

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maple Court Nursing Home
Centre ID:	OSV-0005532
Centre address:	Dublin Road, Castlepollard, Westmeath.
Telephone number:	044 966 2918
Email address:	Maplecourtnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fáinleog Teoranta
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 June 2019 09:00 To: 25 June 2019 15:00

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

Outcome	Provider's self-assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre.

Residents' with dementia were well cared for in this centre. They were involved in decisions about their care and had a say in all aspects of their life.

The inspector reviewed the assessed care needs of residents and tracked the journey of a sample of residents with dementia within the service. The inspector met with residents, relatives and staff and reviewed documentation such as nursing assessments, care plans, medical records and examined relevant policies including those submitted prior to inspection. The inspector observed care practices and interactions between staff and residents who had dementia using a validated tool. Prior to the inspection, the provider completed the self-assessment questionnaire in

relation to six outcomes. The self-assessment and inspection judgments are set out on the table above.

The person in charge of this centre was well supported by the provider and a senior management team. The staffing levels and skill-mix were good. There were no staff vacancies. Residents received a high standard of care from a team of well-trained staff. They said they were treated with respect and dignity at all times.

Residents' said they felt safe and secure living in the centre. There was no restraint in use and those displaying behaviours that challenge had care plans in place. Although these required more detail.

The premises met the needs of residents with dementia. It was bright, airy and homely in appearance. Residents liked living in the centre and were proud of it. They had access to activities which met their needs, some said they would like to have the choice of activities everyday of the week.

The inspector also followed up on the one action plan from the previous inspection and found it had been addressed.

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents' wellbeing and welfare was maintained.

The inspector focused on the experience of those residents with dementia and tracked the journey prior to and since admission. The review also looked at specific aspects of care such as nutrition, wound care, mobility, access to healthcare and supports, medication management, end-of-life care and maintenance of records. Residents' healthcare needs were met through timely access to medical treatment. Residents had good access to a general practitioner (GP) and multidisciplinary professionals including the local psychiatry of old age team. The inspector saw good evidence that advice received from the multidisciplinary team was followed up in a timely manner. The detail of reviews carried out was evident in residents records.

Residents' files held a copy of their Common Summary Assessments (CSARS) and pre-admission assessment which provided details of assessments undertaken by professionals such as a geriatrician and members of the multidisciplinary team. Residents were assessed on admission to the centre using validated tools and risk assessments completed, which were reviewed within a four month timeframe. Person-centred care plans were in place. There was evidence of the resident and sometimes their next-of-kin being involved in the development of their care plan.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Residents' medications were prescribed by their general practitioner and these were reviewed on a frequent basis, usually within a four month timeframe. The administration of medication observed was as per best practice.

Arrangements were in place to meet the nutritional and hydration needs of residents with dementia. There were systems in place to ensure residents' nutritional needs were met and monitored on an ongoing basis. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked. The processes in place ensured that residents with dementia did not experience poor nutrition and hydration. The inspector saw a choice of meals being offered to residents.

There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Any food allergies were clearly recorded along with residents' likes and dislikes. Residents told the inspector they could choose where they took their meals. The inspector observed staff sit with residents with dementia at meal times and provide assistance with the lunch-time meal in a discreet and sensitive manner. The use of protective clothing for all residents when eating their meal required review as although offered to each resident the practice did not reflect person-centred care.

Staff provided end-of-life care to residents with the support of their GP and had access to specialist community palliative care services if required. End-of-life preferences were discussed with each resident and these were outlined in the residents' person-centred end-of-life care plan. Residents had access to religious representatives which ensured their religious needs were met at the time of death.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

Measures were in place to safeguard residents with dementia from abuse.

There was a policy in place to safeguard residents and protect them from abuse. Residents and their relatives felt they were safe living in the centre.

There were systems in place to safeguard residents' finances. The centre was a pension agent for one resident. The arrangement in place to manage this was in line with the Department of Social Protection guidelines. The resident had access to a record of their account on demand. Records of the resident's petty cash monies held on their behalf were clear, concise and easy retrievable. Receipts of expenditures were included in the records reviewed.

