

**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 2918
Email address:	maplecourt nh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maple Court Nursing Home Limited
Provider Nominee:	Seamus (James) Comer
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	3

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.

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 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: 11 January 2017 09:30 To: 11 January 2017 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a monitoring inspection that followed up on progress with completion of actions from the previous inspection in April 2016. The actions required were completed, however, further improvements in relation to fire safety was required. The designated centre is in a process of transition between providers and an absence of the person in charge was notified to the Health Information and Quality Authority (HIQA) in December 2016. The person in charge resigned from her position and staff confirmed she had left the post on 11 December 2016.

The inspector met with residents, relatives, staff members and managers during the inspection and provider nominees. The inspector observed care practices and

interactions between staff and residents and reviewed documentation such as care plans, medical records, staff files and training records along with service and maintenance records.

The healthcare needs of residents were met to a high standard and residents had timely access to general practitioner (GP) services and to a range of other allied health professionals.

The living environment was stimulating and also provided opportunities for rest and recreation in an atmosphere of friendliness.

On the day of inspection 16 residents were in the nursing home. Some staff training was provided since the previous inspection and staff on duty were skilled and knowledgeable to support residents and their families. Social networks and family involvement was fostered.

Measures were in place to protect residents from being harmed or abused, however, the inspector found that a vetting disclosure was not in place for a rostered staff member. The provider representative undertook to arrange replacement cover until a vetting disclosure was in place. The provider representative was requested to audit and check all staff files and to submit a declaration that a garda vetting disclosure or clearance was in place for all rostered staff working in the centre.

Other improvements were required in relation to the governance and management arrangements that included the appointment of a suitable person in charge, the premises and maintenance.

The findings are discussed in the body of the report and requirements are outlined in the action plan at the end for response.

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: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider nominee understood that it was necessary to keep the SOP under review and notify the Chief Inspector in writing of changes which would affect the purpose and function of the centre.

The statement of purpose (SOP) was submitted to HIQA and was available in the centre to reflect the change in the organisational structure.

It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. However, it required amendment to reflect the layout of the centre following changes made such as the internal smoking room. It also required further detail regarding the full or partial en-suite facilities available to each bedroom within the centre.

The floor plans submitted required revision to reflect the layout of the building.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

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

No actions were required from the previous inspection.

Findings:

The designated centre is in a process of transition between providers. On the day of the inspection there were sufficient resources in place to ensure the delivery of care as described in the statement of purpose.

There was a defined management structure in place that identified the reporting structure, staff roles and detailed responsibilities for the areas of care provision.

The recruitment of a person in charge to manage the centre was ongoing following the notified absence in December 2016.

Staff and residents were familiar with current management and provider arrangements and deputy during the absence of the person in charge. The staff, residents and relatives interviewed were complimentary of the management and staff team, telling the inspector that while changes and a high turnover of staff had occurred, they were satisfied with the current arrangements.

An auditing and management system was in place and maintained to capture statistical information in relation to resident outcomes, incidents and staffing arrangements. Clinical audits were carried out that analysed accidents, medicine management issues and errors, skin integrity, care plans, the use of restraint, nutritional risk and dependency levels. This information was available for inspection. A low level of incidents, accidents and complaints was reported.

Despite an audit of staff files, the absence of a staff member's vetting disclosure and the management and quality of staff references required improvement, as discussed in outcomes 4, 5 and 7. Furthermore, a requirement to resource an upgrade or refurbish parts of the premises was required, which is reported in outcome 12.

The inspector was told that an annual review of the quality and safety of care delivered to residents for 2016 was completed to inform the service plan in 2017. This was not readily available and was to be submitted to HIQA.

Interviews of residents and relatives during the inspection were positive in respect of the provision of the care, the facilities and general practitioner (GP) services provided. The findings from a recent satisfaction survey in December 2016 completed by or on behalf of residents were available. The inspector was told that the areas identified for improvement were in the process of being actioned or escalated to the responsible person.

There was evidence of consultation with residents and their representatives in a range of ways such as on a daily basis during assistance or supportive activities and in a formal resident forum which was operational. Other opportunities for consultation were afforded when staff engaged in reviewing and assessing the needs of residents and

during the care planning and review process. Residents' involvement in social and recreational activity planning was noted and reported.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There was an information guide seen available to residents in each bedroom, which included a summary of the centre's services and facilities, the conditions of residence, the complaints procedure and visiting arrangements. The floor plan included was to be updated following changes made.

