### Health Information and Quality Authority
**Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Maryfield Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000064</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Lucan Road, Chapelizod, Dublin 20.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 626 4684</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:don@maryfieldnursinghome.ie">don@maryfieldnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>The Frances Taylor Foundation Chapelizod Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sr. Mary Holmes</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Camillus Cooke</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Linda Moore</td>
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<tr>
<td>Support inspector(s):</td>
<td>Helen Lindsey</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>55</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 judgments 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 15 April 2014 07:00
To: 15 April 2014 15:00

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a one day thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. Inspectors reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. Inspectors met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

While areas of non compliance were identified under the nutrition outcome, overall the inspector found a high level of 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. This was reflected in positive outcomes for residents, that were confirmed by residents and relatives and evidenced throughout the inspection.

Residents requiring end of life care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area and staff were provided with appropriate training and supported by prompt access to palliative care services. Questionnaires were received from a number of relatives of deceased residents which showed that families were satisfied overall with the care given to their loved ones.

The nutritional needs of residents were met to a high standard. However, some
improvement was required regarding gaps in the maintenance of documentation and the care plans did not fully direct the care to be delivered. Residents were provided with food which was varied and nutritious and respected their preferences. There was a good standard of nutritional assessment and monitoring and residents had very good access to the general practitioner (GP) when required. Residents and relatives provided feedback to the inspector, regarding food and nutrition, which was very positive.

These matters are discussed further in the report and in the Action Plan at the end of the report.
**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 - Minor

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

**Findings:**  
Care planning, as it relates to nutrition, was reviewed under this outcome. A minor non-compliance as detailed under Outcome 15 was identified. Other aspects relating this outcome were not reviewed during this inspection.

**Outcome 14: End of Life Care**  
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**  
Person-centred care and support

**Judgement:**  
Compliant

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

**Findings:**  
Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents. There was a policy on end-of-life care which was centre specific and
provided detailed guidance to staff. Staff members were knowledgeable about this policy. The person in charge had not identified any area for improvement in the self assessment, however she informed inspectors that further training in end of life was being planned for 2014.

Inspectors reviewed documentation for a number of residents in relation to end-of-life care planning. Inspectors found that the majority of residents had a care plan in place which dealt with future healthcare needs in the event that the resident became seriously ill but was unable to articulate their wishes. There was evidence of resident and family involvement in the development of these plans. However, the person in charge said that these decisions concerning future health care needs had not been discussed with the GP as yet and there were plans to commence this process. Care plans were of good quality and referenced the religious needs of the resident; they addressed the social and spiritual needs as well as preferences as to the place of death and funeral arrangements as appropriate.

No residents were receiving end-of-life care at the time of inspection. Inspectors read the records of a resident, whose condition had deteriorated recently and found evidence of good practice, including regular review by the GP. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. Inspectors found that practices and facilities were in place to ensure that resident’s needs were met and the residents’ dignity and autonomy was respected. The majority of residents resided in single rooms. There was only one twin room and the person in charge stated that a single room was always facilitated for end-of-life care.

The person in charge stated that she based staffing levels on the assessed needs of the residents and she always scheduled additional hours in the event of increased need such as when a resident was very sick or at the end of life.

Inspectors reviewed questionnaires that had been returned by the relatives of residents who had died in the centre. This information showed that all respondents were very satisfied with the care that had been provided at the time of death. Relatives were made feel welcome and were facilitated to stay overnight and be with the resident when they were dying. Relatives reported that residents’ wishes, with regard to their place of death, was respected and residents had access to a single room at this time. Residents also reported a high level of satisfaction with the support and respect shown by staff members following the death. Overnight facilities including an apartment adjacent to the centre was provided for visiting family members who wished to stay with their loved one, this included cooking, showering and sleeping facilities.

The person in charge stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the GP and inspectors saw that there was prompt access to the service when required including out of hours. Staff members were knowledgeable about how to initiate contact with the service.

Records showed that a number of staff had received training in end-of-life care in 2012 and the person in charge was in the process of organising further training to take place in the weeks following inspection. Residents, spoken to by the inspector, stated that
their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family.

A chapel and an oratory were provided in the centre where mass services took place twice daily. Communion was offered daily. Access to other religious representatives from other faiths was also available. Residents also stated that staff members were caring and respectful and they were comfortable confiding in them. Many of the residents and relatives spoke of the presence of the religious sisters who resided in the centre. They visited residents and often prayed with them.

Residents and visitors were informed sensitively when there was a death in the centre. The person in charge and the religious sisters informed the residents and it was announced at mass. Funeral mass was celebrated in the centre, should this be the residents wish and all residents were informed in person and allowed to pay their respects if they wished to do so. The staff told inspectors of the guard of honour that was performed as the resident left the centre after the funeral mass.

Inspectors read the information available for distributing to families following the death of a loved one. Inspectors read this document and found that it provided a lot of useful information including details of how to register a death and details of professional support services. Counselling services at a reduced fee were offered to residents and relatives.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, some improvement was required in the maintenance of documentation and the care plans did not fully direct the care to be delivered.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy. However, it was not being used fully to guide
practice. The person in charge had not identified any areas for improvement in the self assessment document that was submitted to the Authority.

Inspectors observed the service of breakfast and the main meal to residents. Residents had a choice of being served breakfast in their rooms or in the dining room. This was an improvement from the previous inspection. Residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice.

Inspectors found that there were adequate numbers of staff on duty, based on the assessed needs of the residents. The service of all meals had been sufficiently supervised and coordinated to meet the needs of some residents. All nurses could describe how they would respond should a resident should get into difficulty during the meal.

Inspectors also observed the main meal and found that it was hot and attractively presented. There were two sittings to accommodate staff to sit with residents who required assistance. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Portion sizes were appropriate and second helpings were offered. Residents who required assistance at this meal received this in a sensitive and appropriate manner and independence was promoted. The meal time was unhurried and provided opportunity for social interaction.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of individual resident’s requirements. There was emphasis on fortifying meals for those residents who had impaired intake. Residents who required dietary restrictions due to medical grounds were facilitated, such as renal and diabetic diets.

Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal. However, inspectors noted and staff confirmed that the choice at the evening meal was limited. Inspectors noted that the choice on a Sunday were not suitable for modification. Inspectors found therefore that this meal was not suitably varied and could be monotonous for some residents. The chef and person in charge were aware of this and were actively addressing this. The chef and many of the staff had recently received training in diet modification to address this area.

There was good ongoing monitoring of residents nutritional and hydration needs. Regular weight monitoring and nutritional screening was carried out for all residents using an evidence-based screening tool. Nursing staff highlighted any significant changes to the nutrition nurse or the person in charge and the centre’s policy was implemented as appropriate. While staff monitored the food and fluid intake of all residents, inspectors found that there were gaps in some of the dietary monitoring records and fluid balance charts in line with the centres policy. The person in charge said this was a documentation issue and the care had been delivered. A jug of water was provided in each resident’s bedroom.

Overall residents had satisfactory care plans for nutrition and hydration in place based
on regular nutritional assessments which were up to date. However, they needed to be improved. Care plans for residents who had lost weight did not fully direct the care to be delivered. While residents care plans stated small meals frequently, there was no evidence that this was happening in the practice and the care plans did not describe this care to be delivered. Residents were provided with a three course meal at 11.45 and tea at 16.00. While staff detailed the food option available for supper for residents, there was no detailed process to ensure that small meals were provided.

There was prompt access to the general practitioner (GP) and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. Residents had good access to the dentist.

Inspectors saw that advice from the speech and language therapist (SALT) was implemented for individual residents. However the advice from the dietician was not always used to guide practice. Inspectors noted that where nutritional supplements were prescribed these supplements were offered to residents at the appropriate times.

The person in charge had implemented a system of audit to ensure that residents nutritional care plans were accurate and implemented. The inspector found that issues identified though these audits were being addressed.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. Inspectors spoke to the chef who was knowledgeable about special diets and a detailed nutritional plan including a photograph of the type of diet and the resident was maintained for each resident in the dining room. There was a two weekly menu plan in place and the menu had been audited by the dietician in order to ensure that it was nutritionally balanced. The chef was addressing the areas identified.

Inspectors spoke to many residents regarding food and nutrition. Overall the response was uniformly positive with residents and relatives expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents. There were kitchenettes throughout the centre where safe facilities were available for residents who may wish to prepare their own snacks.

Residents were actively encouraged to provide feedback on the catering services; this was ascertained through the residents committee meeting and directly to the chef or catering manager following the meal. The chef and person in charge continued to strive to address the feedback, improvements were made to the soup and sauces. The centre also engaged in an external audit of meals and meal times and actions were taken to improve the quality of the service.

Staff had received training in the and were knowledgeable in the areas of nutrition;(this included the nutrition for residents with dementia), dysphagia, diabetes training and MUST (malnutrition, universal, screening, tool).

Inspectors visited the kitchen and found that it was maintained in a clean and hygienic
condition with ample supplies of fresh and frozen food.

**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:**

Linda Moore  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Maryfield Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000064</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15/04/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/05/2014</td>
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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 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:
The nutrition care plans did not adequately address residents' needs.

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
All nutrition care plans are currently being reviewed in detail. The care plans will then be completed in detail addressing the needs of each individual resident incorporating the recommendations from each member of the multidisciplinary team and will agreed and developed with each individual resident.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy for monitoring and documentation of residents nutritional intake was not been fully implemented in practice.

Action Required:
Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

Please state the actions you have taken or are planning to take:
Meal times have changed, dinner now commences at 12.30 and tea at 5pm There now is a detailed formal process in place to ensure that small meals are provided and these meals are nutritional and specific to the choice and needs of individual residents.
Documentation will be audited by the staff nurse on a daily basis as part of the formal process to ensure small meals are provided and staff will be equipped with the knowledge and resources to document effectively and efficiently residents’ daily nutritional intake.

Proposed Timescale: 19/05/2014