There was a policy and procedure in place to support residents 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). Residents who displayed responsive behaviours had a comprehensive assessment completed. These residents had a care plan in place. Those care plans reviewed by the inspector included some triggers and diversional therapies which worked effectively for the resident; however further triggers and therapies known and used by staff were not

included in the care plans.

The staff had worked towards having a restraint free environment and the centre was now restraint free.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents' views were welcomed and they were consulted in relation to the running of the centre. Some residents with dementia attended residents' meetings.

A sample of residents' bedrooms viewed were personalised to a good standard with their input, such as photographs, ornaments and other memorabilia that reflected their individual life stories.

There was a communication policy in place. This was reflected in practice. The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and records these interactions at five minute intervals in two dining-rooms, one activity room and one lounge. Scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the quality of the interactions with the majority of residents. The inspector's observations reflected +2 (positive connective care) or +1 (task orientated care) which assured the inspector that staff had a good standard of communication with residents.

There was a policy of open visiting in the centre, with protected mealtimes in line with residents' wishes. The inspector spoke with relatives visiting on the day of inspection. They said they were always made feel welcome and that they usually availed of the quite room to meet their relatives.

An activity coordinator facilitated activities for residents four days per week. Group activities provided were varied and tailored to meet the interests and capabilities of residents with dementia. These included reminiscence therapy and mindfulness which were done in small groups in the small therapy room. There was a plan for the activities coordinator to attend further training for dementia focus activities in October. Residents with one-to-one needs were also provided with activities to meet their interests and capabilities. Residents said they were taken out on outings to areas of interest and they

enjoyed and looked forward to these trips. They said they would like activities seven days a week stating that when the activity coordinator was not there it was boring.

Residents' were well groomed. They were dressed in a dignified and respectful manner. Those spoken with told the inspector they had chosen the clothing they were wearing. 19 of the 20 residents were mobile and all residents were wearing good supportive foot wear. They told the inspector they had plenty of storage for personal possessions in their bedroom and had a lockable drawer in their bedside locker.

Arrangements were in place to ensure residents could exercise their right to vote in elections. Residents' told the inspector they enjoyed An Garda Síochána visiting when they voted in the last election. The inspector observed that staff got consent from residents and gave them choice regarding all care activities in the centre. Residents' privacy and dignity needs were met.

The religious needs of residents were met. Mass was said frequently in the centre by the parish priest. It was available on the television on Sundays. The Legion of Mary came in to facilitate the rosary and provide the residents' with Holy Communion. Residents with dementia were involved in all religious activities.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints policy in place that met the legislative requirements. It was implemented in practice.

The complaints procedure was displayed on the door of the sitting room. It was clearly visible to both residents and relatives. Residents and relatives of residents with dementia told the inspector they could complain to any member of staff. They felt they were listened too and stressed to the inspector that they had no complaints. They were happy with everything.

The person in charge was the nominated person to investigate and manage complaints. Verbal and written complaints were recorded in a complaints log that was maintained in the centre. The inspector reviewed the complaints file and found those made were fully investigated. The complainant had been informed of the outcome of the complaint and their level of satisfaction with the outcome was recorded.

The records held were clear, concise and easily retrievable.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

The number and skill-mix of staff on the day of inspection was adequate to meet the needs of the 20 residents.

Residents and relatives told the inspector they were familiar with staff who provided continuity of care. Residents spoke positively about the staff. They said they treated them and their relatives with respect and dignity. There were no staff vacancies.

Staff had mandatory training on fire, manual handling and safeguarding residents in place. They had completed training on caring for residents with dementia, cardiopulmonary resuscitation, hand hygiene, infection control and several other areas of clinical practices. Those spoken with knew what to do in the event of witnessing any form of abuse. The staffs' approach to residents with dementia was patient and respectful.

Recruitment procedures in place reflected those outlined in the recruitment policy. A sample of staff files were reviewed including the person in charges, they contained the documents outlined in Schedule 2 of the regulations.

Volunteers working in the centre had their roles and responsibilities outlined and they all had Garda Síochána vetting in place.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The premises were bright and airy. It felt and appeared homely. It had been internally and externally decorated since the current provider took it over in 2017.

The corridors had plain non-slip floor covering in place with handrails on either side. Residents were observed using them to mobilise safely. The walls were in the process of being decorated with items of interest to dementia residents. For example, a washing line was being put together on one of the walls with the use of colourful and engaging materials.

There were 19 single and one, twin bedroom all ensuite. 14 of the 20 ensuite bedrooms contained a shower the 6 other residents had access to a communal shower. Each of the bedroom doors were numbered and painted a different colour and had a door knocker in place. Residents could lock their bedroom from the inside and were provided with a key to their door on request. They had their name and a picture of something of interest to them by their bedroom door. These touches enabled residents with dementia to find their room independently.

The dining room was bright and large enough to accommodate 21 residents. It was decorated in a homely manner. All those residents spoken with said they chose to use the dining room daily to eat their meals.

The sitting room was divided into a quiet area used for activities and a more comfortable area where the television was situated. There was access to a paved secure garden accessible via double doors and a ramp from this sitting room. Residents told the inspector that they enjoyed the garden and one resident gave the inspector a tour of it. This resident had just planted roses in tubs which another group of residents had chosen at a recent outing to a local garden centre.

Judgment:

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:

Sheila McKeivitt
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:	Maple Court Nursing Home
Centre ID:	OSV-0005532
Date of inspection:	25/06/2019
Date of response:	24/07/2019

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

The practice of using protective clothing in the dining room did not ensure that its use was based on the individual resident's needs.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of

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

a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Mealtimes and the residents' dining experience have been reviewed and we will implement improvements to ensure that each individual resident is offered the choice of whether to wear a clothes protector or not at each meal, in accordance with their expressed preference.

Residents will be encouraged to consider alternative ways of protecting their clothing at mealtimes, including the use of napkins, smaller type of clothes protectors or disposable paper aprons, as they wish.

Several residents have indicated that they would prefer to be sure that their clothes will be clean after meals and so they choose to wear a standard clothes protector or an alternative as their preference due to their own concerns about poor eyesight or poor manual dexterity due to arthritis or stroke, although they still prefer to eat their meals independently. For these residents, the use of clothes protectors is their expressed choice and this will be reflected in their individual care plans, which will be reviewed if their preferences change.

The residents who lack capacity to consent will be offered a napkin and assistance with their meals at each mealtime.

The PIC will ensure that staff remain vigilant regarding resident choice and the need to offer choice at each mealtime to ensure that their individual preferences continue to be respected.

Proposed Timescale: 09/08/2019

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The care plans for residents' with behaviours that challenge did not reflect all of the triggers and therapies used and known by staff to treat such behaviours.

2. 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:

Any resident who presents with behavioural and psychological symptoms of dementia (BPSD) will require individual analysis to determine the antecedents, behaviours and

consequences of responsive behaviours. A record of individual behaviours will be maintained on an ABC chart and this will be used to develop individualised care plans for these residents. All known triggers and de-escalation techniques will be reflected in the care plan to ensure that a consistent approach is adopted by all staff in relation to the management of responsive behaviours. Care plans will be updated to reflect the interventions and/or therapies that are beneficial and will include advice on techniques or interventions to avoid as required by individual residents.

Proposed Timescale: 25/07/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was a lack of opportunities for residents to take part in meaningful activities on the three days the activities person is not on duty.

3. Action Required:

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

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

We will implement arrangements to ensure that when the Activities Co-Ordinator is not on duty the Social Care Practitioner will provide meaningful one-to-one activities and group activities in accordance with the residents' expressed preferences.

We will provide a varied range of scheduled activities, based on residents' choice, including group exercise classes.

Activities are provided during the week and at weekends by a variety of personnel, including but not limited to the Activities Coordinator, visiting music or exercise groups and Physiotherapist.

We will ensure that all staff groups participate as appropriate in the provision of meaningful social engagement with residents.

Proposed Timescale: 25/07/2019