



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Maryfield Nursing Home
Name of provider:	Maryfield Nursing Home
Address of centre:	Old Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Announced
Date of inspection:	22 August 2018
Centre ID:	OSV-0000064
Fieldwork ID:	MON-0024575

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Maryfield Nursing Home aims to provide full time nursing care in a supportive and stimulating environment for residents over the age of 18. General nursing care, dementia care, palliative and end of life care are all available in the nursing home. It is situated in Chapelizod with many amenities nearby. These include restaurants, public houses, shops and public parks. It is a purpose built nursing home with 69 single ensuite bedrooms. There are facilities for recreation onsite; including activity rooms, a library and pleasant grounds which include secure internal courtyards. There are activities taking place in the centre that link with the community, for example a choir and a knitting group. There is also daily roman catholic mass.

The following information outlines some additional data on this centre.

Current registration end date:	17/07/2019
Number of residents on the date of inspection:	55

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 August 2018	09:00hrs to 17:30hrs	Sarah Carter	Lead

Views of people who use the service

The inspector spoke with residents in their rooms and in communal areas of the centre on the inspection day and reviewed questionnaires that some residents had completed prior to the inspection.

Almost one quarter of residents' views were captured through the interviews or through the questionnaires.

Residents were very satisfied with the premises and their accommodation, many praised the layout of their bedrooms, the availability of their own en-suite facilities, their ability to bring in personal items into their rooms, the views of the grounds and the amount of light in the rooms. The quality of the décor in the new building was singled out by most residents as a source of great satisfaction, with some residents who had limited sight hoping for stronger colours to help them navigate the internal rooms.

Residents were also complimentary about the availability of many different spaces within the centre in which they could meet their visitors, and liked that there was a café facility on the ground floor that was available for them to drop into.

Many praised the food, although some comments were noted in the questionnaires that requested more variety in meals and a later tea-time. Food was noted by the residents as plentiful in the centre, with access to a variety of snacks throughout the day.

Residents also praised the staff, expressing opinions that they were caring and kind, and it was also reported that the consistency in staffing was very important to residents as they felt they knew the staff well and the staff knew them.

Residents spoken to knew the how to raise a complaint despite not having raised any. They felt confident that their concerns would be listened to.

Residents who participated in activities felt they were appropriate and accessible, and those residents who did not participate said they wished to spend time on their own and in their rooms and did not feel any obligation or pressure to attend. Many residents were very satisfied that they could access daily mass, and that there was a large oratory available that they could use for reflection and prayer throughout the day. There were choices available for residents who did not wish to join groups, and many spoke about using their own computers, the Internet, their own knitting projects, and accessing a selection books which were available in a library on the first floor.

Capacity and capability

This inspection took place to monitor compliance, assist in renewing the centres registration and to inspect new bedrooms which were ready to open in St. Brigids, a unit on on the ground floor. The new rooms consisted of 14 en-suite bedrooms, a large dining area and kitchenette and a sitting room area. The unit also had a store room, nurses station and sluice facilities with a treatment room available just outside the door to the unit. The unit and the premises will be discussed in the quality and safety section of this report.

The inspector found that the centre was managed effectively. It provided all its services safely and for the benefit of the residents who lived there.

There was a stable management team in place, who worked well together and had systems in place to monitor the effectiveness of the service. There had been a change to the management team earlier this year, as the person in charge (PIC) had changed. The person in charge was a suitably skilled and experienced registered nurse.

The PIC and the registered provider representative (RPR) were working well together on a day-to-day basis. They were responsive to any data or feedback they gathered. They were supported in their role by accounts and human resource personnel.

There was a clear governance structure around the PIC, who prepared monthly and quarterly reports for the board of trustees responsible for the overall governance of the centre.

Clinical data was compiled using audit tools and results were available to assist the PIC and the clinical nurse managers (CNM) identified any clinical and operational issues. In the most recently completed audits, actions were yet to be identified and agreed in order to implement their findings. Notifications were being sent to HIQA as required.