The inspector reviewed a sample of resident's contracts of care, which was found to set out the services provided and the agreed fees charged to residents.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

An absence of the person in charge since 11 December 2016 was notified, as required, to the Health Information and Quality Authority (HIQA) in December 2016. The inspector was informed that the provider and those involved in the management of the centre were in the process of recruiting a suitable person in charge.

The deputy person in charge, the staff team and managers facilitated this inspection. They provided relevant information and made documents available in request. They had good knowledge of residents' care and conditions and were familiar with family members.

Residents and relatives highlighted the positive interactions they had with the incoming provider representative and were aware of the changes that had occurred and planned.

Staff confirmed that good communications exist with the management team.

Judgment:
Substantially 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):

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose. Improvement was required in relation to the maintenance of records associated with the fire safety drills and maintenance which is discussed further in outcome 8.

A sample of staff files was also reviewed. It was noted that there were some gaps in schedule 2 documentation in relation to the garda vetting disclosure and clearance, which is reported under outcome 7. Improvement in the management and the quality of references and requirement of a second reference for all staff was also required.

A record of visitors was available and a directory of residents was maintained in the centre, as required.

The centre's insurance cover was current and a certificate of insurance was seen on file.

Operating policies and procedures for the centre, as required by Schedule 5 of the Regulations, were available. All policies will require a review and approval when the transition of provider is complete and a new person in charge is appointed.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider nominee was aware and had demonstrated their responsibility to notify the Chief Inspector of the absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

The person in charge resigned from her position on 11 December 2016 and a senior nurse was deputising until a suitable person in charge was recruited. These arrangements were satisfactory in the short term.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on and procedures in place for, the prevention, detection and response to abuse. Training records demonstrated that staff were up to date with the relevant required training. Staff who spoke with the inspector were very clear on what they should do if they witnessed or suspected abuse.

All residents who spoke with the inspector stated that they felt very safe in the centre and that staff were good to them. Relatives who spoke with the inspector said that they were satisfied that their loved ones were safe in the centre. It was evident from conversations with residents, relative and staff that any concerns were responded to promptly.

The inspector found that a vetting disclosure was not in place for a current and rostered staff member that was recruited after 29 April 2016. The provider representative undertook to arrange replacement cover until a vetting disclosure was in place. The provider representative was requested to audit and check all staff files and to submit a declaration that a garda vetting disclosure or clearance was in place for all rostered staff working in the centre.

There was a system in place for safeguarding resident's finances. Records were kept and two signatures were recorded for any monies in and out from petty cash. Receipts were maintained and arrangements for monthly bank balances were provided to the resident to monitor banking transactions or standing orders.

There was a policy and procedures in place for working with residents who had behaviour that is challenging. Staff told the inspector there were no residents who had episodes of behaviours that challenged. They were able to identify those that had previously had responsive behaviours and described ways in which they would support the resident to relax and de-escalate the behaviour. Staff who spoke with the inspector were familiar with strategies to adopt in the event of a change in behaviour. Information pertinent to residents' and their behaviours were discussed at daily handover according to the staff interviewed.

There was a policy in place for the management of restraint. There were no residents using bedrails as the alternatives such as movement sensors and grab rails that had been considered were sufficient and meeting the needs of residents. Risk assessments were documented and decisions reviewed regularly.

Judgment:

Non Compliant - Major

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

A risk management policy and associated health and safety procedures were in place.

The inspector found that the health and safety of residents, visitors and staff was promoted, however, improvements were required.

The actions to mitigate the risk of accidents associated with the smoking arrangements had been addressed, however further improvement was needed to ensure the arrangements and identified control measures were implemented in practice.

Shortly after arrival to the centre and introductory meeting with management personnel, the inspector found a strong odour of tobacco or smoke on the main corridor. On examination, the inspector observed the doors to this room in an open position and a cigarette burning in a small receptacle or ashtray within this dedicated smoke room. Due to an absence of door handles on the external frame of the doors the inspector and staff were unable to close the doors to prevent the migration of smoke or odour. On enquiry the inspector was informed that a resident had just left the room with a staff member. On examination, the residents smoking risk assessment the control measures included ensuring the resident was supervised during smoking and to ensure the cigarette was extinguished before leaving. Immediate action was taken to fit a door handle and update the risk assessment.

Reasonable measures were in place to prevent accidents to persons in the centre and in the grounds. Arrangements were in place for investigating and learning from incidents or adverse events involving residents. Health and safety audits were maintained to inform improvements. The management and staff team had completed a review of incidents and accidents involving residents to identify the key cause or likely factors to inform control measures. A low level in the number and frequency of serious incidents and accidents was reported.

Equipment such as a sit to stand hoist and high low beds were serviced in December 2016 and a new (full body) hoist was seen available for staff to support residents' mobility and transfer needs.

Staff had access to hand washing facilities and hand sanitisers on corridors were seen being used by staff between each resident interaction. However, the hand towel dispensers in residents' bedroom en-suites were not functioning or dispensing hand towels as intended. The standard of cleanliness throughout was reasonably good, but in parts, the surfaces of furniture and fittings were worn or damaged and could not be properly cleaned. Some furniture and fittings required repair or replacement to prevent and control healthcare associated infections.

A maintenance record was maintained, however, as a result of the findings on inspection

that are discussed further in this outcome and in outcome 12, some improvements were required to ensure the identification and control of hazards and to ensure maintenance was well managed.

Arrangements were in place in relation to promoting fire safety. Fire alarm tests were maintained and checks of escape routes were recorded as completed. However, some improvement regarding fire safety was required as follows:

- sufficient fire safety equipment had not put in place within or outside the new smoke room
- bedroom doors were held open with a metal wedge
- safety check of fire extinguishers did not detect an extinguisher not dated as serviced with others

The fire alarm system was serviced recently on 10 January 2017. The records showed the previous service was in July 2016. The provider representatives were informed that the service of fire alarm systems was generally completed on a quarterly basis. Records and staff confirmed that the fire safety equipment was also serviced recently and arrangements were maintained to service fire safety equipment on an annual basis. On inspection of fire extinguishers the inspector noted that a record to confirm its service was not recorded. The provider representatives followed up on this matter and the inspector was informed that the engineer would visit the centre 12 January to address same.

Records to show staff completed training in manual handling, infection control, first aid or cardiopulmonary resuscitation (CPR), fire safety and missing person drills was made available. Staff who spoke with the inspector confirmed they had completed mandatory and relevant training. However, a gap in the first aid or CPR training date for one member of staff with responsibility for residents was not available on the training record or in the staff file. This is reported in outcome 18 action plan.

Staff interviewed described their role and responsibilities, and records reviewed confirmed all staff had completed a simulated fire drill in the centre. However, the provision and recording of fire drills required improvement to demonstrate that a drill simulating evening and night time conditions was completed. The fire drill records did not indicate that this was occurring. Important information relating to the drills such as the success or failures identified in same, scenario simulated, staff and or residents involved, time taken for and extent of the evacuation was not available.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents were protected by medicines management policies and practices seen in place.

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were available to guide staff. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with relevant guidelines and legislation.

A medicine round was observed by the inspector. Nursing staff demonstrated safe practices in the administration and management of medicines. Changes in the prescription record and in the dispensing and supply method had been completed since the previous inspection to enhance resident safety informed by learning from incidents.

Systems were described and in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines.

An arrangement for the review of prescribed medicines by the GP on a regular basis was in place and records available demonstrated this arrangement was implemented in practice to enhance safe practices and resident well-being.

A pharmacist was available to promote safe medicine management for residents. The inspector met with the pharmacist who was onsite during the inspection. He confirmed his involvement in audits and said he was available to residents and staff as required to discuss and review medicines. The auditing of medicine management involved the GP, pharmacist and nursing staff. Records to confirm this were available. Arrangements were in place for reviewing prescriptions and monitoring medicines management practices.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained. Notifications within three days of the occurrence of any relevant incident were submitted as required.

Quarterly notifications were submitted as required. The bi-annual nil return was to be submitted.

Judgment:

Compliant

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):

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

Findings:

The healthcare and social care needs of residents were facilitated. The actions arising from the previous inspection relating to the management of wound assessments was addressed and improvement in care plans was noted.

