

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maryfield Nursing Home
Centre ID:	OSV-0000359
Centre address:	Farnablake East, Athenry, Galway.
Telephone number:	091 844 833
Email address:	maryfield1@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	West of Ireland Alzheimers Foundation
Provider Nominee:	Patrick Holmes
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 August 2015 11:30	26 August 2015 19:00
27 August 2015 09:00	27 August 2015 16:20

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of a follow up inspection which reviewed representation made by Maryfield Nursing Home following a Notice of Proposal to Refuse registration issued to them by the Authority.

Inspectors found substantial improvements had been brought about to address non compliances.

Improvements were found in relation to activities, premises, risk and hazard identification, statement of purpose, contracts of care, staff training, governance and management of employees and dementia friendly design.

Inspectors observed considerable improvement in the quality of life of residents in the centre. Residents were observed to engage in meaningful, purposeful activities during the course of the inspection. Some residents spontaneously got up and

waltzed with staff when their favourite song was played and there were many other examples of meaningful interactions between staff and residents.

There were some improvements still required, these related to auditing the quality of clinical care, care planning for residents with behaviours that challenge, chemical restraint and end-of-life care planning. While staff had received training to meet the needs of residents further training was required in management of behaviours that challenge and infection control.

There were significant issues relating to the management of infection control in the centre. The machine for cleaning commodes and urinals was out of order. Practices for the cleaning of commodes were not in line with best practice in infection control. Water in sinks was not warm enough to ensure adequate hand washing and in some instances there was only a small, thin spray of water from taps located in residents' bedrooms. This required review.

The findings of this inspection are set out in this report with associated actions at the end.

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:

Inspectors reviewed the statement of purpose dated 29 July 2015.

It now met with the regulatory requirements to include all the matters as set out in Schedule 1.

Judgment:

Compliant

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:

Substantial improvements had been made in the Governance & Management of the centre since the previous inspection.

Since the previous inspection, the provider nominee had contacted the Health Service

Executive to request support and mentorship in order to bring about change in the centre and to comply with Standards and Regulations. The mentor visited the centre each week and gave support to both the provider nominee and person in charge.

Other areas of improvement noted by inspectors included the established weekly management meetings. Key areas discussed at the meetings included, health and safety, activities for residents, complaints, critical incidents, if any and training needs for staff. A sample of minutes were reviewed by inspectors and found to be detailed with objectives and time frames.

Another positive change brought about by the provider had been the training of staff in the centre in a number of key areas, for example, health and safety officers had received appropriate training to meet the needs of their role. All staff including the provider nominee had undergone training in dementia care. The person in charge had enrolled on a management course due to start later in the year with a view to undergoing higher education training in 2016. This was supported by the provider nominee.

Since the previous inspection the provider nominee had familiarised himself with the Standards and Regulations. He demonstrated good knowledge of his regulatory responsibilities.

The management team for the centre had drawn up an action plan response performance chart which set targets and timescales for addressing non compliances found on the previous inspection. They were also colour coded to indicate their level of importance and risk. A number of targets had been achieved and others were set with realistic timescales and modes of how they would be addressed. This was evidence of a robust management system in place to address specific issues.

While substantial efforts had been made to improve governance and management of the centre, there were some improvements required.

There was no formalised clinical auditing system in place at the time of inspection. The person in charge had started to audit care plans however, her system was not robust enough. Inspectors requested to review an audit which the person in charge had carried out on a care plan. The audit consisted of hand written notes on a sheet of paper, this was not adequate as it did not identify who was responsible to make changes, no targets were set and no timescales identified. Other key clinical areas such as falls, pressure ulcers or nutrition had not been robustly audited to assess quality of care.

Judgment:

Substantially Compliant

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):

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

Findings:

The residents' guide met the requirements of the Regulations. It had been updated since the previous inspection with greater clarity in relation to the fees.

The guide included:

- (a) A summary of the services and facilities.
- (b) The terms and conditions relating to residence
- (c) The procedures respecting complaints and
- (d) The arrangements for visits.

Judgment:

Compliant

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:

Since the previous inspection, the person in charge's continuous professional development record had improved. She had undergone training in dementia and CPR. She had enrolled to participate in a management course due to start in September 2015.

However, due to some non compliances found in relation to clinical auditing, for example, she required further training and skills in this area. An action in relation to this is given in Outcome 18: Suitable Staffing.

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):

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

Findings:

Inspectors found on this inspection an action relating to the management of behaviours that challenge had improved. There was evidence to show trigger times had been identified through the use of behaviour assessments. A strategy had been documented to alleviate the resident's stress at those times.

