



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

Issued by the Chief Inspector

Name of designated centre:	Maryfield Nursing Home
Name of provider:	The Frances Taylor Foundation Chapelizod Company Limited by Guarantee
Address of centre:	Old Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	30 September 2020
Centre ID:	OSV-0000064
Fieldwork ID:	MON-0030577

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.

Number of residents on the date of inspection:	69
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How we inspect

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
Wednesday 30 September 2020	10:00hrs to 17:40hrs	Sarah Carter	Lead
Wednesday 30 September 2020	10:00hrs to 17:40hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Throughout the inspection, the inspectors communicated with many residents who were unanimous in their views that the quality of care provided in the centre was outstanding and that the staff were deeply committed to ensuring residents living in the centre had a good quality of life.

Some residents shared with the inspector their experience of living through the COVID-19 pandemic and how it had changed their lives. Overall, residents described their experience as a positive one, and mentioned that there had been worrying times in the country and they worried for their families and staff.

Residents were aware of the COVID-19 risks and the precautions they had to take to protect themselves and others. They said staff were patient, answered their every question, reassured them and put their minds at ease. They said that COVID-19 had changed the way they live in the centre, altering the seating arrangements at mass, at meals and at activities. They said they were kept up to date on the centres approach to managing the risk of infection through regular talks and newsletters.

Some residents said they would like to go out and about but were concerned about bringing COVID-19 back to the centre.

Residents confirmed that they felt very safe in the centre and that staff were attentive and kind.

The inspector observed residents engaged in a scheduled programme for activities during the inspection. Some residents were in their bedroom reading the newspapers or watching television, others were attending the hairdresser. Others were attending mass, or watching the mass that was taking place live on their TVs in their rooms. Several attended an "Italian afternoon" which took place, where Italian food and wine was served while a movie about Italy was played on a large screen television.

Residents reported that when families could not physically visit them, staff had found creative solutions to ensure they could communicate with them. The grounds of the centre contained several outdoor seating areas which had been utilised for visiting. In addition all bedrooms had landline telephones.

Capacity and capability

This was a good centre with a strong culture of person-centred care at the heart of care delivery. This ensured that the well-being and safety of the residents was prioritised and decisions that were made in relation to risks such as, infection control measures, were made with least impact on each residents' quality of life.

This was a short-notice announced inspection and the registered provider representative had been informed about the inspection on the day before the inspection was scheduled. This was done in order to ensure that the inspection team were aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them.

This risk inspection was triggered due to the duration of time since the centres last inspection in August 2018. The inspectors were also following up on the centres contingency planning for COVID 19. The centre had experienced a small number of suspected COVID-19 infections amongst residents, and COVID-19 was not detected in their screening tests.

Records showed that there were arrangements in place to manage a potential outbreak of COVID-19. There was oversight by Senior Managers of day-to-day infection control practices, and a response team had formed which continued to meet on a regular basis. The centre had established links with the community services within the HSE, and were in regular contact providing updates and sharing information.

At the time of inspection, the designated centre had declared a second outbreak of COVID-19 as a result of some residents displaying symptoms of COVID-19, full precautions were in place to care for the residents safely. This outbreak had been notified to the relevant authorities and appropriate measures and controls had been put into place to effectively manage and contain it.

Records showed regular staff meetings were carried out and all relevant information was appropriately and timely disseminated to staff to ensure consistent safe practices. In addition information was regularly shared with residents in connection with COVID-19 and guidance on restrictions effecting residential care facilities.

The governance and management team were committed to providing a good service and sought regular feedback from residents and families to improve practice and service provision. Throughout the periods of increased restrictions, an enhanced pattern of communication with families and loved ones was evident with records showing regular updates in respect of the situation in the centre. The number of complaints to the centre was very low, and a review of records showed that no complaints had been received in the months preceding the inspection.

Inspectors found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and many stated to the inspectors that they felt supported by the management.

There was a full suite of training available for all staff. New staff were required to

have completed specific modules of training online before they commenced their work in the centre. There was good oversight and supervision of new staff, with a clear induction process and regular appraisals.

The governance systems included a range of meetings involving different staff groups, and the minutes of meetings showed that issues such as risk management, health and safety, infection control, staffing and training requirements, and quality indicators were on the agenda. Key performance indicators of quality were monitored by the person in charge and reviewed at a quarterly clinical governance meeting. As a result, inspectors were assured that the provider was maintaining a high standard of quality care, with sufficient oversight to identify suspect cases of COVID-19 and respond robustly and quickly to contain the infection.

The person in charge was supported at operational level by two clinical nurse managers (CNMs). The person in charge maintained good levels of practice oversight with random spot checks carried out to ensure policies were implemented by staff, including starting work early to ensure communication with night staff. Throughout the inspection, inspectors observed staff consistently adhering to infection prevention and control measures such as social distancing as per public health guidelines, including during break times.

Staffing levels in the centre were appropriate to meet the current needs of residents. The centre had employed activity personnel, and following feedback from a recent survey where residents identified they would like more recreational opportunities, inspectors were assured that this resource was to increase to meet their needs.

Regulation 15: Staffing

Inspectors observed that there were sufficient staff available on the day of the inspection.

A review of working rosters also satisfied inspectors that the number and skill mix of staff met the needs of residents. There was a minimum of two registered nurses working at all times. There was no agency staff used and a panel internally was created to manage any short-term leave within the centre.

An external contractor supplied household and catering staff. There were systems in place to ensure there were sufficient contracted staff available to work, and the contractor had access to a "bank" of additional staff if staff were absent or vacancies arose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a full suite of training. New staff had completed a specific number of online training courses before they started in their roles. Staff had adequate supervision during their duties. There was a system in place for supervision and inducting new staff, and appraising current staff.

Staff who were employed by the external contractor, mentioned above, also had access to a full suite of training and had good levels of supervision and oversight of their roles. The manager of the contracted staff had a succession plan in place to manage their own or other staff absence.

All staff working in the centre had completed the relevant COVID-19 training outlined in the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). Staff education was ongoing and included practical demonstrations on donning and doffing PPE, hand hygiene and infection prevention and control precautions.

Judgment: Compliant

Regulation 23: Governance and management

The centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose.

Inspectors noted that 2.2 whole time equivalent activity staff within the centre, had recently been rostered to cover weekends. A recent resident survey stated that 44% of residents wanted more recreation. Inspectors were assured by the provider on inspection that a decision had been made to increase this resource.

The clearly defined management structure outlined in the statement of purpose was in place in the centre. The management team worked well together to monitor the service and ensure care and services were safe and appropriate for the residents.

There were defined lines of responsibility and accountability which ensured good oversight of the service with robust arrangements to monitor the quality and safety of care received by residents.

The person in charge and the management team displayed a commitment to

continuous improvement through regular clinical care audits, staff appraisals and provision of staff training. There was a full suite of audits taking place. The audit results were discussed at the management meetings and the quarterly clinical governance meetings and improvement actions were implemented. A COVID-19 management team were in place, and held fortnightly meetings. They communicated the outcomes of their meetings clearly with staff and residents.

The leadership and management team ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives. As a result, the ethos of person centred-care was evident in staff practices and attitudes.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of the inspection. The complaints log was available, however no complaints had been received in recent times. There was a nominated overseer responsible for ensuring that all complaints in the centre were appropriately addressed.

The complaints policy met the regulatory requirements, including an appeals process. The complaints procedure and suggestion box were clearly displayed in the main reception area.

Residents told the inspector that they felt comfortable with speaking to any staff member if they had a concerns or complaints. Staff were familiar with the complaints process.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the guidance and restrictions in place in residential care facilities as a response to the COVID-19 emergency. However, inspectors found that the care and support residents received was of a high quality and ensured that they were safe and well-supported.

Residents had care plans which were based on an ongoing comprehensive assessment of their needs. The care plans were regularly reviewed. Staff liaised with the community and acute services if residents required any specialist care.