Arrangements were in place to ensure each resident had access to appropriate nursing, medical and allied health care.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans were reviewed. There was evidence of a pre-assessment undertaken prior to admission for residents. Following admission there was an assessment of activities of daily living, including communication, personal hygiene, elimination, eating and drinking, mobility, spirituality and sleep. There was evidence of a range of assessment tools being used to monitor the risk of falls, malnutrition and pressure ulcer development. Dependency assessments to determine functional capacity were also calculated using a recognised assessment tool.

The development and review of care plans was completed by nursing staff. Residents and their representatives or family member told the inspector they were involved in the care planning process and decisions regarding care.

Residents were satisfied with the service provided. Residents had good access to GP services and to out-of-hours medical cover. Allied healthcare services were available and provided very valuable services to the residents and staff supporting residents. A range

of services were available on a referral basis that included speech and language therapy (SALT), dietician, tissue viability, physiotherapy and occupational therapy (OT). Chiropody, dental and optical services were also provided on a referral basis. Records reviewed showed that some residents had been referred to these services and results of appointments and assessments were written up in the residents' notes and care plans for implementation.

A dedicated activity staff member co-ordinated a weekly activity programme. Residents were seen enjoying various activities during the inspection. Resident's likes and preferences were known by staff to inform the social and recreational plan and daily activity programme that was determined by residents. A recommendation highlighted to the inspector was a desire to have a dedicated activity room where residents could opt in or out of group activities as these generally occurred in the main and only sitting room.

The inspector saw that residents were encouraged to participate in group activities and many of the activities such as exercises, music, singing and quiz games were particularly suitable or tailored for the resident group. A group of up to four residents attended a external event on a monthly basis, which they looked forward to while other residents were facilitated to visit family in their home. Overall, residents had opportunities to participate in activities that were meaningful and purposeful to them which suited their needs, interests and capacities.

The activities co-ordinator told the inspector that mobility and movement through ball and balloon games were used to promote daily exercises for residents. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist and or the physiotherapist. Hand rails on corridors were in a strong contrasting colour to the wall and assistive grab-rails were seen in toilet and bathroom facilities used by residents to aid their independence.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The design and layout of the premises was appropriate to the number and needs of the current residents and in accordance with the statement of purpose. However, improvements were required in relation to storage of equipment and general housekeeping.

The centre promotes residents' dignity, independence, and wellbeing with 19 single bedrooms and one twin. Some bedrooms had full en-suite facilities that included a shower, wash hand basin and toilet while others have an en-suite with a toilet and wash hand basin only. Staff reported sufficient numbers of toilets, bathrooms and showers to meet residents' needs. One independent bathroom was available.

Privacy screening was in place within the twin room and consideration was to be given to a longer screening curtain to enhance privacy.

In the main the centre was clean; however, improvements were required in relation to general housekeeping. For example, used razors remained on a shelf in a resident's en-suite that should have been safely disposed of and laundry trolleys or skips were left along the corridor posing a safety risk and obstructing the handrails from use.

The main sitting room was suitably decorated, however, paintwork in parts required attention and the dining room floor covering was worn and in need of replacement.

There was adequate private and communal space for residents; however, some of the locks on en-suite, bedroom and bedside locker doors did not fully function as intended.

While the size of bedrooms examined (50%) met the individual needs of existing residents and each bedroom contained a high low bed, a bedside locker, a wardrobe, a chair and a table, improvements were required. Some of the architrave and bedroom furniture had worn surfaces and stationary non adjustable tables did not fit the purpose as a bed table due to the low stationary height.

The bedding and towels were noted to be clean but some on beds and in the clean linen press were discoloured and frayed along the edges and required replacement.

Assistive equipment such as a full body hoist recently received and a sit to stand hoist was available to support residents' mobility, grab rails in bathrooms or en-suites and hand rails along corridors were in place. Other equipment that residents' required such as a pressure relieving mattress and cushion or motion sensors were available and seen in use by residents.

There was adequate sitting and dining space for the current residents. A recommendation to have a separate recreational room was highlighted to the inspector during interviews.

Necessary sluicing facilities were provided, however, a review of the stock within and storage of equipment such as catheter stands with limited space and storage racking was needed.