There was an annual review completed for 2017 by the previous person in charge. It reflected the centres focus on the re-building project and the finishing off of aspects of the building works. It also identified other quality improvement actions, including a schedule of audits which were occurring as the year went on.

The management team had employed sufficient staff members and delegated duties appropriately to staff members to provide the services they described in their statement of purpose. The skill mix of staff on the different units was deemed sufficient to meet the dependency needs of the residents who lived in the particular units. The PIC had also recruited additional staff to facilitate the new unit opening, who were going through the Garda vetting and reference checking process at the time of the inspection. The PIC showed the inspector a plan that has been prepared

to facilitate residents and staff moving to the new unit.

Staff were observed to be competent and trained in fire prevention and response, manual handling and safeguarding. A very small number of staff required retraining however they were on long term leave. Staff that had been recruited for new positions were listed on the training records; however they had not commenced employment and were yet to complete their induction training.

Clinical staff in the centre were employed by the nursing home itself, and staff who worked in the household functions were employed by a contract company. Staff employed by the contract company had a manager on site, and the manager and the PIC had day-to-day contact and had worked together to address recent feedback from residents in relation to the lunchtime meal. All staff were Garda vetted, and the staff files reviewed had all components as required by the legislation including copies of identification and references and proof of registration for nursing staff. Existing staff had records of having their performance appraised. There were also dedicated activity staff that were responsible for the activity programme and completed one-to-one activity with residents when required. There was a plan in place to survey residents regarding their recreational needs to inform further decisions on resourcing the activity team.

The resident's information guide was clear and the contract residents signed for their care outlined the terms on which they resided in the centre. There were regular residents meetings, and there was a recent initiative where residents were being encouraged to vote for both an employee and a resident of the month, this will be further discussed in the quality and safety section of the report. Residents were familiar with and could use the complaints process. The complaints policy and records were reviewed and found to contain all aspects required by the regulations.

Registration Regulation 4: Application for registration or renewal of registration

All documents to accompany the application to register were received.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of the regulation. The person in charge worked full time and is a qualified and registered nurse who had sufficient experience and qualifications for the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had sufficient staff on duty to care for the needs of residents. There was additional staff in the recruitment process, who were being hired to work with the additional residents who will live in the new unit.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were adequately trained and supervised in their roles. There was a process of performance appraisal in use in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had sufficient resources in place to deliver the service as per their statement of purpose. The management structure was clear and there were management systems in place to monitor and improve the service. An annual review was available from the previous year.

Judgment: Compliant

Regulation 24: Contract for the provision of services

the contract of care in use was clear and detailed the terms on which the resident resident in the centre. The services and fees charged were clear.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose that contained all the requirement in schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was notifying HIQA in line with requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process, policy and records were in line with the requirements. The person in charge was the designated complaints officer and the records were reviewed by the registered provider representative.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a policy in place for each of the requirements in Schedule 5. Policies had been updated recently, and were available to all staff.

Judgment: Compliant

Quality and safety

The services provided were high quality and running safely for the benefit of the residents who lived there.

Residents' needs were comprehensively assessed on admission to the centre and there was access to specialist allied health practitioners (for example physiotherapists and dietitians) if required. Residents had a choice of general practitioner (GP) and could use their own or the centres.

Care plans were developed, and the samples seen by the inspector were well

written, clear and were person centred. The care plans were reviewed every three months, and were guiding staff to provide care every day. A small number of care plans required minor amendments to ensure they fully reflected the needs of the resident. Residents spoke very highly of the care they received and felt their health was very good. Many reported their health had improved since they were admitted to the centre.

There was access to specialist medical services as well. Residents had been seen by community mental health services when required and had attended different hospitals if they required specific medical care.

The centre did not use physical restraints and PRN medication (as required medication) use was infrequent and well documented. Staff were knowledgeable about the responsive behaviour of the residents and were able to manage to their needs. Staff were observed to interact well with residents' and manage their responsive behaviours in a sensitive and patient way.

Residents were safe in the centre. Their rights were safeguarded by a clear policy and knowledgeable staff. Residents reported that they felt safer and more secure in the centre than in their own homes. The service was not a pension agent for any of its residents and had a clear system in place to manage the residents' finances.