Inspectors found that residents who required additional nutritional support to gain or maintain weight were receiving adequate care, however the care planning to support this was not robust and required improvement. Inspectors were assured that the residents in question were receiving additional supplements and had their meals fortified with extra calories, however the assessment and care plan process was not linked. This resulted in a risk to residents especially if staff changed or were new.

Residents wishes for palliative care were clearly documented and care plans showed their involvement in conjunction with their family where appropriate.

The inspectors saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities. Residents' decisions not to participate in an organised social events was respected and an alternative activity of the resident's choice was made available. Inspectors observed that staff and residents were making great efforts to restore daily routines to normality and to join in group activities with appropriate social distancing arrangements in place.

Staff were aware of residents' spiritual needs and did their utmost to ensure their spiritual well-being. There was a daily mass held in the centre with appropriate social distancing measures in place. The mass could be broadcast online onto the residents televisions in their bedrooms if they requested.

Residents confirmed that they had been consulted in a range of matters for example the daily routines and activities. Residents were offered opportunities to exercise their choice in a range of personal matters within their private bedroom space.

The design and layout of the premises was appropriate for the current residents and ensured their comfort, privacy and well-being. The designated centre was divided into four units, which, at the time of inspection, were functioning as independent households in line with the designated centre's COVID-19 contingency plan. Resident bedroom accommodation was provided in 69 single bedrooms. Each bedroom had an en suite toilet, wash-hand basin and assisted shower. Those residents who spoke with the inspectors reported that they were satisfied with their living arrangements, having their own bathroom and the space available to them. Residents reported that staff took care of their personal possessions and treated them with respect. All bedrooms had a slightly different design and layout and contained a desk area. Many had views over the gardens and out to the Liffey Weir.

There were sufficient outdoor spaces and pathways that resident could access if they wished to get some air. There were several spots with seating which, when appropriate had been used to facilitate visitors. There were some internal courtyards and balcony areas too, all with pleasant planting and seating.

Residents were encouraged by staff to maintain their personal relationships with family and friends. Visitors were welcomed and encouraged to participate in residents' lives while abiding by the public health guidance regarding visits.

Inspectors found that the risk management policy was fully implemented.

Infection prevention and control practices in the centre were observed to be safe. Staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment.

Regulation 13: End of life

A sample of resident's end-of-life care plans were reviewed. They contained person-centred information on residents' individual wishes and preferences that would direct staff appropriately when the time came to provide this very important aspect of care. The care plans were holistic and outlined the physical, psychological and spiritual needs of the resident. All residents' care plans contained the residents decisions, including whether to be transferred to the acute care setting and resuscitation interventions. They had been discussed with the residents, their general practitioner (GP) and where relevant, their next of kin.

The inspector was satisfied that residents end-of-life care plans contained cultural and religious preferences.

Effective arrangements were put in place to enable relatives to visit on compassionate grounds.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of drinking water and were provided with choice at mealtimes. The meals offered to residents were properly prepared cooked and served. The dining room was arranged to ensure that appropriate social distancing could be maintained. The dining room environment was pleasant and inviting for residents.

Residents who had been identified as at risk of weight loss, however the assessments, recommendations and care plans to address their needs required improvement. Documentation was seen to inform inspectors that residents had specialist diets, that catering staff were fully informed of their needs, however clinical notes did not clearly specify what the residents required.

There were sufficient staff available to assist residents at mealtimes. Staff were observed offering discreet support and encouragement to the residents.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and a live risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated as required.

Risks that had been identified had controls identified, and were overseen by management.

A comprehensive suite of COVID-19 risk assessments had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements.

A COVID-19 management team had been set up which included representatives from senior management team and all the relevant departments. They met on a regular basis and ensured that all the agreed measures were appropriately communicated to staff and implemented.

Maintenance records were reviewed which showed that all equipment was regularly serviced.