There was further evidence to indicate proactive strategies were in place which would preoccupy the resident and lessen the likelihood that they would engage in behaviours that challenge borne out of frustration or boredom. The activities made available were specific to their interests and occupation before their dementia related condition occurred. This was evidence of improved practice.

However, not all aspects of this Outcome were well managed. The management of some forms of restraint were not in line with National Policy 'Towards a restraint free environment'.

Chemical restraint was prescribed for some residents as a form of managing some forms of behaviours that challenge, such as persistent shouting. In one instance prescribed PRN (as required) chemical restraint was administered 9 times in June 2015. However, there was no care plan in place to support this practice which set out the criteria or specific behaviours a resident must engage in before the medication is given. It was unclear if restraint was used as a last resort and all alternatives trialled.

There were no documented care plans detailing person specific de-escalation strategies or pro active strategies to manage the resident's behaviours that challenge.

No staff, including the person in charge, had received training in relation to behaviours that challenge.

There was limited evidence of multi-disciplinary assessment in relation to the use of restraint, for example the use of bedrails. While risk assessments had taken place these were not signed by a GP, for example.

Judgment:

Non Compliant - Moderate

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:

A number of improvements had been made since the previous inspection, however, there were still some areas which required action. The previous inspection found there had been inadequate risk management systems in place for the health and safety of residents, visitors and staff in some parts of the centre. Significant trip hazards were identified in the external garden area at the back of the centre and infection control procedures were not in line with best practice. The previous inspection also found a limited number of hoists impacted on staff carrying out safe manual handling practices.

The provider had made significant changes to the external grounds to the back of the premises which addressed significant risks identified on the previous inspection. The enclosed garden space was a safer more pleasant area for residents to use and it was well utilised by residents during the inspection. The effluent processing system had been fully serviced and a contract was now in place to ensure it was serviced as per the manufacturer's guidelines.

Since the previous inspection the provider had resourced the centre with another hoist which had an incorporated weighing scale. Staff spoken with said they found the extra manual handling equipment of great benefit to them. Manual handling techniques observed by inspectors during the course of the inspection appeared to be carried out in line with best practice.

Some infection control measures had improved. Crash mats, used as part of restraint reduction measures were no longer cleaned in the sluice room. An area of lino underneath a toilet had been replaced ensuring all areas of the floor in the toilet could be thoroughly cleaned.

However, there were still significant infection control issues which needed to be addressed, in particular these related to the sluice room. The machine used for cleaning commodes and urinal bottles did not work and had not for a period of time. At the time of inspection commodes were cleaned by steeping them in a solution used to remove limescale. This was not adequate infection control management and needed to be addressed. The provider took remedial action to address this during the inspection and

inspectors noted that improved procedures were in place before close of the inspection.

Some areas around the stainless steel sink in the sluice room were rusted. This meant those areas could not be thoroughly cleaned. Given that commodes were cleaned and left to steep on this sink further compromised effective cleaning of this area.

Sinks throughout the centre, including sinks in residents' bedrooms, did not supply an adequate amount of warm water to ensure appropriate hand washing. In some cases water from taps in residents' bedrooms was a single thin spray of cold water.

Bumpers, used to protect residents from injury when using bedrails, were located on some residents' beds. Of the three bumpers observed during the inspection, each was dirty and required cleaning.

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:

Effective 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 substantial improvement in the area of social care and activities for residents. This was observed during the course of the inspection. Social care assessments had improved also. However, improvement was still required in relation to care planning where a health care risk was identified. Residents still had limited access to some allied health professionals for residents.

A sample of care plans were reviewed by an inspector. Health care risk assessments were completed across a wide range of health care outcomes, for example, pressure ulcer risk, nutritional risk and falls risks. Still not all health care risks identified were followed up with an appropriate care plan to mitigate risk. There were examples where residents, identified at high risk of falls did not have a person specific documented falls prevention care plan which would guide staff on the specific interventions necessary to prevent the resident from falling.

Some allied health professionals in the provision of therapeutic activities had attended the centre and mentored staff delegated responsibility for resident's social care. There was observable evidence to show this had a positive impact on the quality of life for residents.

Residents had received comprehensive meaningful activity assessments and programmes of activity had been drawn up to meet the assessed needs of residents. Activities were observed to occur throughout the course of the inspection and inspectors observed residents respond well. Residents laughed, smiled and in some cases danced to music they were enjoying. This was evidence of significant improvement since the previous inspection.

However, access to allied health professional did need improvement. For example, a physiotherapist attended the centre to assess resident's manual handling needs for the use of hoists. Residents had not received any physiotherapy assessment or recommendations other than this.

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):

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

Findings:

All issues relating to the premises had been addressed by the provider.