Resident's rights to privacy and dignity were managed by staff through respectful interactions, and honouring the resident's choices on a day to day basis. There was a varied activity programme in place and residents could choose what they wished to attend. If they did not wish to join in group activities their needs were met through one-to-one time or they pursued their own interests in their bedrooms.

There was adequate space for residents' personal possessions in the bedrooms inspected, and all bedrooms had an option for residents to securely store their belongings if they wished. Bedrooms had the addition of a built in desk area of varying sizes and residents used these areas to display their belongings, or to read and complete tasks. Every bedroom had its own phone. Resident's laundry could be managed within the centre, and residents reported they were satisfied with this system.

The premises was opened last year and finished to a high standard. All bedrooms were single and en-suite, and all of similar sizes. Each unit, called a "household" by the service, was organised around a smaller dining room and living area. There was a family room and a large activity space in the ground floor area, in addition to an oratory and a drop in café. The layout of each household was sufficient to meet the need of the residents who lived there. There was plentiful storage for adaptive equipment and a small number of bedrooms had ceiling hoists fitted. Call bells were available in every room, and rang in just the household (unit) the person was residing in. It was also designed to ring at a lower noise level at night ensuring resident's comfort. Corridors had seating alcoves built into the walls and handrails to facilitate residents to rest and mobilise independently. At the end of many of the corridors there were floor-to-ceiling windows and these areas had been utilised as a seating area so residents could enjoy the views of the gardens or the nearby river.

Each Unit had access to a central courtyard or a terrace, which contained suitable seating and had been planted with colourful shrubs and plants.

St. Brigid's household which the Registered Provider was seeking to register was finished to the same high standard as the existing units that were already open. All furniture and equipment was in place to facilitate residents to live there. Equipment was also in place to allow staff to work there, for example a medication dispensing trolley was in place and the call bell system and fire detection system was fully operational.

Residents meetings were taking place regularly and in each household, giving residents an opportunity to further influence the service and voice any concerns they may have. There was an advocacy services available to all residents. Following a recent suggestion by the person in charge (PIC) to vote for a staff member of the month, resident also requested a vote on a resident of the month. The PIC had organised suitable prizes for same.

Visitors were welcome, and there was no restrictions in place. There was plentiful space to meet visitors in private in addition to a drop in café on the ground floor and suitable seating outside could also be accessed in suitable weather. A log of visitors was maintained at reception.

The risk management systems in place further ensured residents safety. Clinical risks were identified and measures were in place to mitigate them. There was a plan in place to respond to emergencies. The fire prevention systems in the building were being routinely tested and checked; its lighting, exits and equipment had all had the required checks. Staff were practicing drills and as the next part of the building will open and new staff are recruited an assurance was given to increase and document drills until all staff are fully confident with the new parts of the building.

Regulation 11: Visits

Visiting was not restricted in the centre and there was sufficient private and communal space available for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to their clothes, an in-house laundry service and adequate storage in their private bedrooms.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents who lived in the centre. It was finished to a high specification and bedrooms, bathrooms and communal area had sufficient spec for the residents who lived there.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained information on the services in the centre, the terms on which a resident resides there and the complaints and visiting procedures.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was up to date and contained information on defining and recording risks.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider was taking adequate precautions against the risk of fire, through servicing all fire prevention and detection equipment and training staff. Fire exits were well sign posted and unobstructed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a range of care plans in place to ensure their needs were met and

were reviewed regularly.

Judgment: Compliant

Regulation 6: Health care

Residents were cared for by registered nurses and had a choice of their own GP or a GP attached to the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable about how to interact and communicate with residents with responsive behaviour. Staff were guided by a clear policy that had been updated recently. There were no bedrails in use in the centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre by a clear safeguarding policy and knowledgeable staff who had received training.

Judgment: Compliant

Regulation 9: Residents' rights

There were sufficient facilities in the centre for the residents to engage in recreational and religious activities if they wished. Residents had sufficient space to undertake personal activities in private. Residents had access to TVs and radios, an advocacy service and religious services as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant