

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maynooth Lodge Nursing Home
Centre ID:	OSV-0004593
Centre address:	Crinstown, Maynooth, Kildare.
Telephone number:	087 679 4601
Email address:	flormccarthy@mail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maynooth Lodge Nursing Home Partnership
Provider Nominee:	Florence McCarthy
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	53

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 March 2017 09:30 To: 22 March 2017 16:30

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

The purpose of this unannounced inspection was to follow-up on action plans from an unannounced monitoring inspection which took place in October 2016. The inspector found that improvements had taken place across all six outcomes.

The inspector found that three of these six outcomes were now in compliance, two substantially compliant and one in moderate non compliance. The provider had carried out actions which included ensuring a clinical nurse manager was covering in the absence of the person in charge, put systems in place to review nursing documentation and medication management, provided training to all staff and employed additional permanent staff. The servicing of emergency lights and the practice of completing fire drills with staff was now evident.

The action plans at the end of this report reflect where further improvements in medicine management, nursing documentation and formal supervision of staff is required.

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 Standards for Residential Care Settings for Older People in Ireland.

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:

The inspector found that staff files were compliant with schedule 2. A sample of four staff files were reviewed and all four contained the required documents outlined in schedule 2.

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:

The inspector reviewed the training records of all staff. Staff had attended elder abuse

training within the last 12 months the majority had attended a refresher training course in February 2017.

Judgment:

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):

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

Findings:

Wall mounted temperature monitors in the dining room and corridors were checked at various times throughout the inspection. The temperature recorded on those checked was 21 degrees centigrade or above and rooms felt warm.

The inspector saw that a hand-wash basin had been installed in the laundry room.

Records of emergency lights were reviewed and the inspector saw that emergency lights were now being checked on a quarterly basis. The person in charge informed the inspector that fire drills were completed on a regular basis. The records showed that they were being done once every four months, one having been completed in November 2016 with day staff and a second scheduled for April 2017 which day and night staff were scheduled to attend.

Judgment:

Compliant

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):

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

Findings:

The inspector reviewed medicine management and found some improvements in practice. However, further improvements were required to ensure compliance.

The inspector reviewed a number of the prescription and administration charts. The following issues were identified with prescription charts:

The residents' who required their prescription to be crushed had an individual order to crush the medications which were administered in a crushed format.

The dose of the drug to be administered remained unclear on some signed prescriptions charts reviewed for example, a resident was prescribed paracetamol 500mg, the frequency section stated take two tablets 4 times each day. The resident was receiving 1g of paracetamol. The prescription was not clear and left a risk for errors occurring on administration.

The morning medications for all residents were prescribed to be administered at 08:00. The staff nurse informed the inspector that the morning medications were usually administered by 10:30. On the day of inspection the inspector observed that this was the case. This was outside the recommended one hour either side of the time of the medication was prescribed to be administered.

The times medications were to be administered was ticked on the medication prescription chart, however the frequency medications were to be administered was not always clear on the prescription charts reviewed.

Resident details were not completed on both the PRN and regular prescription charts. Four prescription charts reviewed had the name of the resident in place, their date of birth, name of the residents' general practitioner and identification of allergy box was completed on two of the four charts reviewed.

There was evidence that a system for monitoring medicines management was in now place. An audit of medication medicines had taken place in January and March 2017. These audit results required analysis to ensure recommendations were written which in turn would lead to further improvements in medicines management.

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:

The inspector found some improvements had taken place under this outcome. However further improvements were required to ensure compliance.

The inspector reviewed a sample of residents' records and found that nursing assessments, care planning and additional clinical risk assessments were carried out on each resident on admission. These initial assessments were detailed and gave a clear picture of the residents health care status. Each identified need had a care plan in place. Some residents' assessments and care plans were more person centred than others. The content of some assessments reflected the current status of the resident and the care the resident required to meet that need was detailed in a person centred manner in the care plan. Some lacked detail, for example, a care plan for high blood pressure did not state the frequency the resident required their blood pressure checked although the staff nurse told the inspector and records showed that it was being recorded monthly. The inspector found that some of resident care plans were being updated to reflect the recommendations made by these visiting disciplines. However, others were not, for example, one residents who was reviewed by a speech and language therapist and a dietician in early February 2017 did not have their nutrition and hydration care plan updated with the recommendations made by both visiting disciplines. This was discussed with the staff nurse during the inspection. There was evidence that some residents and/or their relatives were involved in their care plan reviews although their involvement was not consistently recorded. The nursing daily narrative notes were now directly linked to the residents care plans and the time the narrative note was written was recorded.