Judgment: Compliant

Regulation 27: Infection control

There was an infection control policy in place which included COVID-19 precautions and had been updated with the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

There was strong evidence that staff were knowledgeable about the standards and updated guidance for the prevention and control of health care associated infections. Hand hygiene notices were displayed throughout the centre and staff and residents had been educated in good hand hygiene techniques.

All staff had access to personal protective equipment and there was up to date guidance on the use of these available. Staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel and disinfecting wipes were in plentiful supply and available throughout the centre. Staff were seen using PPE appropriately.

There were comprehensive daily cleaning records and deep cleaning schedules which were well-maintained. There were safe laundry and waste management arrangements in place and staff practices upheld good infection control standards.

A new system had been introduced at the entrance to actively monitor staff and visitors' temperature in a contactless manner. Staff temperature was recorded twice daily and they were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and appropriate staff changing facilities were available. Staff were assigned to different zones in the building and there were additional measures in place to ensure staff minimised their movements around the centre in order to reduce the risk of spreading infection between units.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

New admissions were accommodated in an isolation area for 14 days with dedicated staff and there were appropriate infection prevention and control signs on display around the centre to alert staff and visitors of high risk areas. There were discrete signs in place on bedroom doors, to ensure that in the event of a resident being in isolation all staff were aware.

All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. A range of evidence based assessments were completed and this information informed the care plans. Care plans were well maintained and updated in line with regulatory requirements. Improvements were required in the care planning for nutritional needs, and this is discussed in Regulation 18 above. There was evidence of ongoing consultation with the residents and where appropriate their families.

In their daily interactions staff were observed to be person-centred and knew the residents' current health needs and their preferences as expressed in their care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to General Practitioners (GPs) and other relevant allied health professionals. Input from the wider health and social care team was incorporated into the resident's assessment and care plan. At the time of inspection there were three GPs visiting the centre, and out of hours medical cover was also available.

Records showed that residents continued to have access to medical treatment and appropriate expertise in line with their assessed needs, which included access to consultant in gerontology, and psychiatry of later life.

There were also regular visits by physiotherapists.

Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out several times a day and residents' vital signs and baseline measurements were recorded on a minimum of twice a day.

Judgment: Compliant

Regulation 9: Residents' rights

Residents said they felt safe and happy in the centre and that their rights, their choices and privacy were respected. The atmosphere in the centre was relaxed and comfortable. Interactions between staff and residents were kind, unhurried and person-centred. Resident and staff interactions were positive and respectful.

As far as was practicable, under the restrictions of COVID-19 opportunities were made available for residents to participate in social and recreational activities. There were facilities in place for recreational activities and residents were observed throughout the day enjoying activities in small groups while also respecting social distancing requirements. There was regular mass in the centre and a range of formal and informal activities were taking place.

Residents had access to daily newspapers, television and Internet services and were well-informed about the news and current public health guidelines. An information guide was available to the residents.

Residents were satisfied with the measures in place to support them to communicate and maintain contact with their families and said that phone calls, window visits and video calls were facilitated whenever possible, in addition to the scheduled visits when restrictions allowed.

A resident satisfaction survey showed mixed levels of satisfaction with provision and amount of scheduled activity. The Provider assured inspectors during the inspection that additional resourcing was planned to expand the number of activity staff.

While residents understood and accepted that the restrictions on their life and recreational activities were necessary to keep them safe, it was also evident that they missed their previous lifestyle and liberties and were longing for a return to normality.

Inspectors reviewed recreational care plans and were assured that staff had made every effort to ensure that residents had opportunities to participate in social and

recreational activities during the current restrictions.

In the absence of formal residents meetings, residents' views were sourced via a resident representative.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maryfield Nursing Home OSV-0000064

Inspection ID: MON-0030577

Date of inspection: 30/09/2020

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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>We have increased our Nutrition and Hydration audits to identify any gaps in our assessments and careplans.</p> <p>Training on assessments and careplans and on our Care Monitor Nursing documentation software will be provided to nursing staff in January 2021.</p>	

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	31/01/2021