and drinks rounds and a family member said her relative enjoyed a glass of wine or beer with his dinner daily. Residents were complimentary about the food and choice of food one relative said their family member was very fussy but the chef and the kitchen staff are very accommodating. The inspector saw that modified diets were attractively presented for both lunch and tea time. Meals were mainly served in the bright and airy dining room. There were two sittings, the first sitting was for residents who required more assistance and for those residents who may have had an early breakfast and were ready for an early lunch. The inspector observed residents being assisted to the dining room as early as 11.45am for the first lunch at 12md. The inspector identified that this was very early for lunch, as some of the residents were seen to enjoy a late breakfast only two hours earlier. When asked by the inspector one of the residents said that they did find it a bit early and they would have had it later at home. The second sitting was at 12.45.

The person in charge was seen to be actively involved in the care of residents and was a very visible presence on the floor. Residents greeted her by name and said she was very good and very approachable. Overall many observations were made of positive interactions with staff and residents. A resident told the inspector that this is her home, so if there is something she is not happy about she will tell the staff straight away

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. However some improvements were required in the oversight of fire safety.

The provider has applied to renew the registration of the centre and this inspection was undertaken in response to that application, as one component is the assessment of fitness of the provider entity. The centre was operated by Maypark Lane Ltd who was the registered provider. There was a clearly defined management structure in place, the provider representative and the human resource manager were in the centre on a regular basis. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the direction of care. She was supported in her role by a Senior Nurse Manager (SNM), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The person in charge and the management team displayed a

commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training.

The inspector reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, falls prevention, health and safety, care planning, wound care and end of life. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and SNM regularly received feedback from residents and relatives via the resident's forum. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2019. Improvements were brought about as a result of the learning from this monitoring review. For example: the centre has implemented further risk assessments and hygiene reviews.

Areas of concern identified in the last inspection had been addressed and anything identified on the inspection such as a requirement for cautionary signage and updating of policies were rectified immediately. There was a system of regular checking of residents in place particularly to monitor residents who were unable to use the call bell. The arrangements for the review of incidents within the centre had continued and the inspector noted that there were robust arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. There was suitable recruitment practices including the verification of written references and the on-going staff appraisal and supervision to ensure good quality care provision and improve practice and accountability. The provider confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of the 25 residents. The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. On the previous inspection relatives and some residents reported a lack of staff particularly at the weekend when the person in charge and activity co-ordinator were generally off duty at this time. The location of the nurses' office on the first floor did not facilitate easy supervision of staff and residents who spend most of the day downstairs. Since the last inspection changes have been implemented where the SNM and the activity co-ordinator work alternate weekends to provide cover. A small nurse's office is now in place on the ground floor where nurses write their notes particularly at weekends. This has increased the visible presence of the nurses on the ground floor and enabled easy access for residents and relatives. On this inspection residents and relatives appeared happy with these new arrangements. Staff reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their



knowledge and skills up to date.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration was submitted to the chief inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a minimum of one nurse on duty during the day and night and the person in charge and SNM were additional to the nursing compliment during the week. Improvements were seen in staffing levels at the weekends with senior nurse cover and activities cover on alternate weekends.

Judgment: Compliant

#### Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre with further training dates scheduled for the year ahead.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, responsive behaviour training and responding to elder abuse.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was found to contain all the required information.

Judgment: Compliant

### Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider had an up to date contract of insurance in place against injury to residents and protection of residents property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Since the previous inspection the provider had provided a new more detailed contract of care to all residents which clearly outlined the services provided, the costs for the services and any costs for additional services required and provided. The contracts also stated the room to be occupied. The contracts were seen to be compliant with legislative requirements.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated during the inspection. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

### Regulation 30: Volunteers

There were two volunteers in the centre who provided a valuable service to residents in the provision of activities and pastoral services. Files were maintained for volunteers that contained their roles and responsibilities set out in writing and a vetting disclosure in accordance with the requirements of legislation.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Improvements were required with the oversight of fire drills, in the provision of laundry services and a review of meal times.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives generally gave very positive feedback regarding all aspects of life and care in the centre.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available including specialist medical services when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The

centre provided in-house physiotherapy where every resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre two days per week and provided exercise classes for residents. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met. Medication management practices were found to be compliant with relevant best practice guidance. Medication was the subject on ongoing audit and administration subject to staff competency assessments.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives through regular residents' committee meetings. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national and local elections as the centre is registered to enable polling.

A varied and interesting social programme was seen and residents' photos and art work was displayed throughout the centre. As discussed earlier in the report the inspector saw some different activities taking place during the inspection, Residents and staff spoke about outings they had enjoyed last year and were planning more for this year. Advocacy services were available to residents as required and the inspector saw that residents had been referred to external advocacy services particularly in relation to financial issues.

There was a good menu choice available and residents were very complimentary about the food, the choice and the service. Mealtimes were seen to be social occasions with the majority of the residents attending the dining room for their meals with conducive background music playing. Staff were seen to be in attendance there to provide assistance and supervision. Meals were observed to be nutritious wholesome and attractively presented. However as identified by residents and the inspector 12md is very early for lunch to be served particularly for residents who have enjoyed a late breakfast.