- The centre was now adequately resourced to ensure safe manual handling techniques were implemented for residents. The provider had resourced the centre with a new hoist.

- The external premises of the centre had been made safer to reduce risks posed to residents, visitors and staff accessing the area.

- The second shower in the centre was now in use. There were no longer flooding issues when the shower was used.

- The effluent processing system had been serviced and a servicing schedule was now in place.
- All residents now had access to a functioning call bell in their bedrooms.
- CCTV monitoring cameras were located in residents' bedrooms had been removed.

There were works underway for residents' bedrooms to receive a new coat of paint. New floors had been fitted throughout the corridors. Consideration to dementia design had been given when replacing the floors. There was also a plan to replace the tile floors in residents' bedrooms.

Judgment:
Compliant

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 had been no logged complaints since the previous inspection.

A section had been added to the complaints documentation template relating to resident's satisfaction with how their complaint was managed.

Since the previous inspection, the complaints procedure had been placed in a more prominent position. It was in a colourful, user friendly format.

Judgment:
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):

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

Findings:

Assessments of residents' spiritual, emotional, psychological and family preferences had been carried out.

However, no care plans had been drawn up from the findings of the assessments and wishes documented. This was necessary in order for staff to carry out residents and their families' wishes at end-of life.

Judgment:

Substantially 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):

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

Findings:

Significant improvements had occurred to address non compliances found on the previous inspection. Each resident had been assessed using a meaningful activities assessment. Each assessment resulted in the identification of key strengths and interests for residents. From these specific activity plans had been developed which suited residents' needs.

Residents could receive visitors in private if they so wished. Since the previous registration inspection the visitor's room had been redecorated and was a more pleasant

comfortable environment for residents to meet visitors in private if they so wished.

A range of activities were observed during the course of the inspection which residents appeared to thoroughly enjoy. These activities ranged from card games, live music, baking and reminiscence therapy where residents looked at photographs that triggered memories from their childhood or when they were a young adult. Residents particularly enjoyed the live music played, songs were favourites of theirs and some residents spontaneously got up and waltzed with staff when their favourite song was played. Residents were to be part of a 'Burning Bright' exhibition.

Its theme examined how music can elicit meaningful rich memories in older people living with dementia. There had been substantial improvement in this area and it was evident through observations made residents were happy and their quality of life in the centre had improved.

However, there had been no resident committee meetings held since the previous inspection. There was little documented evidence that residents had been consulted about the running of the centre.

Judgment:

Substantially 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):

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

Findings:

Staff were now more suitably skilled to carry out the aims and services as set out in the statement of purpose for the centre.

- All staff had undergone training in dementia/alzheimers care
- Activity co-ordinators working in the centre had received mentorship from a diversional therapist who had visited the centre training in Sonas was scheduled to occur later in the year.

- All staff had now received manual handling training.
- The health and safety statement was maintained by two designated staff working in the centre who had now received training in order to carry out their delegated responsibility.
- The person in charge had completed an online training course in dementia care.
- Some staff had received further training in end of life care and all staff had completed CPR training.

However, inspectors identified that staff required further training in the areas of:

Behaviours that challenge
Infection control

A number of non compliances were found on this inspection related to the person in charge and staffs lack of appropriate training and knowledge in these areas.

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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Maryfield Nursing Home
Centre ID:	OSV-0000359
Date of inspection:	26/08/2015
Date of response:	08/10/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was no formalised clinical auditing system in place at the time of inspection.

1. 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.

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

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

An annual review is currently under way to underpin the results of the quality indicators, quality improvements and audits completed during 2014. It will include any lessons learned from the audit results and an action plan for remedial action where relevant. Written reports of audits completed will be included. A copy of the report will be sent to the Inspector before the 1/11/15. The results of audits carried out during 2015 on wound care, falls, nutrition and other clinical audit results will be completed by the 31/12/2015. An annual review for 2015 will be completed by the 5.2.2016.

Proposed Timescale: 05/02/2016

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

Safe care and support

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

Chemical restraint was prescribed for some residents as a form of managing some forms of behaviour that challenge. This required review to ensure restraint was used as a last resort and all alternatives trialed first.

There was limited evidence of multi-disciplinary assessment in relation to the use of restraint, for example the use of bedrails. While risk assessments had taken place these were not signed by a GP, for example.

2. 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:

The pharmacist provided training on the 11/09/2015 for the PIC and a number of nurses on the administration of PRN psychotropic drugs, why and when the medication is given and the alternatives that should be considered before use. The triggers, circumstances and observed behaviour will be judged after a more robust assessment by the nurse including a pain assessment and the need for pain relief. The PRN medication policy has been reviewed to include the expected interventions by nurses. The remaining nurses will undertake this training on the 8/10/2015. The PIC has outlined to the nurses the required documentation if or when PRN psychotropic medication is administered.

