<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Maryfield Nursing Home</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000359</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Farnablake East, Athenry, Galway.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>091 844 833</td>
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<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:maryfield1@gmail.com">maryfield1@gmail.com</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>West of Ireland Alzheimers Foundation</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>John Grant</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Lorraine Egan</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
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<tr>
<td><strong>Type of inspection</strong></td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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 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.

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: 13 November 2014 12:00  To: 13 November 2014 18:30

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

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a 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 evidenced based guidance and undertook a self-assessment in relation to both outcomes.

The centre is a residential and respite centre for people with dementia. Residents are typically admitted to the centre when they are at end stage of dementia. At the time of this inspection there were 20 long stay residents and two respite residents. The centre also caters for up to four day care residents Monday to Friday. On the day of inspection there were two day care residents in the centre.

The inspector reviewed the self-assessment questionnaires which were submitted to the Authority prior to the inspection. The person in charge who completed the provider self-assessment tool had judged that the centre demonstrated compliance in relation to both outcomes.

The policies on end of life care and food and nutrition had not been submitted as required with the self-assessment questionnaires. The inspector reviewed copies of the policies during and after the inspection.
As part of the inspection the person in charge contacted families of residents who had died in the centre and asked them to complete questionnaires. The person in charge told the inspector she had contacted seven families. Four questionnaires were submitted to the Authority and all outlined families satisfaction with the care provided for their loved ones at end of life.

The inspector met residents and staff and observed practice on inspection. Documents were reviewed such as care plans and training records. Practices and facilities were in place to ensure that residents received a high quality service at the end of life stage. There was an emphasis on providing care and comfort to residents at end of life and their loved ones during and following the death of a resident.

Improvement was required to the care plans outlining residents’ wishes for their end of life care. The person in charge was in the process of delivering training to staff on a new care plan and policy for end of life care.

Documentation pertaining to the resuscitation status of residents required significant improvement. ‘Do Not Attempt Resuscitation’ (DNAR) orders were not clearly documented as a clinical decision.

The inspector viewed the arrangements in place for ensuring residents’ nutrition and hydration needs were met. Food was properly cooked and served, nutritious and varied and assistance was offered to residents in a discrete and respectful manner.

Residents’ nutritional needs were assessed and their needs and preferences were recorded and facilitated. The nutritional assessment tool was not accurately used and this could place residents at risk of malnutrition. This was brought to the immediate attention of the person in charge.

Residents had good access to the general practitioner (GP). Access to allied health professionals such as the dietician and speech and language therapist had improved since August 2014. Improvement to the oversight of access to allied health professionals by the person in charge was required to ensure residents continued to access required support.

Residents provided feedback to the inspector, regarding food and meals, which was very positive. The inspector sampled the lunchtime meal and the evening meal and found the food was flavoursome, suitably heated and nicely presented.

Improvement was required to the provision of training for staff to ensure staff were appropriately skilled to support and care for residents.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.
Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
Improvement was required to the auditing and oversight in the centre. The inspector identified areas of concern which had not been identified by the person in charge.

Areas of concern such as changes in weight for some residents, access to allied health professionals, the inaccurate use of some assessment tools, the use of ‘Do Not Attempt Resuscitation’ (DNAR) orders which were not documented as a clinical decision, the lack of necessary assessments and care plans and the lack of reviewing of care plans had not been identified and responded to by the person in charge.

The person in charge acknowledged she was not always overseeing the care plans to ensure assessments were completed and care plans implemented where required.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily
Findings:
This outcome was not fully inspected on this inspection. The outcome was inspected in regard to Food and Nutrition and End of Life Care.

Food and Nutrition:
Processes were in place to ensure residents did not experience poor nutrition and hydration but they were not always adhered to. Nutritional screening was carried out using an evidence-based screening tool on admission and at monthly intervals. However, not all assessments were correctly carried out and this undermined the processes in place to ensure residents did not experience poor nutrition.

The inspector viewed assessments and care plans and found that the nutritional assessment tool was not accurately completed to identify residents at risk of malnutrition. This resulted in an assessment of low or medium where there was a high risk of malnutrition. As a result timely intervention was not sought and significant weight loss had not been addressed in a timely manner.

Referral to a dietician in response to identified weight loss was not always facilitated in line with the centre’s policy. While some residents had been seen by a general practitioner (GP) following weight loss, not all residents had been referred to a dietician and further weight loss occurred as no interventions were implemented.

Regular weight monitoring was carried out monthly, however there was no evidence that residents who had lost weight had their weight monitored on a more frequent basis. Improvement was required to ensure residents experiencing weight loss were monitored closely.

Records showed that some residents had gained significant amounts of weight. There was no assessment to identify residents’ risk of gaining weight. Residents who had gained weight had been seen by dietetic services in August 2014 and interventions had been implemented. However, timely intervention was not implemented as the weight gain was evident over the previous year and had not been addressed prior to August 2014.

Access to allied health professionals such as speech and language therapy and dietetic services had improved since August 2014. The person in charge told the inspector the centre had sourced a company which provided these services free of charge to all residents.

Some improvement was required to ensure all residents who required speech and language therapy services were supported to access these services. Not all residents who were receiving a modified consistency diet had an assessment showing the diet was prescribed by a speech and language therapist.

Residents requiring support from a dietician had been assessed in August 2014. Care plans showed that residents requiring this service had not been supported to access it prior to this. It was evident that some residents required the service of a dietician as
much as a year prior to August 2014 and this had not been identified by the nursing staff or the person in charge. Improvement was required to the oversight and auditing of resident care plans to ensure residents were receiving all required care and interventions in a timely manner.

Improvement was required to ensure residents were being supported in relation to their oral health. Not all residents had oral health assessments.

Access to dental care required improvement. While residents were supported to access dental care where a concern was noted by care staff or nurses the access to routine reviews by dental professionals was not being facilitated. Care plans showed that residents had last accessed dental services in summer of 2012.

Improvement was required to care plans to ensure all identified assessments had a care plan in place. Assessments had been carried out on residents’ risk of developing pressure ulcers and some residents were identified at high risk. While interventions were in place to ensure residents did not develop pressure ulcers, and no residents had a pressure ulcer on the day of inspection, there was no care plan in place to ensure that appropriate interventions were being used and were reviewed to ensure they were meeting residents’ needs.

End of Life Care:
A sample of residents’ ‘Do Not Attempt Resuscitation’ (DNAR) orders were viewed. The DNAR orders did not show the decision not to attempt resuscitation was a clinical decision. The DNAR orders were not signed by a medical practitioner. Some medical notes completed by general practitioners (GP) showed that the GP had discussed the decision not to attempt resuscitation with residents’ families. However, the information did not adequately record the decision as one made by the GP. Some care plans contained DNAR orders and there was no evidence in medical notes that the DNAR order was a medical decision.

The person in charge said she was in the process of discussing residents’ resuscitation status with residents’ families. She acknowledged that some DNAR orders had not been recorded as a clinical decision and stated she would remove the DNAR orders until such time as they were signed as a clinical decision.

Review of care plans:
Improvement was required to the review of residents’ care plans. The inspector viewed a sample of care plans and found that care plans were not being reviewed on a four monthly basis. Furthermore, there was no evidence the reviews which had taken place had taken place in consultation with the resident or, where appropriate, the resident’s family.

**Judgment:**
Non Compliant - Moderate
**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

**Findings:**
The end of life care policy had been reviewed on 9 November 2014 and the person in charge was in the process of providing training for staff in implementing the changes to the policy. This included the introduction of new end of life care plans.

The policy was reviewed by the inspector. The policy provided guidance on the measures which would be taken by the centre to care for residents at end of life which included the support which would be offered to family and friends to support their loved ones.

The policy stated the symbol of a flower would be put on the bedroom door when a resident was nearing end of life to ensure all staff were aware of the importance of being quiet in the area and visiting the resident and their family to pay their respects.

An outline of the centre and staff response to the death of a resident was included in the policy including an outline for staff regarding the measures to be taken following the death of a resident. Staff spoken with were knowledgeable of these practices.

The person in charge told the inspector she was not satisfied the care plans in use were adequately comprehensive. She said she had researched best practice in end of life care and had formulated a new end of life care plan which would be used going forward.

The inspector viewed the end of life care plan and found it was suited to residents’ care at end of life including goals to ensure the resident was not in pain, not agitated and other physical care needs were addressed. However, the care plan outline did not outline where the residents’ wishes for their end of life care would be recorded.

As part of the introduction of the new end of life care plans the person in charge had formulated a training programme for nurses on the completion of the end of life care plans. The person in charge told the inspector this training would be taking place in the coming weeks.

