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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People

## Issued by the Chief Inspector

Name of designated centre:	Maple Court Nursing Home
Name of provider:	Fáinleog Teoranta
Address of centre:	Dublin Road, Castlepollard, Westmeath
Type of inspection:	Announced
Date of inspection:	06 February 2020
Centre ID:	OSV-0005532
Fieldwork ID:	MON-0023178

## About the designated centre

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

Fáinleog Teoranta is the registered provider of Maple Court Nursing Home. According to the statement of purpose, Maple Court is committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering, service and activities, delivered by highly skilled professionals. The centre can accommodate a maximum of 21 residents. It is a mixed gender facility, catering for dependent people aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Maple Court is situated in Castlepollard and within easy walking distance of the town. The centre is purpose built. The dining and living space are situated inside the main entrance. The main sitting room has access to an internal courtyard. The bedroom accommodation is at the end of the main corridor to the left and right. The nurses' station is situated in the centre of residents' bedrooms. All bedrooms have toilet and hand-washing facilities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	21
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 6 February 2020	09:30hrs to 16:00hrs	Sheila McKevitt	Lead

## What residents told us and what inspectors observed

The inspector spoke with over half of the residents living in the centre and a number of relatives during this announced inspection. The majority of those who spoke with the inspector expressed a high level of satisfaction with the service provided and the care received.

The high level of satisfaction was also reflected in a number of completed questionnaires received by the inspector on this inspection.

Residents said the centre was like a home-away-from-home, one reason for this being that it was a small local nursing home, with many of the residents, staff and relatives knowing each other.

The inspector observed visitors coming in to visit their relative and speaking to a number of other residents who they clearly knew from the community.

Residents said staff were all "so kind" and that staff were polite, respectful and very caring towards them. Residents told the inspector that staff were prompt to answer the call bell and usually responded to their needs without delay. Residents felt there was always enough staff on duty to meet their needs.

Residents were extremely complimentary about the quality, choice and variety of food available to them. They were particularly complimentary of the chefs home baking.

Residents stated they had choice about how they spent their time and that they had access to a range of daily activities which kept them active, too active at times for their liking. Some residents told the inspector that it was "nice to doze in the chair now and then too". Residents said that they had fun and that was all that mattered. They spoke very highly of the staff who facilitated the activities and spoke fondly about the mobile farm that had come to the centre the previous week. A number of the residents from a farming background told the inspector how much they loved seeing and petting the animals.

The inspector observed some residents reading the daily newspaper, others watching the television or listening to the radio in the privacy of their bedroom. These residents confirmed they could choose where to spend their time and this was respected by staff.

Residents and relatives who communicated with the inspector were aware of the complaints process and reported that they would and had communicated with the nurse in charge with any issues of concern.

## Capacity and capability

This centre was well managed. It had good leadership and management arrangements in place. This contributed to the centre being in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and residents experiencing a good quality of life.

The management structure was clear. The management team was made up of the provider representative, the director of care services, a healthcare manager and the person in charge. Together, they ensured residents were provided with a good quality service where their needs were met in a holistic manner.

The processes for reviewing the quality of care were well established and implemented by the person in charge. This resulted in continuous improvements being made in the quality of care being delivered to residents. For example, there was a reduction in the number of falls and a notable reduction in restrictive practices used in the centre since the last inspection.

The centre was well looked after and well maintained inside and outside. The premises was clean, tidy and furnished in a homely way. The provider had invested in refurbishing the centre in a manner which promoted residents independence, privacy and dignity.

Staff numbers and skill mix were adequate to meet the needs of the 21 residents. The inspector reviewed a sample of staff and volunteer files and found that they contained all the required documents. As a result the inspector was assured that residents were safeguarded by robust recruitment and selection policies which were implemented in practice.

The supervision of staff was good. The person in charge was supernumerary when on duty Monday to Friday. This allowed her time to supervise staff and ensure a high standard of care was delivered to residents. The person in charge was visible chatting with residents, relatives and observing practice during the inspection. There was a member of the management team on call at night time and on weekends.

## Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre together with all the supporting documents.

Judgment: Compliant

## Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre with the relevant skills, qualifications and experience to undertake the role. She had been employed as person in charge since December 2018 and had completed a post registration management qualification. The person in charge was well supported by the provider representative, the operations manager and a well-trained team of staff.

Judgment: Compliant

## Regulation 15: Staffing

The staffing levels and skill-mix were adequate to meet the needs of the 21 residents. Staffing levels were reviewed on a frequent basis by the person in charge to ensure they were adequate to meet residents' needs. Although staff felt that between 18:00 and 20:00 they could use another member of staff on duty the inspector did not find any evidence of negative outcomes for the residents during this period of time.

There was a minimum of one registered nurse on duty on each 12-hour shift.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff had up-to-date mandatory training in place. A number of staff spoken with had a good knowledge of how they would safeguard residents against abuse and what they would do to protect the residents in the event of a fire.

All staff had access to a wide range of relevant training including, restrictive practices, infection control, food hygiene, cardio-pulmonary resuscitation and providing care to those residents living with dementia.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was maintained in the centre, and contained all of the information required by the regulations.

Judgment: Compliant

### Regulation 22: Insurance

There was a contract of insurance in place which included cover against injury to residents. The contract also included cover against other risks, including loss or damage to a resident's property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were well-established and effective quality assurance and oversight systems in place which ensured that the service provided was safe and appropriate and that care and services were continuously monitored.

Sufficient resources were in place for the effective delivery of care in line with the designated centre's statement of purpose.

An annual review had been completed, which included residents' feedback and a quality improvement plan for 2020.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed. They were signed by the resident or their representative and included details of the services to be provided, the weekly fee and any additional fees charged. They also stated if there were other occupants in the bedroom and the room number occupied by the resident.



Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed in January 2020 and was on display. The contents met the regulatory requirements and accurately described the number and makeup of the beds in the centre and the care and services that were to be provided for residents.

Judgment: Compliant

### Regulation 30: Volunteers

All volunteers working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place. They also had their roles and responsibilities outlined.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in the centre. The inspector saw that it was implemented in practice. The complaints officer had investigated all complaints made since the last inspection. Complainants had been informed of the outcome and it was recorded if they were satisfied with the outcome. The complaints made and records in relation to each complaint were discussed at management meetings.

There was one open complaint and the inspector spoke with the complainant and reviewed the complaint records. The complainant was not satisfied with the outcome of the complaint and the complaints process had not been followed to date.

Judgment: Compliant

## Quality and safety

Residents enjoyed a good quality of life. They were well cared for by a staff team who knew them well. As a result each resident's healthcare, social care and spiritual needs were met.

Residents had a comprehensive assessment of their needs carried out by the multidisciplinary team which included the general practitioner (GP), nursing staff and relevant members of the wider health and social care team. who would involved in providing quality long-term care to them. As a result residents had access to physiotherapy, occupational therapy and palliative care services in the centre. Dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services were available to residents as required. There was no delay in referrals being made.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote each resident's safety and respond to incidents reported. Residents with dementia or those with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Residents who displayed responsive behaviours had detailed care plans in place which reflected triggers and diversional therapies that worked for them.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected. For example, each resident's bedroom door replicated a front door with a knocker which staff used prior to entering. The inspector also observed that interactions between staff and residents throughout the day demonstrated meaningful and empathetic engagement.

The premises was well maintained inside and outside and provided a comfortable and safe living space for the residents and their visitors. The centre was clean, bright and free from obstruction. The clear pictorial signage throughout the building enabled residents to independently find their way around the centre. The external courtyard was independently accessible to residents from the sitting room. A visitor's room which doubled up as a sensory room was warm, cosy and private.

### Regulation 11: Visits

Arrangements were in place for residents to receive visitors in private. There were no restrictions on residents receiving visitors. Visitors were asked to sign a visitor's book at the front door.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to and retained control of their personal possessions and finances. Where finances were managed on their behalf, for example petty cash and one resident's pension, clear processes were in place and implemented by staff.

Laundry services were provided to residents and they had adequate storage facilities for their personal belongings.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the number and needs of the residents.

The centre was well maintained, warm, bright and welcoming.

The en-suite bedrooms, communal rooms, toilet and bathroom facilities met the needs of residents.

The hairdressing room did not have a wash hand basin in place to ensure good hand washing practices were followed.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had a choice of meals and access to a fresh supply of drinking water. The inspector observed adequate quantities of wholesome food were prepared, cooked and served to residents at lunch time. Staff were available to provide assistance to residents in the dining room at lunch time.

Between meals residents were provided with snacks including freshly baked confectionery.

Judgment: Compliant

### Regulation 26: Risk management

There were risk management policies and procedures in place which the inspector

found were implemented in practice.

As a result staff were clear about the process in place for hazard identification and the assessment of identified risks relating to residents and to the centre.

There was a comprehensive risk register in place and there was a plan to manage the risks. In addition relevant staff were aware of their role and responsibilities in implementing these plans.

Judgment: Compliant

### Regulation 27: Infection control

There were good facilities available to enable staff to prevent the spread of infection. Procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA were implemented by staff.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate precautions were taken against the risk of fires.

The fire alarm, emergency lighting and fire extinguishers were serviced as required and the records were available for review. Fire drills and fire training had been completed on several occasions with all staff. Staff had all received this mandatory training within the past year.

Stimulated evacuations were being practiced to ensure that staff were competent in the procedure to follow.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs following admission to the designated centre. Following their assessment nursing staff worked with the resident, their GP and the wider health and social care team to put a person-centred care plan in place. Care plans included individual preferences such as whether the resident wished to wear protective clothing or not.

Assessments and care plan reviews took place every four months or more frequently if required. There was clear evidence of residents being involved in the development of their care plan and their care plan reviews.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to all members of the wider health and social care team. Residents had a choice of GP who visited the centre routinely each week and as requested by nursing staff or the resident.

A high standard of evidence-based nursing care was provided in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were no bedrails being used in the designated centre.

Residents who displayed responsive behaviours at times, now had detailed person-centred care plans in place which identified appropriate triggers and de-escalation techniques that worked for the individual to support them if they became anxious or agitated.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. These included the robust recruitment of staff and volunteers, ongoing training and effective supervision of staff.

Judgment: Compliant

### Regulation 9: Residents' rights

There were now opportunities for recreation and activities every day. Residents confirmed that the opportunities available to them to participate in activities were in accordance with their interests and capacities. These activities included access to trips outside of the centre, usually supported by family members.

Residents were offered choices in all aspects of their day-to-day life and their choices were respected by staff. Residents were facilitated to exercise their civil, political and religious rights and had access to radio, television, daily newspapers and the internet.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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

# Compliance Plan for Maple Court Nursing Home OSV-0005532

Inspection ID: MON-0023178

Date of inspection: 06/02/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Arrangements have been made to have a wash hand basin fitted in the hairdresser's room.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)	The registered provider shall 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.	Substantially Compliant	Yellow	30/06/2020