Bedrail assessment will be completed by the nurses and where bedrail use is deemed necessary, it will include consultation with the GP, resident/next of kin, and other multidisciplinary members to allow for an informed judgement. The nurses will include the control measure that is in place and record alternative measures that were tried and tested. In cases where it is deemed appropriate, the documentation will be co-signed by the GP. Awareness of alternative measures was highlighted at recent handover meetings and has been included as an agenda item for the next general staff meeting

which is being held on the 4/12/2015.

Proposed Timescale: 04/12/2015

Theme:

Safe care and support

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

No staff, including the person in charge, had received training in relation to behaviours that challenge.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Staff training was provided to most staff on the 1/10/2015 and 2/10/2015 on coping with behaviours that may challenge a staff member or others. The PIC attended the second session. A final session is planned for 28/10/2015. Nursing staff also undertook training on the utilisation of the ABC tool to identify and document triggers and circumstances of behaviour that is challenging to others.

Proposed Timescale: 04/11/2015

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:

There were significant infection control issues which needed to be addressed.

- Bed pan/urinal washer was out of order.
- Sink in Sluice room had rust in some parts.
- Inadequate supply of warm water in taps throughout the centre.
- Inadequate supply of water to wash hands in taps. throughout the centre, including residents' bedrooms.
- Bumpers that covered bed rails located on residents beds were dirty.

4. 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:

Bedpan / urinal washer – Completed; the issues with the bedpan washer were rectified

on the 28/08/2015. Training was provided by the engineer on the process for resetting the washer should it display error messages in future. Written instructions to this effect are displayed adjacent to the bedpan washer.

Sink in sluice room had rust in some parts – A deep cleaning of the sluice room was undertaken on the 26/08/2015. This has removed any rust at the joints. To ensure easier cleaning and to reduce the risk of a reoccurrence of rust, a contractor is scheduled to sand and seal the welded joints.

Inadequate supply of warm water – Completed; we removed tap restrictors and consequently there is a plentiful supply of warm water in all taps that are thermostatic regulated to prevent scalding, thus ensuring user safety.

Dirty bumpers on beds – Completed; all bumpers on beds were removed and laundered on the 28/08/2015. A schedule has been put in place to have bumpers laundered on a weekly basis or more often if required.

Proposed Timescale: 14/10/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

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

5. 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 care plans have now been reviewed and falls prevention measures are now adequately addressed in residents' care plans where applicable. End of Life assessment, (and interventions where appropriate) have now been included in all care plans. However, a more thorough documentation audit is being carried out regarding residents' nursing documentation. Approximately two care folders are completed per week. Please also see actions on outcome 7 above.

Proposed Timescale: 30/11/2015

Theme:

Effective care and support

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

Residents had limited access to allied health professionals, for example, physiotherapist.

6. 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:

In collaboration with the Provider Corrib Physiotherapy has been engaged to undertake a full physiotherapy assessment of all residents in Maryfield Nursing Home. Assessments commenced on the 1/10/2015 and will be completed by the 15/10/2015. A programme of ongoing physiotherapy care will then be agreed and implemented based on the outcome of these assessments.

Proposed Timescale: 30/10/2015

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:

No care plans had been drawn up from the findings of the assessments and wishes documented. This was necessary in order for staff to carry out residents and their families wishes at end-of life.

7. 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:

Completed. All care plans have been reviewed and now include an end of life assessment and addresses each resident's physical, emotional, social, psychological and spiritual needs and interventions where appropriate. These care plans are in accordance with the resident/family wishes.

Proposed Timescale: 30/09/2015

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 had been no resident committee meetings held since the previous inspection. There was little documented evidence that residents had been consulted about the

running of the centre.

8. 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:

Completed; A residents' committee meeting took place on the 11/09/2015 and was attended by a SAGE advocate and included three residents' representatives. The next meeting is scheduled for November.

Proposed Timescale: 30/11/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Inspectors identified that staff required further training in the areas of:

Behaviours that challenge

Infection control

A number of non compliances were found on this inspection related to the person in charge and staffs lack of appropriate training and knowledge in these areas.

9. 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:

Behaviours that may challenge staff training was undertaken by 25 staff during two sessions on the 1/10/2015 and 2/10/2015 respectively. Remaining staff are scheduled to undertake this training in November. Training has also been included in the training schedule to ensure that there are no gaps in future.

Training in infection control is scheduled for the 12/11/2015.

Proposed Timescale: 30/11/2015