Care practices and facilities were in place so that residents received appropriate and respectful end of life care which addressed their physical and medical needs and respected their dignity. Staff spoken with were familiar with procedures for the last rites and respectful care of the remains of the deceased person.

The inspector viewed a sample of residents’ end of life care plans. The care plans were not adequately comprehensive as they did not assess residents’ wishes for their end of life care in areas such as physical comfort, spiritual and religious wishes, psychosocial needs, place of death and preferences regarding family or friends presence at end of life.
life. In addition, many of the residents’ end of life care plans had not been fully completed.

There was evidence that medical, nursing staff and family supported each resident when they were at end of life. Access to palliative care was facilitated and the person in charge said she was planning to ensure the new end of life care plans were implemented alongside the palliative care team recommendations to ensure residents’ needs were met in a holistic way.

All residents who died in the previous two years were supported to have a comfortable death in the centre. The centre had strong links with primary care and community services. Residents were supported to move to a single room when approaching end of life.

Family and friends were facilitated to be with the resident when they were dying. There was an open visiting policy and suitable facilities were provided. Visitors were provided with drinks and snacks when visiting residents. Residents’ personal suitcase or bag was used to return personal effects at a time that suited the bereaved family.

Religious and cultural practices were facilitated. The Roman Catholic priest visited residents regularly. Mass was celebrated monthly. The Sacrament of the Sick was administered to residents on a monthly basis and the Sacrament of the Dying was administered when residents were at end of life.

At the time of inspection all residents were of Roman Catholic faith. The person in charge told the inspector she had recently been in contact with ministers of other faiths in an effort to make links in the event a resident from a different faith was admitted to the centre. She said that all faiths and spiritual needs would be catered for.

Staff confirmed that arrangements for the removal of remains occurred in consultation with the deceased resident’s family. Staff told the inspector that residents were supported to pay their respects where appropriate. Some staff members attended the removal ceremony and funeral following the death of a resident.

A religious service was held at Christmas of each year to remember the residents who had passed away in the previous year. Families, residents and staff were invited to attend and a candle was lit for each resident. Families were given the candle following the service.

Judgment:
Non Compliant - Moderate
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

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

Findings:
There was a comprehensive food and nutrition policy in place which was centre specific and provided detailed guidance to staff. The policy included an outline of the tools used by the centre to assess residents’ risk of becoming malnourished or dehydrated and the responses which would be taken if a resident was at risk of malnutrition or dehydration.

Processes were in place to ensure residents did not experience poor nutrition and hydration but they were not always adhered to. This is discussed further under Outcome 11: Health and Social Care Needs.

A rolling weekly menu was in place which outlined the meal choices. A menu was displayed in writing on a whiteboard in the dining room. However, there was no access to visual menus for residents who were unable to read and understand the menu. This is discussed further under Outcome 16: Residents’ Rights, Dignity and Consultation.

The person in charge stated her intention to utilise the dietetic services to oversee and expand the menu and food choices on offer to ensure residents had the choice of a variety of nutritionally balanced meals over a longer time period.

The inspector observed that fresh water and other drinks were available in communal areas. Main meals were served from 7:00 hrs onwards, 12:30 hrs and 16:45 hrs and a supper was served at 19:00 hrs.

Residents were provided with a varied and nutritious diet that was tailored to meet individual preferences and requirements. The inspector was told that snacks were available at any time and that meal times were changed to suit residents’ needs and preferences. The inspector observed a resident who did not wish to eat their main meal at 12:45 hrs and staff confirmed the meal would be put aside until the resident wished to eat or that something else would be prepared for the resident if preferred.

The majority of residents choose to have breakfast in their rooms and a small number of residents eat their breakfast in the dining room. The inspector observed dinner at 12:45 hrs and observed the evening meal being served from 16.45 hrs. Residents took these meals in the open plan dining room and day room area and the meals were a pleasant social event. A resident who was ill on the day of the inspection was facilitated to eat their meals in their bedroom.
Residents were offered two choices of main course at each meal time and individual preferences were readily accommodated. Residents were supported to eat independently and their clothing was appropriately protected. Assistance was provided in a discrete dignified manner by staff who sat with individual residents. All residents received a main meal which was hot, attractively presented and tasty with ample portions. Satisfactory numbers of staff were present to supervise and assist residents.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of resident’s specific requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents for meals. Kitchen staff and other staff members were aware of those residents who had special dietary needs and food was fortified prior to the meal being served.

Staff members who spoke with the inspector were aware of residents’ food preferences, likes and dislikes and this was recorded in the care plans and in the kitchen. Additional snacks and beverages were offered to residents. A number of residents were prescribed nutritional supplements and these were administered as prescribed.

There was a clear, documented system of communication between nursing and catering staff regarding residents’ nutritional needs and preferences. The inspector spoke with staff in the kitchen who were knowledgeable about special diets and a record detailing residents’ special dietary requirements and preferences was maintained for each resident in the kitchen. The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

The inspector found that practices and procedures were not in place as described in the self-assessment questionnaire and areas for improvement were required. These areas are included under the findings and action plan under Outcome 11: Health and Social Care Needs and Outcome 16: Residents’ Rights, Dignity and Consultation.

**Judgment:**
Compliant

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**Outcome 16: Residents’ Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
### Findings:
This outcome was not fully inspected. However, the inspector noted improvement was required to ensure residents were supported to communicate. For example, there was no access to visual menus for residents who were unable to read and understand the written menu.

**Judgment:**
Non Compliant - Minor

### Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

### Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:
Improvement was required to the provision of and access to training for staff working in the centre. The inspector identified training needs which had not been identified or responded to by the provider.

Training was planned for end of life care and in supporting residents who require modified consistency diets and thickening of fluids. However, staff had not received training in wound care, tissue viability or care of residents with diabetes.

A staff training needs analysis was required to ensure staff were receiving training appropriate to their role.

**Judgment:**
Non Compliant - Moderate
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:

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

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<td>13/11/2014</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 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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems in place were not ensuring the service provided was always safe, appropriate, consistent and effectively monitored. Areas of concern had not been identified and responded to by the person in charge.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
- A care plan audit has been completed by the person in charge identifying a sample of long stay and respite residents records, to ensure assessment tools are utilised to meet the residents individual needs
- A letter has been drafted to the resident’s general practitioners requesting that arrangements are put in place to meet with the resident’s representatives and person in charge to establish a clinical decision regarding resuscitation orders of residents in Maryfield Nursing Home.
- Current resuscitation order documentation has been removed from resident’s records pending clinical decision.
- An audit schedule matrix for the coming months is being compiled by the Director of Nursing.

**Proposed Timescale:** 26/11/2014

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**Outcome 11: Health and Social Care Needs**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents' care plans were not being reviewed on a four monthly basis.

There was no evidence that the reviews which had taken place were done so in consultation with the resident and, where appropriate, the resident’s family.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 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:**
- The Person in charge has ensured that the four monthly reviews of care plans is of the utmost importance and held a meeting with staff nurses to highlight the care plan audit finding and discuss non compliances of same. A schedule has been drawn up for nurses to consult with the person in charge to ensure a person centred care plan is devised for each resident. The person in charge has begun to liaise with residents/representatives to ascertain their involvement in the care plan decision making process. 26.11.14
- all care plans are currently under review with named nurses and overseen by the PIC to ensure the care plans meet the individual needs of each resident in Maryfield. A timetable has been formulated and all reviews must be completed by 14.01.2015

### Proposed Timescale: 14/01/2015

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all identified assessments had a care plan in place. For example, assessments showed some residents were identified at high risk of developing pressure ulcers and there were no care plans in place.

**Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All waterlow scores have been reviewed and residents showing high risk of pressure damage have a care plan in place identifying the need for pressure relieving equipment i.e cushions and mattresses.

### Proposed Timescale: 02/12/2014

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some required assessments had not been carried out. For example, there was no assessment to identify residents’ risk of gaining weight and some residents did not have oral health assessments.

Some assessments had not been completed accurately. For example, the nutritional assessment tool was not accurately completed and therefore did not identify residents at high risk of malnutrition.

**Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.
Please state the actions you have taken or are planning to take:
The person in charge has liaised with the dietician and has arranged for training and development with the nursing staff in the correct use and calculation of the malnutrition universal screening tool (MUST). The person in charge has requested input from the dietician in drawing up an assessment tool for the management of weight gain in the centre.

The PIC has prepared a file to record all weights. This file is reviewed by assistant PIC on a weekly basis to ensure if there are changes in weight there is an immediate referral to the dietician.

