

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maryfield Nursing Home
Centre ID:	OSV-0000359
Centre address:	Farnablake East, Athenry, Galway.
Telephone number:	091 844 833
Email address:	maryfield1@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	West of Ireland Alzheimers Foundation
Provider Nominee:	Kenneth Egan
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 May 2015 10:40	07 May 2015 19:15
08 May 2015 09:50	08 May 2015 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The designated centre discussed in this report is operated by the Western Alzheimer's Association. The statement of purpose supplied to the Chief Inspector stated that the service was intended to meet the needs of residents with Dementia and Alzheimer's disease. The inspector found that the centre was not adequately resourced and designed to consistently meet the needs of residents with these conditions and provide the services described in the statement of purpose.

Kenneth Egan is the person nominated on behalf of the provider and is responsible for this application for registration. He did not participate in this inspection. At the time of inspection a new person had been appointed to take over this role. However,

the existing provider had failed to notify the Authority of this change and the required documentation had not been submitted to the Authority. The person who was being proposed as the new provider nominee visited the centre on the second day of inspection and was seen to address some issues of concern raised by the inspector.

The inspector observed practices, read documentation and residents care plans. They also spoke to staff, residents and a resident's family visiting during the inspection. Overall the inspector found staff working in the centre to be committed to providing a good standard of care to residents. They were found to be respectful and courteous to residents and visitors to the centre. Relatives spoken with were complementary of staff working in the centre and commended staff on their hard work.

However, there were a number of physical environment issues that impacted on staff meeting the services and ethos as set out in the statement of purpose for the centre. These issues are summarised below and further discussed in the body of the report:

- the effluent processing system, located in the enclosed garden designated for use by residents, was not working properly. It emanated a foul odour which entered areas of the internal premises, for example, the residents' activities room located at the rear of the building
- 22 residents had access to only one shower. The other shower worked but due to the lack of dip in the floor, for drainage of water, the room flooded and could not be safely used. Tiles were missing in some surface areas in toilets and shower rooms
- the design of the centre was not in line with the statement of purpose. The centre was set out to cater for the needs of residents with Dementia/Alzheimer's disease. However, the decor and design did not support this ethos of care
- residents did not have access to a functioning call bell in their bedrooms. The call bell system in twin bedrooms, for example, consisted of one call bell with a long lead plugged into the wall. In most instances they were plugged out of the wall
- there were a limited number of hoists available in the centre. There was one full body hoist and one sit to stand hoist for 22 residents
- CCTV operating in residents' bedrooms had been decommissioned in 2012. However, the cameras were still located in residents' bedrooms located over their beds in twin rooms and the inspector found this could pose issues for residents with dementia related conditions.

In response to the concerns raised by the inspector, the effluent processing system was serviced before the close of inspection but would require further servicing the week thereafter to address the fault. The foul odour had stopped before the inspector closed the inspection on the second day.

Non compliance found on this inspection was not limited to premises issues. A major

non compliance was given for Outcome 8: Health and Safety and Risk Management. The inspector noted there were a number of environmental hazards in the garden area to the back of the centre which posed a trip hazard to residents. This matter had been included as a non compliance on a previous inspection, February 2014, but the provider had not addressed it as per commitments given to the Authority.

Major non compliance was also found in Outcome 16: Rights, Dignity and Consultation. Residents were not consulted in any meaningful way on how the centre was organised. Activities carried out in the centre were not based on assessment criteria to ensure they met the specific needs of residents in the centre. Dementia/Alzheimer's specific activities for residents were limited and activity co-ordinators working in the centre were not trained to carry out dementia specific activities for residents.

Major non compliance was also found in Outcome 2: Governance and Management. There was no review of the quality and safety of care in the centre and the provider had failed to ensure that the premises met the needs of the residents. A number of failings identified in previous inspection reports had not been addressed as per commitments and time frames given by the provider in response to these reports.

Moderate non compliance was found in Outcome 18: Workforce. Supervision arrangements for employees on work experience were inadequate. Staff engaged in their supervision were not adequately trained to do so. Staff working in the centre had not received adequate training and skills in Dementia/Alzheimer's care to enable them to meet the needs of residents in this centre.

The provider and person in charge were required to provide the Chief Inspector with a comprehensive action plan of how they planned to address the issues found on the inspection. This report sets out the findings from the inspection with actions given at the end to which the provider and person in charge gave action plan responses. The first action plan response from the provider was not accepted by the inspector and the provider was requested to resubmit a more robust action plan response.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

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

Findings:

The statement of purpose contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, the facilities and service provided to residents, as set out in the statement of purpose, were not found in practice.

The statement of purpose stated, "Maryfield Nursing Home has built a very experienced team of nurses and care assistants to look after residents with Alzheimer's/Dementia. We place a high value on continued personal development of each nurse and encourage and facilitate the nursing staff to attend training days. As nurses lead the care in the Maryfield Nursing Home it is vital to us to ensure that they receive training and skill development in a timely manner to meet or exceed the high standards required in Maryfield Nursing Home". However, on review of the training records for the centre, only five staff had received training in dementia specific care of which three were nurses. This is further explored in Outcome 18: Workforce.

It also stated, "to complement the ethos of care the home has facilities including a large garden to the back of the home with seating, accessible to all residents, including residents with mobility impairments and those using wheelchairs. The grounds are kept safe, tidy and attractive." However, the inspector found the grounds to the back of the home to be only accessible on request and unsafe with many hazards throughout, for example, uneven grounds and open pipes in the grass area. This is further discussed in Outcome 8: Health and Safety and Risk Management.

The statement of purpose did not include matters relating to the arrangement for the management of the designated centre in the absence of the person in charge. It also did not include the arrangements made for consultation with, and participation of, residents in the operation of the designated centre.

Judgment:

Non Compliant - Major

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):

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

Findings:

There were governance and management issues found on this inspection which impacted on the quality of service delivery to residents living in the centre.

At the time of inspection a new person had been appointed to take over the role of provider nominee. However, the existing provider had failed to notify the Authority of this change and the required documentation had not been submitted. The person who was being proposed as the new provider nominee visited the centre on the second day of inspection and was seen to address some issues of concern raised by the inspector.

The person who was being put forward to fulfil the role of provider nominee did not have knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. He was equally unfamiliar with HIQA inspection reports and the inspection process. However, he did demonstrate a keen willingness to participate in the process and facilitated actions to address premises issues pointed out to him during the course of the inspection. He also gave a commitment to the person in charge and clinical nurse manager that he would attend the centre on a regular basis.

Department of social protection employees worked in the centre on work experience placement. Some work experience employees, after completing work experience in the centre, were signed off to work in the community to support persons with Dementia/Alzheimer's. Other work placement employees stayed working in the centre, with some workers having been there for more than two years in some instances.

However, the inspector was not satisfied that there were robust measures in place to supervise or evaluate the effectiveness and care practices of those staff on work experience in the centre. For example, there person in charge did not have a set of core competencies that work placement employees must meet before she signed them off to work supporting people with Dementia/Alzheimer's in the community. The person in

charge, nursing and care staff engaged in supervision of work placement employees had no training in supervision skills. Furthermore, not all staff engaged in supervision of work placement employees had received adequate mandatory training in manual handling, infection control or Dementia/Alzheimer's care. Management and supervision of work placement employees required review to ensure those workers gained skills and experience from adequately trained, experienced supervisors which would ensure optimum resident care both in the centre and for those supported to live in the community.

The person in charge had undergone training in clinical auditing and there was evidence to indicate she had begun to audit key quality indicators, such as complaints and incidents and accidents in the centre. However, there was no annual review available for the inspector to review on this inspection of the audits she had carried out in the previous year.

There system of governance was not found to be effective in other areas. As highlighted under Outcome 12: Safe and Suitable Premises; the provider had failed to ensure the premises was adequately resourced and suitable to meet the needs of residents. The inspector was also concerned that issues of risk raised on previous inspections, such as the hazardous garden area and hoisting of residents had not been addressed. This was despite action plans which had been submitted by the provider stating that these matters would be addressed within an agreed timeframe, which had now expired.

Judgment:

Non Compliant - Major

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a guide in respect of the designated centre and made available to residents. The guide included:

- (a) a summary of the services and facilities
- (b) the terms and conditions relating to residence
- (c) the procedure respecting complaints, and
- (d) the arrangements for visits

Each resident had a written contract agreed on admission. They set out the care and welfare of residents in the centre. They also set out the services to be provided and fees

charged to residents. However, fees set out were vague and required more information. For example, fees set out at a cost to residents were, 'special medical interventions' and 'special physiotherapy'. This did not give adequate information and required review.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a suitably experienced person in charge of the centre. Residents were assessed as requiring full time nursing care. The person in charge was a registered general nurse, worked in a full time capacity and had a minimum of three years experience in the area of nursing of the older person within the previous six years.

The person in charge demonstrated clinical knowledge and a sufficient knowledge of her statutory responsibilities as required by the legislation. She was engaged in the governance and operational management and administration of the centre on a regular and consistent basis. However, some governance and management issues, as outlined in Outcome 2, impacted on the person in charge carrying out her specific role in relation to oversight and management of direct resident care. For example, the physical environment issues. This needed review by the provider nominee.

Although the person in charge had experience and suitable qualifications her continuous professional development record was limited to specific mandatory training such as manual handling, fire training and elder abuse prevention. The person in charge had not completed any training in dementia care or team management, for example. She told the inspector that she would be willing to engage in further studies should the opportunity arise. This required review to ensure the person in charge could direct evidenced based contemporary practice in the centre which would in turn have a direct positive outcome for residents living there. An action in relation to this is given in Outcome 18: Suitable Staffing.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

Records reviewed were maintained in a complete manner in the centre. Records were kept secure, while also being easily retrievable. The sample of records reviewed indicated records in the most part were accurate and up to date.

General records relating to complaints, records of visitors, duty rosters and fire safety training, tests and maintenance of fire fighting equipment were kept for not less than four years.

There were centre specific policies, which reflected the centre's practice. Policies and procedures were reviewed to ensure the changing needs of residents were met.

The centre was adequately insured against injury to residents. Other risks were insured against, including loss or damage to a resident's property. A directory of residents was maintained and from the sample reviewed in the directory the actions from a previous inspection was satisfactorily implemented. The inspector also found actions from the previous medication management inspection in relation to this Outcome had also been satisfactorily implemented.

The inspector observed a number of environmental risks in the external premises to the back of the centre which had not been identified in the risk register.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent since the previous inspection in November 2014.

The interim provider at the time of inspection was aware of the requirement to notify the Chief Inspector of any absence of the person in charge for a period of 28 days or more. There were appropriate arrangements in place to manage any such absence. There was a suitable person nominated to deputise for the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found adequate practices in relation to safeguarding and safety of residents, management of behaviours that challenge and restraint management in the centre. Residents that engaged in behaviours that challenge had limited opportunities however, to engage in activities that worked as de-escalation strategies. There was some improvement required relating to procedures and criteria for the use of chemical restraint where some residents were prescribed chemical restraint medication for 'agitation'.

There were policies and procedures in place to safeguard residents. Staff spoken with were knowledgeable of what constituted abuse and outlined the appropriate steps they would take if they witnessed abuse occurring. The person in charge also demonstrated knowledge of best practice procedures in relation to the management of allegations of abuse. Residents were safeguarded against financial abuse through management and procedures in place in the centre.

Residents that displayed behaviour that is challenging had care plans in place and

regular review from later life psychiatry. There was evidence to indicate staff engaged in de-escalation techniques which helped distract the resident and prevent behaviour that is challenging from escalating. The inspector was told a key way to help prevent behaviour that is challenging from occurring was to ensure the resident was kept occupied, for example, the resident liked to fix things and enjoyed helping the maintenance staff. However, maintenance staff only worked in the centre three days a week and the resident did not have access to any other activities that were geared towards their interests. This is further explored in Outcome 16: Rights, Dignity and Consultation. Therefore, while behaviours that challenge were managed in a person centred way in some regards, improvement was required to ensure they were implemented consistently and to meet the residents' assessed needs and interests.

Restraint management in the centre was in the main robust. For residents that used bed rails an initial assessment was carried out. This assessment identified the risks associated with their use and control measures to be implemented if necessary. In some instances, bed rails were assessed as unsuitable. As per National Policy Standards, alternatives were trialled such as low-low beds with crash mats to reduce the injury impact of a resident falling or rolling out of bed, for example.

While there was evidence to indicate a strive towards a restraint free environment, there was improvement required in relation to the use of chemical restraint. Residents' medication administration charts prescribed chemical restraint for 'agitation'. However, the specific ways in which the resident displayed agitation was not documented. This required review to ensure chemical restraint was administered in a consistent way with specific criteria in line with National Policy Standards.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

There were inadequate risk management systems in place for the health and safety of residents, visitors and staff in some parts of the centre. The inspector observed significant trip hazards in the external garden area at the back of the centre. Infection control procedures were not in line with best practice.

Doors to rooms that contained harmful chemicals for example, sluice and laundry rooms had risk control measures in place. Hand rails were provided in circulation areas. The

centre had safe floor covering provided inside. Corridors were well lit with artificial and natural light. The health and safety statement for the centre was up to date.

Fire extinguishers had been serviced 7 December 2014. Servicing records for emergency lighting and the fire alarm were up to date with the most recent date 24 April 2015 with the next due date 24 July 2015. There were regular fire drills in the centre with the most recent being 9 April 2015. Fire records were maintained, which included details of frequency of fire drills, fire alarm tests and fire fighting equipment checks.

There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff demonstrated knowledge of what to do in the event of a fire. For example, staff indicated they would use compartmentalisation to prevent the spread of a fire by using the doors between zones to contain a fire. From a sample of files reviewed each resident had a personal emergency evacuation plan in place.

As outlined in Outcome 2 there was a risk, due to the limited number of hoists in the centre which could lead to staff engaging in incorrect procedures for manual handling.

Some infection control measures were in place within the centre but needed improvement. Alcohol hand gels were in use throughout the centre. Crash mats used as part of restraint reduction in the centre were cleaned regularly. However, the inspector observed that they were cleaned and allowed to dry in the sluice room of the centre. This posed a risk of infection from air borne contaminants when the room was used to clean commodes, for example. This was not in line with robust infection control procedures and required review.

An area of lino had been removed under one of the toilets in the centre. This was to allow access to pipes connected to the toilet which had blocked in the recent weeks. (This is further outlined in Outcome 12). However, the lino had not been replaced and under the toilet was exposed concrete. This posed an infection control risk as this section of the floor could not be cleaned adequately.

The inspector observed a number of physical environment risks in the external premises to the back of the centre. Some examples included a large step directly outside the door from the day room to the external premises which posed a considerable trip hazard. An unlocked effluent processing system, located in the garden to the back of the premises, also posed a significant hazard as it could be opened and accessed by residents or visitors to the centre. At the time of inspection it was out of order and emanating a foul odour.

There were open pipes in the garden/grass area which posed a significant trip hazard for residents if they wished to access that area. Staff spoken with told the inspector that residents did not access the external premises unless supervised. These hazards and others were brought to the attention of the person in charge and new provider nominee by the inspector on the morning of the second day of inspection. By midday of the second day a builder visited the centre to carry out a site inspection to rectify some issues and hazards identified. However, in the meantime the external premises of the centre were not safe and required urgent action to reduce risks to residents, visitors and

staff accessing the area.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The inspector reviewed actions from a previous medication management inspection carried out October 2014 and found they have been satisfactorily implemented on this inspection.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff were observed to adhere to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. No resident at the time of inspection was responsible for their own medication. An appropriate assessment was carried out confirming their capacity should a resident wish to do so. This was supported in the policies for the centre.

A system was in place for reviewing and monitoring safe medication management practices. The person in charge carried out medication management audits for the centre and these were available for the inspector to review during the course of the inspection. They have been found to be comprehensive on the previous medication management inspection also.

Residents had a choice of pharmacist, where possible. Pharmacists were facilitated to meet their obligations to residents under relevant legislation and guidance.

Crushed or liquid medications were written up and prescribed by residents GP and documented on their medication administration charts as required.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

A record of all incidents occurring in the designated centre was maintained.

Notifiable incidents had been submitted to the Chief Inspector within the appropriate time frames. Quarterly reports had also been submitted to the Chief Inspector.

Judgment:

Compliant

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:

Effective care and support

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

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

Findings:

Residents health care needs were met however, some improvement was required in relation to care planning where a health care risk was identified. There was limited access to some allied health professionals for residents.

From the sample of care plans reviewed, they were personalised, prepared within 48 hours of residents' admission or thereafter and detailed their assessed needs. Signed documentation was maintained in each resident's care plan folder whereby residents and/or their representatives had been asked if they wished to be involved in the care planning process. Following up on actions from a previous thematic inspection (November 2014) a sample of nutrition assessments were found to be completed accurately. Residents had also received a dental and oral assessment by a dentist in the previous six months.

The registered provider had arranged to meet the health care needs of each resident according to their assessed needs as set out in their care plans. Residents had a choice of medical practitioner. They could choose to continue with their GP or access a GP linked to the centre. Review of a sample of residents' files indicated residents had access to health care options and professional expertise to ensure most of their care needs were met. Residents, however, had limited access to physiotherapy or occupational therapy review.

A sample of care plans were reviewed by the inspector. They had been updated every four months and on an ongoing basis. From the sample reviewed, the assessment, care planning processes and clinical care was in line with evidence based practice and in accordance with professional guidelines. Health care risk assessments were completed across a wide range of health care outcomes, for example, pressure ulcer risk, nutritional risk and falls risks. While this was evidence of good health care assessment not all health care risks identified were followed up with an appropriate care plan to mitigate risk.

For example, a resident identified at high risk of developing a pressure ulcer, as per a pressure ulcer risk assessment, did not have a care plan documented with preventative nursing care measures such as a pressure ulcer relieving mattress or cushion to prevent pressure ulcers from happening. The resident was provided pressure relieving equipment on the second day of inspection and the inspector did note the resident did not have a pressure ulcer at the time of inspection despite being identified at high risk of developing one.

Documented in residents' care plans were 'A Key to Me' assessments which documented key significant likes, dislikes, information about the residents' lives and significant events and dates for the resident. However, there were no social care assessments whereby activities scheduled for residents were based on their key interests and abilities. This required review and is further outlined in Outcome 16.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

implemented.

Findings:

The design and layout of the centre was not in line with the Statement of Purpose. The premises did not fully meet the needs of all residents and the design did not promote residents' independence.

There were a number of issues identified by the inspector throughout the course of the inspection which needed to be addressed as a matter of priority. The external and internal premises were not well maintained. The person in charge outlined to the inspector that maintenance personnel were only allocated to work three days per week in the centre. Many issues in the premises however, were beyond the scope of general wear and tear and required skilled professional expertise to address them.

Premises issues identified by the inspector included:

- An ineffective effluent processing system located in the enclosed garden designated for use by residents. It was not functioning effectively and a foul odour emanated from it which entered areas of the internal premises, for example, the residents' activities room located at the rear of the building. Servicing records for the system were kept in the centre however, the records indicated it had only been serviced February, March 2011 and May 2014 .

- There had been a recent instance of flooding in the centre pipes to one of the toilets had become blocked and subsequently the toilet had flooded the only functioning shower room in the centre.

- 22 residents had access to one shower. The other shower worked but due to the lack of dip in the floor, for drainage of water, the room flooded and could not be safely used. Tiles were missing in some surface areas in toilets and shower rooms.

- Signage was used in the centre to inform residents where the location of key areas they may need to access. However, the sign for the garden was located next to a door which led to the staff quarters. The inspector asked for the location of the sign to be moved beside the door that led to the garden. This was moved before the close of the first day of inspection.

- The design of the centre was not in line with the statement of purpose. The centre was set out to cater for the needs of residents with Dementia/Alzheimer's disease. However, the decor and design did not support this ethos of care. For example, the walls and floor in the corridors of the centre were the same colour. This did not reflect dementia specific design where contrasts between surfaces should be defined to assist residents with vision disturbances caused by Dementia/Alzheimer's. The person in charge and clinical manager also informed the inspector that some residents found the shine on the floor in some parts of the centre distressing. They sometimes observed residents attempt to step over the glare on the floor because it resembled a puddle of water. This posed a trip risk to residents.

- There were a number of significant trip hazards in the external premises of the centre

which meant residents could not access this area unsupervised. Some hazards identified are further outlined in Outcome 8, Health and Safety and Risk Management.

- CCTV monitoring cameras were located in residents' bedrooms despite being decommissioned in 2012. These were located above residents' beds. The inspector determined that this could cause distress for residents who had dementia related conditions.

- Residents did not have access to a functioning call bell in their bedrooms. The call bell system in twin bedrooms, for example, consisted of one call bell with a long lead plugged into the wall. In most instances they were plugged out of the wall as they had been identified as a strangulation risk by the person in charge. This required review.

- The inspector also identified there were some manual handling resource issues. There were a limited number of hoists available in the centre. There was one full body hoist and one sit to stand hoist. Seven residents in the centre at the time of inspection required full body hoisting for appropriate safe manual handling to occur. Six residents required sit to stand hoisting to move safely from chair to wheelchair or chair to bed. The centre was not adequately resourced to ensure safe manual handling techniques were implemented for residents. The provider was required to review this.

The inspector requested the provider nominee address the issue with the effluent processing system as a matter of urgency before the close of inspection. The system was serviced before the close of inspection but would require further servicing the week thereafter to address the fault. The foul odour had stopped before the inspector closed the inspection on the second day.

The provider nominee was required to provide the Chief Inspector with a comprehensive action plan of how they planned to address the issues found in this report.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

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

Findings:

There were policies and procedures for the management of complaints. The complaints process was in the main user-friendly and included an appeals process. However, complainant satisfaction was not clearly documented.

There was a nominated person to deal with complaints and there was evidence to show in documentation reviewed that complaints had been investigated. There was a record made of all complaints, investigations carried out and outcomes. The complainants' satisfaction with the outcome of the complaint however, required review as it was not clearly documented.

The complaints procedure was displayed on the notice board on a corridor in the centre, it was easy to over look it as there was other information around it which made it less conspicuous but it was displayed in a prominent position in the centre.

Judgment:

Substantially Compliant

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

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

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

Findings:

A thematic inspection which focused on two Outcomes was carried out in November 2014. One of the outcomes reviewed was End-of-Life Care.

The inspector followed up on actions given for that inspection and found most were satisfactorily implemented. Residents' resuscitation status had been established by a medical professional and clearly documented in residents' care plans. From a care plan reviewed it documented the nursing care to be provided, pastoral care and location where the resident would wish to die.

However, there was more work required to detail the emotional and psychological needs of the resident at end of life to ensure they received a person centred end-of-life experience. The end-of-life care plan reviewed also did not specify the resident's preference as to who they would like to have with them at end of life.

Judgment:

Substantially Compliant

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:

As mentioned in Outcome 14, a thematic inspection had occurred in November 2014. This outcome was reviewed during the inspection and no non compliance was found.

The inspector observed practices and reviewed documentation and found practices on the previous inspection were still in place on this inspection. Residents' food and nutrition needs were being adequately met.

Judgment:

Compliant

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):

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

Findings:

The inspector reviewed non compliances from the previous inspection in November 2014 relating to this outcome and found there had been actions put in place by the person in charge to ensure residents were facilitated choice at meal times. However, there were more improvements required in relation to consultation and choice for residents. Recreation facilities and assessments were inadequate and required review.

Residents had access to television and radio and news of local events. They received visitors and there was an open visitor policy to the centre. The inspector spoke to a

resident's visitors during the course of the inspection. They complimented the staff and the centre and said they were happy with how their relative was cared for and with the visiting arrangements.

There was no documentation available to show residents were consulted about how the centre was planned and run. There was no resident committee meetings held and there was no other evidence to indicate residents had been consulted or afforded choice. Decisions made for residents were made predominantly through their representative or next of kin and their wishes for the resident. Residents' personal preferences prior to their onset of Dementia/Alzheimer's were not documented in any meaningful way which would direct care interventions and choices for them during their illness. This required improvement.

Routines and practices in the centre did not maximise residents' independence for example, residents that were mobile could not independently access the garden area as the door was kept locked and they required one to one supervision when accessing the garden due to the many hazards as outlined in Outcomes 8 and 12 of this report.

Residents could receive visitors in private if they so wished. Since the previous registration inspection an extension had been built since 2012. This provided a private visitor space. However, the visitor room was located past staff facilities and did not present as a space where families would feel comfortable walking into. Access to this area required better signage and accessibility for visitors.

Activities provided for residents were not based on a meaningful activity assessment which assessed their interests and capabilities. Residents had opportunities to engage in activities but they were not assessed as being meaningful and purposeful to them. For example, a resident, as mentioned in Outcome 7, enjoyed fixing things but did not have access to engage in this activity on a consistent basis and often engaged in behaviours that challenge as a result.

Judgment:

Non Compliant - Major

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

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

Findings:

There was a policy which guided practice in relation to residents' personal property and clothing. A record was maintained of residents' personal property and enhanced measures had been put in place since the previous inspection February 2014 whereby issues had been identified that could lead to residents' clothes going missing.

A trolley with individual named receptacles had been purchased. Residents' clothing was put into each box brought to the laundry room. When laundered they were returned to the labelled boxes and returned to residents. This was a significant improvement and a more robust measure in place.

Judgment:

Compliant

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):

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

Findings:

The inspector reviewed the staffing numbers for the centre and the whole time equivalent numbers. There were sufficient staffing numbers on duty at all times according to rosters reviewed. A planned and actual roster was maintained. The staffing compliment met the statement of purpose, number of residents and size and layout of the centre. However, staff were not suitably skilled to carry out the aims and services as set out in the statement of purpose for the centre.

Only five staff had training in Dementia or Alzheimer's care. There were inadequate numbers of staff trained in carrying out dementia specific activity programmes such as Sonas. Four staff had undergone training in Sonas which did not include the allocated activity co-ordinators. Of the two allocated activity co-ordinators in the centre, none had undergone any training specific to their jobs other than mandatory training in fire safety, manual handling and elder abuse prevention. This required review.

Staff training records for manual handling were up to date with evidence of refresher training. However, two health care assistants working in the centre had not received manual handling training.

Not all staff had completed infection control or hand washing training with refresher training scheduled as required. There was evidence of inadequate infection control procedures in the centre found during the inspection.

The health and safety statement was maintained by designated staff working in the centre. However, there was no evidence to show they had received adequate training in how to maintain a health and safety statement for the centre. Given the number of risks and hazards identified by the inspector during the course of the inspection, this required review.

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:

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Action Plan



Provider's response to inspection report¹

Centre name:	Maryfield Nursing Home
Centre ID:	OSV-0000359
Date of inspection:	07/05/2015
Date of response:	15/06/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not include the arrangements made for consultation with, and participation of, residents in the operation of the designated centre.

The statement of purpose did not include matters relating to the arrangement for the management of the designated centre in the absence of the person in charge.

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

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

- The Statement of Purpose was revised on the 15th June 2015 and submitted to HIQA on that date. It contains the information set out in Schedule 1 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
- All residents and family members were invited to attend a Residents Representative Committee meeting on the 8th June 2015 at 3.00 pm. In attendance were PIC, Services Manager Western Alzheimers, and 2 residents' relatives. The meeting lasted two hours and minutes were recorded. Copy minutes submitted to the Authority. Meetings going forward will be bi-monthly in line with regulations and a schedule of future meetings is now displayed on the public notice board along with an invitation to all residents, family members, residents' representatives and visitors to attend. Copy notice submitted to the Authority.
- Guidelines for the management of the centre in the absence of the PIC are set out on page 8 of the Statement of Purpose and have been amended to include the actual names of both the Person in Charge and the assistant Person in Charge. Revised Statement of Purpose submitted to the Authority.

Proposed Timescale: 08/06/2015

Theme:

Governance, Leadership and Management

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

The statement of purpose contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, the facilities and service provided to residents, as set out in the statement of purpose, were not found in practice.

Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

- The Statement of Purpose has been revised to accurately reflect the facilities and service provided to the residents. The amended Statement of Purpose was submitted to HIQA on the 15th June 2015.
- Works to make the garden a safe environment for residents, family members and staff have been awarded to a local contractor. Work commenced on Monday 15th June 2015. The contractor has confirmed that these works will be completed by Friday 19th June 2015.
- The staff of Maryfield are very experienced in dementia care with 32 members of staff having over 10 years' experience in this field. Currently 5 members of staff have dementia specific training. Contact has been made with CNME of the HSE requesting

delivery of urgent dementia training. First group of 10/11 staff members will commence training on Tuesday 23rd June 2015 and will complete on Tuesday 7 July 2015. Second Group will commence training on Tuesday 30th June 2015 and will complete on the 14th July 2015. Third group will commence training on the 2nd July 2015 and will complete on 16th July 2015. The remaining 5 staff members will undertake the training in the month of September 2015 – this is the earliest date CNME can deliver the training. A refresher training course will be provided to the 5 members of staff who have previously undertaken this training.

- All staff of Maryfield Nursing Home have completed mandatory training in people moving and handling.

Proposed Timescale: Garden: Friday 19th June 2015. Dementia Training – 33 staff by the 16th July 2015. Remaining 5 staff by 30th September 2015

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:

At the time of inspection a new person had been appointed to take over the role of provider nominee. However, the existing provider had failed to notify the Authority of this change and the required documentation had not been submitted.

Action Required:

Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015

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

- A new CEO was appointed on the 1st May 2015. The existing Provider will continue in his role for a period of two months to allow the new CEO a period of time to familiarise himself with appropriate legislation and regulations and to allow time for the regulatory notice period of two months to be adhered to. The new CEO had been in his role for three days at commencement date of inspection. He attended a meeting with HIQA Inspector to ascertain if he could assist in any way. He is scheduled to take over role of provider from the 14th August 2015. Documentation for change of provider was submitted to HIQA on the 11th June 2015 with a proposed commencement date of Friday 14th August 2015.
- The new CEO is working with the existing Provider in dealing with the shortcomings listed in the HIQA report in an urgent manner. He has reported the negative findings to the Board of Directors of Western Alzheimers who have agreed to provide the funding necessary to overcome the identified shortcomings.
- The new CEO will be spending a minimum of 2 days per week over the next number of months to personally oversee the resolution of shortcomings.

Proposed Timescale: 14/08/2015

Theme:

Governance, Leadership and Management

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

Management and supervision of work placement employees required improvement to ensure they gained the required level of skills and experience.

Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

- A new induction framework has been prepared which clearly details the management and supervision of work placement employees during their induction period. Included in this process are assessments to ensure that the work placement employees are displaying appropriate competencies. This assessment requires sign off by the employee, service manager and person in charge. Copy of Induction Policy and assessments submitted to the Authority.
- Training has been requested through CNME for the Person in Charge and the Assistant Person in Charge in supervision skills of health care workers.
- A Personal Effectiveness Training Course which incorporates supervisory skills will be undertaken by the Assistant Person in Charge on Thursday 18th June 2015. The PIC will also undertake this training at the first available date.

Proposed Timescale: 31/07/2015

Theme:

Governance, Leadership and Management

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

The person put forward to take over the role of provider nominee did not have knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. He was equally unfamiliar with HIQA inspection reports and the inspection process.

The governance and management systems did not ensure the effective resourcing of the centre to meet the needs of residents.

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:

- The new CEO was in his role for three days prior to commencement of inspection. He is scheduled to take over the role as Provider on the Friday 14th August 2015 with the existing Provider to remain in his role until that date. The new CEO is working closely

with the Provider in the interim period in the provision of services and in dealing with the shortcomings highlighted in the HIQA inspection of the 7th and 8th May 2015.

- The new CEO has reviewed the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, HIQAs guide for providers, assessment framework and judgement framework information booklets. He has reviewed previous HIQA Inspection Reports and has familiarised himself with the HIQA inspection process.
- The newly appointed provider nominee will oversee the governance and management systems to ensure the effective resourcing of the centre to meets the needs of the residents. The CEO will be present in Maryfield Nursing Home for a minimum of two days per week and more often if required to support the PIC and the team in overcoming the shortcomings. The Board of Directors are aware of the shortcomings and have authorised funding for necessary costs.

Proposed Timescale: 15/06/2015

Theme:

Governance, Leadership and Management

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

There was no annual review available for the inspector to review on this inspection of the audits she had carried out in the previous year.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an 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 the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

- The person in charge will review the audits undertaken for the previous year and complete a summary of the quality and safety of services in Maryfield Nursing Home. Findings will be documented and shortcomings addressed. Going forward the process will be diarised to ensure it is undertaken on an annual basis.
- A new audit system is being implemented as a First Line of Defence (FLOD). We propose that this FLOD testing will be undertaken on a six monthly basis by a Senior Nursing Director from another Western Alzheimers nursing home under the various headings audited by HIQA. This audit will take place in March and September annually with the first audit commencing in September 2015. This should ensure that any negative findings in HIQA reports are rectified and not overlooked as previously happened.

Proposed Timescale: 12/06/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Fees set out were vague and required more information. For example, fees set out at a cost to residents were, 'special medical interventions' and 'special physiotherapy'. This did not give adequate information and required review.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

- A full review of the contract has been carried out and it now includes appendices detailing all additional services and costs that residents may avail of during their stay in Maryfield Nursing Home. Families are being requested to sign these enhanced contracts with a list of the additional services and their cost. In future these will be provided to the person with dementia and / or their families on their admission.

Proposed Timescale: 31/08/2015

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

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

The inspector observed a number of environmental risks in the external premises to the back of the centre which had not been identified in the risk register.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

- A risk assessment of the garden to the rear of Maryfield has been carried out and evaluated using the matrix in the risk management policy. The risks have been transferred to the risk register with the control measures that have been put in place
- A contractor is currently carrying out works to remove the risks identified to make it a safe environment for residents and staff. These works will be completed by Friday the 19th June 2015.

Proposed Timescale: 19/06/2015

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

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

While behaviours that challenge were managed in a person centred way in some

regards, improvement was required to ensure they were implemented consistently and to meet the residents' assessed needs and interests.

Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

- The ABC Model of behaviour has been introduced. It provides the nurse with an observation tool that highlights a pattern in behaviour that challenges and identifies triggers and symptoms when they occur. This tool will also assist the nurse in justifying the need for chemical restraint. The ABC Model is also supported by the Cohen Mansfield assessment tool for behaviour that challenges.

Proposed Timescale: 09/06/2015

Theme:

Safe care and support

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

The specific ways in which the resident displayed agitation was not documented in their behaviour management support care plan. This required review to ensure chemical restraint was administered in a consistent way with specific criteria in line with National Policy Standards.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

- Focus is being placed on introducing specific activities or distraction to stimulate and occupy the resident. These specific activities will help to de-escalate the behaviours that challenge.
- Where a resident demonstrates agitated behaviour not relieved by specific activities this will be documented in their behaviour management support care plan. This will assist the nurse in justifying the need for chemical restraint. It will also allow for review of chemical administration to ensure compliance with National Policy Standards.

Proposed Timescale: 15/06/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy for the centre did not include hazard identification and

assessment of risks throughout the designated centre.

Some hazards not identified included:

- A considerable trip hazard directly outside the door to the enclosed garden.
- An unlocked effluent processing system located in the garden to the back of the premises also posed a significant hazard as it could be opened and accessed by residents or visitors to the centre.
- There were open pipes in the garden/grass area which posed a significant trip hazard for residents if they wished to access that area.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

- A revised risk assessment has been undertaken of the entire centre which included the garden area. Risks identified included the trip hazard outside the door to the garden, the unlocked effluent processing system and the open pipes in the garden grass area. The effluent processing system is now locked and the other risks have been included in the risk register with mitigating factors. Works to remove/minimize the risks in the garden is currently underway and will be completed by Friday 19th June 2015. A revised risk assessment will be undertaken following these works.

Proposed Timescale: 19/06/2015

Theme:

Safe care and support

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

- Some infection control measures were in place within the centre but needed improvement, for example, washing and drying crash mats in the sluice room.
- Lino had not been replaced and under a toilet there was exposed concrete. This posed an infection control risk as this section of the floor, which would require deep cleaning, could not be adequately cleaned. This required review by the provider.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- Crash mats are now being washed and dried to the rear of the laundry area and this has removed the risk of infection.
- The floor covering that was missing from the corridor and the toilet area was replaced

on the 4th June 2015. This has removed the infection control issues in these areas.

Proposed Timescale: 04/06/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Not all health care risks identified were followed up with an appropriate care plan to mitigate risk.

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:

- A review of all identified health risks was undertaken to ensure that appropriate action was documented in Care Plans and preventative measures put in place where necessary. The importance of the identification of all health risks was discussed with staff, highlighting the need to put an appropriate care plan in place to mitigate risks.
- The care plans are reviewed every four months to coincide with the GP medical review or sooner if needs change.

Proposed Timescale: 16/08/2015

Theme:

Effective care and support

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

Residents, however, had limited access to physiotherapy or occupational therapy review.

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:

- A physiotherapist and an occupational therapist have been identified who are available to attend Maryfield Nursing Home where a need is identified. The Person in Charge or her deputy will discuss this need with the resident or his or her family and outline the cost.

Proposed Timescale: 17/07/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

- The centre was not adequately resourced to ensure safe manual handling techniques were implemented for residents. The provider was required to review this.
- The external premises of the centre was not safe and required immediate action to reduce risks posed to residents, visitors and staff accessing the area.
- 22 residents had access to one shower. The other shower worked but due to the lack of dip in the floor, for drainage of water, the room flooded and could not be safely used.
- Pipes to one of the toilet in the only functioning shower room had blocked leaving the room unusable for a period of time.
- Servicing records for the effluent processing system were maintained in the centre however, there were only records for February and March 2011 and May 2014 maintained in the centre. There were no records for 2012 or 2013.
- Residents did not have access to a functioning call bell in their bedrooms.
- CCTV monitoring cameras were located in residents' bedrooms despite being decommissioned in 2012. These were located above residents' beds.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Safe Moving and Handling:

- The new CEO has outlined the significant shortcomings identified in relation to the resourcing of the home to the Board of Directors and the Provider. They sanctioned the necessary funding to carry out whatever remedial works are required.
- A new hoist is in place since 2nd June 2015. A second hoist with inbuilt weighing scales has been ordered and is due to be delivered by the 30th June 2015. These will assist in the safe moving and handling of the residents with reduced mobility and the hoist with scales will assist staff in the accurate measurement of weight and body mass index.

Shower room:

- The second shower room has been renovated and is operational since the 9th June 2015.

Shower/Toileting area:

- The pipes in the existing functioning bathroom were replaced on the 5th May 2015 due to a leak. This took place prior to inspection. The new floor covering was replaced on the 4th June 2015 to restore it to full functionality and remove infection risk. .

EPS system

- Work was undertaken on the EPS system on the 8th May 2015 to repair a blower/pump which had malfunctioned resulting in an unpleasant odour. A full service was undertaken of the system to reduce the risk of any further malfunctions (Appendix 4). A service level agreement has been drawn up between the PIC and the EPS contractors. This will ensure that the system will be serviced on a six monthly basis and as and when the need arises. All necessary documentation will be maintained as evidence.

CCTV

- All decommissioned CCTV cameras located in the resident's bedrooms were removed on the 4th June 2015.

Call bell system

- The shortcomings in relation to the Call Bell System have been discussed with our electrical contractor and he has undertaken to have a new system in place to overcome these shortcomings by the 30th June 2015.

Proposed Timescale: 30/06/2015

Theme:

Effective care and support

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

The design of the centre was not in line with the statement of purpose. The centre was set out to cater for the needs of residents with dementia/alzheimers disease. However, the decor and design did not support this ethos of care.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

- Work will be undertaken to redecorate the corridors in contrasting colours in line with Dementia specific design. Work will also be undertaken to remove the glare on the floor producing a matt finish to remove the trip risk to residents. This work will be undertaken at night and will be completed within two weeks.

Proposed Timescale: 30/06/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complainants satisfaction with the outcome of the complaint required review as it was not clearly documented.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

- The PIC has amended the complaints document and it now includes a section to denote if the complainant was satisfied with the outcome.

Proposed Timescale: 10/05/2015

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:

Residents' end-of-life care plans did not detail residents' preference in relation to family members being informed of their condition and 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:

Resident's end of life care plans will now include their preference in relation to family members being informed of their condition to facilitate their wishes at end of life.

Proposed Timescale: 09/06/2015

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 more work required to detail the emotional and psychological needs of the resident at end of life to ensure they received a person centred end-of-life experience.

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:

Emotional and psychological needs of residents will form part of the pre-assessment to ensure that their emotional and psychological needs will be met to improve their end of life experience.

Proposed Timescale: 09/06/2015

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 were no resident committee meetings held and there was no other evidence to indicate residents had been consulted or afforded choice

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

- All residents, family members and visitors were invited to attend a Residents Representative Committee meeting on the 8th June 2015 at 3.00 pm. In attendance were PIC, Services Manager Western Alzheimers, and 2 residents' relatives. The meeting lasted two hours and minutes were recorded. Copy minutes submitted to the Authority. Meetings going forward will be bi-monthly in line with regulations and a schedule of future meetings is now displayed on the public notice board along with an invitation to all residents, family members, residents' representatives and visitors to attend. Copy notice submitted to the Authority.
- The PIC has drawn up questionnaires that can be completed by any stakeholder of Maryfield Nursing Home. The questionnaires are now located in the foyer of the Nursing Home. Any suggestions brought forward will be discussed at resident's relative's team meetings.

Proposed Timescale: 08/06/2015

Theme:

Person-centred care and support

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

Residents' preferences prior to their onset of dementia/Alzheimers was not documented in any meaningful way which would direct care interventions and choices for them during their illness. This required improvement.

Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

- The Pool Activity Level checklist (PAL) for residents of Maryfield Nursing Home has now been implemented. This will assist staff to ascertain the resident's preferences prior to the full onset of dementia. This will provide a person centred care plan for activities reflective of their likes and dislikes. This will form part of pre-assessment going forward.

Proposed Timescale: 15/06/2015

Theme:

Person-centred care and support

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

Routines and practices in the centre did not maximise residents' independence for example, residents that were mobile could not independently access the garden area as the door was kept locked and they required one to one supervision when accessing the garden due to the many hazards as outlined in Outcomes 8 and 12 of this report.

Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

- The sign for the garden is now located in a position which gives clear direction to the garden area. On completion of the construction work to the garden and the ramp on Friday 19th June 2015 the residents with mobility can access the garden with ease and convenience in a safe way.

Proposed Timescale: 19/06/2015

Theme:

Person-centred care and support

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

Activities provided for residents were not based on a meaningful activity assessment which assessed their interests and capabilities. Residents had opportunities to engage in activities but they were not assessed as being meaningful and purposeful to them.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

- As outlined above the Pool Activity Level checklist has been implemented. Sufficient staff will be rostered to ensure that activities are undertaken with residents on a daily

basis. The activities delivered will be meaningful and purposeful and will be conducive to the likes and dislikes of the residents.

- There are three staff members with SONAS APC Sensory training. They will put an activities plan in place for each resident based on their likes and dislikes. Refresher for 2015/2016 will be undertaken at first available date.

Proposed Timescale: 15/06/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff were not suitably skilled to carry out the aims and services as set out in the statement of purpose for the centre.

- Not all staff had undergone training in dementia/alzheimers care
- Activity co-ordinators working in the centre did not have training specific to their role outside of mandatory training.
- Two health care assistants working in the centre had not received manual handling training.
- Not all staff had completed infection control or hand washing training with refresher training scheduled as required. There was evidence of inadequate infection control procedures in the centre found during the inspection.
- The health and safety statement was maintained by two designated staff working in the centre. However, they had not received adequate skills in health and safety management and there was no evidence to show they had received recent training in how to maintain a health and safety statement for the centre.
- The person in charge had not completed any training in dementia care or team management, for example.

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 staff of Maryfield are very experienced in dementia care with 32 members of staff having over 10 years' experience in this field. Currently 5 members of staff have dementia specific training. Contact has been made with CNME of the HSE requesting delivery of urgent dementia training. First group of 10/11 staff members will commence training on Tuesday 23rd June 2015 and will complete on Tuesday 7 July 2015. Second Group will commence training on Tuesday 30th June 2015 and will complete on the 14th July 2015. Third group will commence training on the 2nd July 2015 and will complete on 16th July 2015. The remaining 5 staff members will undertake the training in the month of September 2015 – this is the earliest date CNME can deliver the training. A refresher training course will be provided to the 5 members of staff who have previously undertaken this training.
- Three activity co-ordinators have completed Sonas training. A further member of

staff is in the process of completing his Sonas training and another member of staff is commencing Sonas training on the 3rd July 2015 with a completion date of the 18th September 2015.

- All staff of Maryfield Nursing Home have completed mandatory training in people moving and handling.
- The person in charge has conducted an infection control audit which shows compliance with infection control-hand washing. The PIC has also completed a hand hygiene refresher for all staff within Maryfield Nursing home in line with WHO hand hygiene
- The health and safety representatives will attend a three-day refresher course in line with legislative requirements. Course commences on the 22nd June 2015 completing on the 30th June 2015.
- The PIC will undertake dementia training on Tuesday 22nd June 2015 and will complete on Tuesday 7th July 2015.

Proposed Timescale: 16/07/2015