

**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-0000062
Centre address:	Dublin Road, Castlepollard, Mullingar, Westmeath.
Telephone number:	044 966 2919
Email address:	tomryan01@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maple Court Nursing Home Limited
Provider Nominee:	Thomas Ryan
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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.

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

The inspection took place over the following dates and times

From: 27 August 2014 10:00 To: 27 August 2014 14:30

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

Outcome 03: Information for residents
Outcome 05: Documentation to be kept at a designated centre
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was unannounced and took place over one day. The purpose of this inspection was to follow up on the action plan from the previous inspection carried out 14 January 2014, provider's response to the action plan and subsequent updates provided and communications. Since the last inspection and renewal of registration for this centre an absence of the person in charge had occurred. Deputies appointed to assume responsibility in her absence were in place and on duty on the day of inspection. The person authorised on behalf of the registered provider along with a company director were available in the centre to facilitate this inspection and provide an update on the progress of the recruitment of a suitable person in charge. The position and responsibilities of a person in charge specific to the management requirement for this centre were discussed and clarified. The inspector was informed that the provider anticipated that the recruitment, selection and appointment of a suitable person in charge would be complete by the mid to end of October 2014 as interviews had been arranged for a number of applicants soon after this inspection. The person authorised on behalf of the provider was made aware of the requirement to notify the Authority and complete the necessary Schedule 2 requirements on appointment of a suitable person in charge.

As part of the inspection the inspector met with residents and staff members, observed practice and reviewed documentation such as care plans, contracts of care and staff files. Notifications from the last inspection were minimal and therefore followed up on this inspection. The inspector was informed and records available confirmed that no complaints were received since the last inspection, no pressure ulcers occurred, one near miss and no accidents or falls had been reported in the last quarter and well attended staff meetings were held in June and July 2014 regarding continuity of care and interim organisational changes.

There were 20 residents in the centre which has maximum capacity for 21 residents. The inspector was informed that one resident was in hospital undergoing assessments and a date or plan to return had not yet been communicated to the centre. The purpose of the inspection was explained and matters arising from the previous inspection and monitored events were discussed and examined.

The environment was clean, warm and well maintained, and the atmosphere was calm and residents were supervised and well supported. A significant reduction in resident incidents and injuries was reported and found. Staff were knowledgeable regarding the resident group and all residents spoken with were complimentary of staff and satisfied with the care and services provided. Residents were complimentary of recent meaningful outings and trips facilitated (Belfast and Knock), and were looking forward to activities planned in the coming months.

The inspector evidenced that improvements required had been satisfactorily progressed in relation to the care planning process and records pertaining to the contract of care including additional charges applied that had been identified on the last inspection. However, the maintenance of staff records and records to demonstrate verification of referees and consultation with residents and/or family members regarding planned care required improvement as samples reviewed were lacking in parts.

These matters are highlighted in outcomes within the body of this report and outlined in the action plan at the end of this report for response. Both directors along with the nurse in charge and an administrative staff member attended feedback at the end of this inspection.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

The sample of contracts of care reviewed set out the services to be provided within the weekly fee relevant to care and accommodation and services which may be excluded.

Examples of services that may incur additional charges were outlined and fees to be charged/applied for additional services were summarised.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The directory of residents was maintained as required confirming resident numbers, admissions, transfers and discharges.

As outlined in outcome 18, recruitment procedures were in place and a sample of staff files were reviewed by the inspector.

The sample of staff files examined against the requirements of schedule 2 records showed evidence of proof of identification, garda vetting, declaration of medical fitness, references and employment history, however, all training records and a job description detailing the position the person holds and work that they perform was not available in staff files reviewed.

While references were available in staff files reviewed, details of the referees role/position, contact details and place of work was not included and verification of references received did not form part of the recruitment process. This was acknowledged at feedback as an improvement required.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Gaps found in the care planning documentation on the last inspection had improved.

Improvements were required to ensure care plans were personalised following assessment and changes. The quality of care, health and social care outcomes for residents had improved and was attributed to increased staff awareness and response following personal assessments, evaluation of care interventions, and ongoing reviews of changes in personal circumstances or observations reported.

The sample care plans reviewed were personalised to the individual to reflect specific details of resident's abilities, needs and choices, in addition to current interventions and practices applied or provided.

While consultation with residents and representatives was reported by residents and staff, it was not consistently recorded to demonstrate understanding and/or

acknowledge their involvement in the record of planned care.

Judgment:

Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Actions required from the last inspection related to the absence of staff records associated with schedule 2 and the recruitment process. While the deficiencies found previously were addressed further improvements in the maintenance and verification of staff records was required and is reported in an action plan for outcome 3.

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents accordingly in a meaningful and engaging manner. The inspector found that the number and skill mix of staff on duty and available to residents was sufficient to resident numbers and dependency levels/needs. Residents told the inspector they felt supported by staff that were available to them and were aware of changes in management.

Mandatory training, facilitation of a training programme for 2014 and education relevant to the residents group and staff recruited was ongoing that included fire safety, manual and patient handling, adult protection, and falls prevention.

Recruitment procedures were in place and a sample of staff files were reviewed by the inspector. The sample of staff files examined against the requirements of schedule 2 records showed evidence of proof of identification, garda vetting, declaration of medical fitness, references and employment history, however, all training records and a job description detailing the position the person holds and work that they perform was not available in staff files reviewed.

While references were available in staff files reviewed, details of the referees role/position, contact details and place of work was not included and verification of

references received did not form part of the recruitment process. This was acknowledged at feedback as an improvement required.

Judgment:

Non Compliant - Minor

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:

Sonia McCague
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-0000062
Date of inspection:	27/08/2014
Date of response:	23/09/2014

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

References available in the sample of staff files reviewed did not include details of the referees role/position, contact details and place of work.

Verification of references received did not form part of the recruitment process. This was acknowledged at feedback as an improvement required.

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

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Verification of reference now form part of the recruitment process, Referees role / position, contact details and place of work, please see attached reference request form.

Proposed Timescale: 23/09/2014

Theme:

Governance, Leadership and Management

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

A job description detailing the position the person holds and work that they perform was not available in staff files reviewed.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A job description detailing the position the person holds and the work that they perform is now available on staff files.

Proposed Timescale: 22/09/2014

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

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

Consultation with residents and representatives reported by residents and staff was not consistently recorded to demonstrate understanding and/or acknowledge their involvement in the record of planned care.

Action Required:

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

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

Family communication sheet is now being used by the Staff Nurses when information is conveyed to the next of kin, also for the 4 monthly update of care plans will be revised by intimating the family via letter correspondence.

A care plan audit was completed post inspection showed consistent involvement of Residents and family members for the care plans concerned.

Proposed Timescale: 31/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff training records for the position the person holds and work that they perform was not available in staff files reviewed.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

An up to date training register was available on day of inspection; however an outdated register was displayed on the day. All issued certificates for staff training are now available in the concerned staff files.

Proposed Timescale: 23/09/2014