An oral assessment has been compiled by the person in charge and is being rolled out for a four week period after such time the assessment will be audited to ensure the correct use.

Proposed Timescale: 04/12/2014

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not receiving appropriate health care. There were inadequate measures in place to ensure changes in weight were monitored closely and appropriate and timely interventions implemented.

Residents had 'Do Not Attempt Resuscitation' (DNAR) orders in their care plans and these were not documented as a clinical decision.

Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
- A letter has been drafted to the resident’s general practitioners requesting that arrangements are put in place to meet with the resident’s representatives and person in charge to establish a clinical decision regarding resuscitation orders of residents in Maryfield Nursing Home.
- Current resuscitation order documentation has been removed from resident’s records pending clinical decision.
- Care staff were spoken to regarding weight measurements, and the need to highlight to the nursing staff if there is weight loss or weight gain. If weight recorded show significant gain or loss then weight should be recorded weekly and transferred to weekly weights file.
- Training has taken place with the dietician for Maryfield to retrain staff on correctly completing the Malnutrition scoring tool for residents showing weight loss.
Proposed Timescale: 11/12/2014

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Referral to a dietician in response to identified weight change was not always facilitated.

Not all residents who required speech and language therapy services were supported to access these services. Not all residents who were receiving a modified consistency diet had an assessment showing the diet was prescribed by a speech and language therapist.

Access to dental care for residents required improvement. Residents had not been supported to access routine dental care on a regular basis.

Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
The person in charge is liaising with the Speech and language therapist to ensure all residents get appropriate referrals and assessments showing the modified consistency of diet and fluids. Training and development has been requested by the person in charge for all Nursing, healthcare and catering staff and awaiting a confirmation date.

The PIC has formulated a file of residents weights to be recorded weekly if there is a change in a resident’s weight. This file is checked weekly by the assistant PIC to ensure timely referral to dietician. The resident will remain on weekly weights until the review by dietician is carried out and a plan has been initiated.

The dentist has provisionally scheduled a full review of residents in Maryfield for March 2015. We are awaiting confirmation of definite date. The Person in charge has sourced a local dentist who will attend emergency referrals when the need arises.(please see enclosed evidence of emergency referral)

Proposed Timescale: 31/03/2015
**Outcome 14: End of Life Care**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no assessment of residents' end of life wishes in regard to care and comfort which would address residents' physical, emotional, social, psychological and spiritual needs.

**Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**
The PIC is currently reviewing a document that has been drafted to ensure a comprehensive assessment can be put in place for residents nearing the end of life, that will identify all their needs both spiritually, culturally and medically. She has scheduled training for the staff on the new document.

**Proposed Timescale:** 22/12/2014

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Resident end of life care plans did not detail residents' religious and cultural needs and wishes for their end of life.

**Action Required:**
Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

**Please state the actions you have taken or are planning to take:**
The PIC has drafted the new document that will facilitated the spiritual cultural needs for the person nearing end of life

**Proposed Timescale:** 07/12/2014
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident end of life care plans did not detail residents' preference in relation to family members being informed of their condition and being facilitated to be with them at their end of life.

Action Required:
Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident’s condition, with the resident’s consent. Permit them to be with the resident and provide suitable facilities for them.

Please state the actions you have taken or are planning to take:
The new document that will be put in place will ask the relevant question of both resident and family members to facilitate their last wishes when nearing end of life care

Proposed Timescale: 07/12/2014

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' preference regarding his or her location at end of life had not been assessed.

Action Required:
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:
The new document for end of life will ask the relevant questions that will facilitate the preference for location of the person nearing end of life

Proposed Timescale: 07/12/2014
Outcome 16: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no access to visual menus for residents who were unable to read and understand the written menu.

Action Required:
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

Please state the actions you have taken or are planning to take:
We are currently working on a pictorial menu to facilitate the residents preferences and choices at mealtimes in Maryfield

Proposed Timescale: 12/12/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A training needs analysis had not been carried out to ensure staff were receiving training appropriate to their role. The inspector identified training needs which had not been identified or responded to.

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:
The PIC has identified five training needs in dietetics, the first is to take place on 11.12.14 and further dates to be scheduled on this date, please see email of correspondence detailing upcoming training. There is also training for end of life for 11.12.14. 'what matters to me'.

Proposed Timescale: 11/12/2014