Care was being provided in line with the residents' care plan and those residents' spoken with expressed satisfaction with the level of care they received. The inspector saw that they were reviewed on a regular consistent basis by their general practitioner and by members of the multi disciplinary teams as mentioned above. Residents' whose notes were reviewed had a Malnutrition Universal Screening Tool (MUST) recorded every three months inline with the centre's nutritional policy.

The inspector saw that residents' sitting alone in their bedroom had a call bell by their side or within their reach. Assistance was provided to residents' at lunch time in a manner which reflected best practice. The inspector was informed that the use of protective clothing at meal time had been reviewed but due to residents' choice had remained unchanged.

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:

The skill mix of staff on duty had improved since the last inspection. The person in charge was on duty together with a staff nurse and five health care assistants. The inspector saw that the clinical nurse manager was covering in the absence of the person in charge.

Records of staff training provided and reviewed showed that all staff had the required mandatory training in place. All staff had up-to-date manual handling, fire and protection of vulnerable residents' training in place.

The level of informal supervision of health care assistants on the floor was now adequate, as there were two qualified staff on duty to supervise care. A system of formal supervision had not yet been introduced by the management team.

Judgment:

Substantially Compliant

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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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Maynooth Lodge Nursing Home
Centre ID:	OSV-0004593
Date of inspection:	22/03/2017
Date of response:	19/04/2017

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 09: Medication Management

Theme:

Safe care and support

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

The prescription practices required review to ensure staff administering medications were enabled to do so in line with professional guidelines and best practices. The following issues require review;

- The dose of medications to be administered was not consistently made clear on the prescription chart.
- The frequency of medications to be prescribed was not consistently made clear on the

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

prescription chart.

- Whether the resident was allergic to a specific medication or not was not consistently reflected on each prescription chart reviewed.
- Medications were not being administered within one hour of either side of the time they were prescribed to be administered at.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

- Medication Audits and analysis are now in place which includes prescription practices to ensure staff are administering the medications safely and correctly.
- GP has been made aware of the way they prescribe the medications in regards to the dose and frequency so that it is legible for the RN's
- A meeting is scheduled for the end of April with pharmacy and nursing staff e.g CNM's RN's for the implementation of the allergy notification box been more adjustable to include medications or food so the CNM's and RN's can record on each prescription chart.
- All CNM's and RN's were also explained the importance of administering the medications within the timeframe that the GP has prescribed.
- PIC to meet with the medication management software (NuLife) representative- in regards to adjusting the timing of medication and making it more user friendly in accordance with the GP's prescription.

Proposed Timescale: 30/04/2017

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:

It was not consistently evident if the resident or their family's involvement in their care plan review every four months.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

- A new PIC has been appointed and has scheduled with CNM's and RN's to have residents and family care plan meetings with a minimum of every 4 months in order to discuss and agree their care plan.
- A new care plan audit schedule and analysis will be introduced for all CNM's and RN's which will reflect the needs of the residents.

Proposed Timescale: 30/04/2017

Theme:

Effective care and support

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

Assessments and care plans were not consistently reflecting the held care need of the resident.

Care plans were not consistently being updated with recommendations made by visiting multi disciplinary team members.

3. 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 meeting is proposed for the end of April for CNM's and RN's and it will be discussed by the PIC the importance of any MDT Professional Recommendations and be recorded in the individual residents care plan.
- In addition to this the visiting MDT members have been informed of their requirement to document their visits.

Proposed Timescale: 30/04/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The management team had not implemented a form of formal supervision for employees.

4. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

•A new PIC has been appointed. Mentorship induction has begun and is ongoing. An Appraisal Schedule for all employees is now in place.

Proposed Timescale: 30/04/2017