The premises had undergone a number of renovations and improvements over the years and was now on the last phase of upgrade. This has been ongoing and has substantially improved the bedroom accommodation for a large number of residents. The final wing of the centre where nine single rooms will become seven single en-suite rooms is due to be completed in April 2020. Workmen were present during the inspection but the section being renovated was completely sealed off with a separate entrance so there was no requirement for workmen to enter the centre. There was no dust and residents said they were unaffected by the works. Overall the premises provided a homely environment with plenty of private, communal and outdoor space for residents use. Improvements had continued in the cleanliness of the centre and the person in charge and household staff confirmed they conducted audits on the cleanliness on a very regular basis with appropriate

actions taken following same.

Plenty of storage space was available for residents to store and maintain control over their own possessions. Each bedroom contained locked storage which residents appreciated. However improvements were required in the provision of laundry services for personal clothing. A number of residents, relatives, resident's committee meetings and resident's surveys identified that there were issues with clothing going missing and with the quality of the way clothing was returned. The person in charge told the inspector that they had changed laundry service provider and although things had improved slightly, issues remained ongoing. She has plans to meet with the provider and if no improvement will look for a different provider.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and an emergency plan had been developed with an appropriate response in place for all emergency situations. Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed annually by all staff. Fire drills had been undertaken on a regular basis but the drill records lacked detail on the specific scenario tested, the number of residents evacuated and did not always identify learning to inform future drills. Although drills had taken place with night time staffing levels the person in charge confirmed they had not simulated a drill of a full compartment.

A fire drill report was subsequently submitted by the provider following the inspection. Evacuation time for one simulated night time scenario demonstrated a full evacuation of the centre's largest compartment. This drill indicated that, although good times were found some improvements were required and ongoing practice with all staff is required. This is to ensure that all staff are competent and familiar with the evacuation needs of residents and a full compartmental evacuation is required on an ongoing basis.

## Regulation 10: Communication difficulties

Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in resident's care plans.

Judgment: Compliant

## Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the numerous communal area's and in the parlor. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

## Regulation 12: Personal possessions

Issues were identified with the management and safe return of residents clothing that went to the laundry service. A number of residents raised concerns over the quality of laundering of their clothing and the lack of appropriate and timely return. This appears to be an ongoing issue as evidenced in residents surveys and residents meetings.

Judgment: Substantially compliant

## Regulation 13: End of life

The inspector saw that care practices at end of life met residents needs in a dignified and person centered manner. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

## Regulation 17: Premises

The final stage of the renovation of the premises is underway with a completion date for April 2020. Currently the centre is operating at a reduced occupancy levels and will revert to full occupancy only the building is completed. Overall the provider had carried out on-going improvements to create an environment where the overall atmosphere was homely, comfortable and in keeping with the needs of the residents who lived there. There was evidence of a continuous programme of maintenance. There was appropriate assistive equipment available for residents use.

Judgment: Compliant

## Regulation 18: Food and nutrition

There are two sittings for lunch and tea time and the inspector observed residents being accompanied to the dining room for the first lunch sitting as early as 11.45 for 12md lunch. Some residents commented that 12md is very early for lunch to be served. The inspector observed residents who have enjoyed a late breakfast attending for the first lunch sitting which allowed little time between meals and time to build up an appetite. Lunch time required review.

Judgment: Substantially compliant

## Regulation 20: Information for residents

There was a comprehensive residents guide readily available that contained all the required information on the centre and services available.

Judgment: Compliant

## Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

## Regulation 27: Infection control

The centre was observed to be clean and regular hygiene audits were conducted by the person in charge. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant



## Regulation 28: Fire precautions

Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. A full compartment evacuation had been undertaken following the inspection with night time staffing levels, further full drills are required to ensure the competency of all staff .

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector, contained appropriate identifying information. Good medication administration practices were in place and were supported by effective pharmaceutical services.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. They were sufficiently detailed to guide staff in the provision of person-centred care.

Judgment: Compliant

## Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, chiropody and tissue viability as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

The centre was promoting a restraint free environment and if restraint was used there was evidence of a full assessment to ensure it was used for the minimal time and as a least restrictive method.

Judgment: Compliant

## Regulation 8: Protection

Residents reported to feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse.

Improvements were seen in the management of residents finances since the previous inspection, with double signatures on all transactions and a system of audit in place.

Judgment: Compliant

## Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A programme of appropriate activities for the residents was provided, including activities at the weekend to provide social opportunities for all.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Maypark House Nursing Home OSV-0000249

Inspection ID: MON-0023123

Date of inspection: 13/02/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The laundry provider has been made aware of the issues and complaints in relation to missing items with some items not meeting the required standard.</p> <p>The laundry representative has met with the Director of Nursing and a plan was put in place. An updated action plan has been agreed with an eight-week timeframe. If the required standard has not been met within this period, we may have no alternative but to seek another laundry provider.</p> <p>The laundry provider has agreed to reimburse families for any items that are not located. The laundry received will be checked on delivery by a senior staff member to ensure quality is up to standard.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Resident mealtimes are adjusted based on residents' preferences and needs. Current mealtimes were discussed with residents and with their agreement the timing was adjusted by 15-20 minutes on a trial basis.</p> <p>Resident feedback was satisfactory following this trial however several residents requested that we recommence the second evening meal at the previous time. All residents are aware that they can have their meals at a time of their choosing. This will be reviewed on an ongoing basis and feedback will be sought in resident meetings.</p>	

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Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Evacuation of compartments are included in all fire drills, with both day and night staff.  
These evacuations are timed to ensure we are meeting best practice.  
Fire drill forms have been updated to ensure that more detail is documented regarding the fire scenario and to clearly outline further actions and learning required.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	12/05/2020
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	12/03/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Substantially Compliant	Yellow	12/03/2020



	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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