Storage space for residents' personal belongings was adequate; however, storage in general for wheel chairs, drip stand, fans, trolleys and hoists required review.

A functioning call-bell system was in place and accessible from each resident's bed.

The centre has heating, lighting, and ventilation in parts where necessary, however, on the day of inspection the air and water temperature was very warm and in need of attention to ensure temperature control and anti-scalding devices are in place. Most of the windows were open to cool the air temperature and the inspector was unable to hold a hand under the hot tap when run due to the high temperature. Audits of water temperature were recorded showing temperatures up to 43.60 C at times.

There is a separate kitchen with cooking facilities; however, this area was not inspected on this inspection.

A laundry facility was on site to cater for the laundry needs of residents. Residents' clothes seen in their wardrobes were well maintained and ironed.

Other areas of the premises that required attention included:

- A review of shower waste drains as many were removed and on top of the shower floor and staff could not explain the rationale for same
- Lights were not functioning in parts such as the clean linen press
- Access to a second full body hoist was obstructed by seven wheelchairs in a crowded and narrow store room.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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 policy and procedure in place for the management of complaints. The complaints process was displayed in entrance to the centre and outlined in the information guide seen resident's bedrooms.

Residents and their families were made aware of the complaints process as soon as possible after admission.

There was a nominated person to deal with complaints and this was reflected in the advertised procedure. Family members and residents who spoke with the inspector said

they would not hesitate in making a complaint. They were able to identify the deputy person in charge as the person they would go to if they had any issues.

While a record was maintained of all complaints to the centre and included documentation as to whether or not the complainant was satisfied with the outcome of the complaint, a complaint record in addition to and distinct from a resident's individual care plan was not maintained in relation to the complaint received since the previous inspection.

Arrangements were put in place to have an advocacy group member meet with individual residents and to offer them support.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
At the time of inspection the inspector was informed there were no residents receiving end-of-life care.

Staff who spoke with the inspector explained and described how residents and their family were involved in end-of-life care planning. Medical decisions regarding care and treatment decisions at the end-of-life care were recorded along with evidence that residents' wishes and or their relatives' wishes were discussed during end-of-life care assessment and included in the decisions and care plan process.

Involvement of a multidisciplinary approach to treatment and care that included a palliative care team was described as available.

Residents and family had choices and the facilities available were offered with refreshments as required. Most residents had a private single room and alternative arrangements may be facilitated when required by those in the twin room.

An oratory facility was available in the centre with suitable equipment and necessary religious artefacts available to improve the level of respect shown to the deceased and their family.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents and relatives reported satisfaction with the meals and choice of snacks including the availability of fresh fruit following a recommendation in the recent satisfaction survey.

There were policies in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording. Communication systems were in place to ensure that residents nutritional and care needs were available to and known by staff with responsibility to support residents to eat and drink and to those preparing and serving food.

Systems were in place to ascertain each resident food preferences on admission and to facilitate residents to provide feedback on the menu options and choices, to inform improvements. The mealtime was not observed on this inspection.

Access to dietician and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in resident condition. Records reviewed showed that some residents had been referred to these services and results of assessments and recommendations were written up in the residents' notes and care plans for implementation.

Judgment:

Compliant

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:

Staffing levels and skill mix were sufficient to meet the healthcare needs of the residents and the layout of the premise.

On arrival to the centre at 09:30hrs the inspector confirmed there was 16 residents in the centre, two residents in hospital and three vacancies. One resident left the centre mid morning to spend the day at home. The administration of morning medicines to residents was complete.

Two nurses (one to facilitate the inspection) and three care assistants supported and responded to residents' needs. A housekeeping staff and a catering member of staff were also on duty. A senior carer (CPF) and an activity co-ordinator and administrator arrived soon after the commencement of the inspection, as rostered. The actual and planned roster was available to include and detail all staff working in the centre. There was a nurse rostered on duty at all times.

Staff, residents and relatives told the inspector of a high turnover of staff since the previous inspection. The inspector was informed that five carers had left the centre by choice since the last inspection and three new nurses were employed to replace vacant nursing posts. The chef had retired and a new chef had also been employed since the previous inspection. This was discussed with the management team who confirmed that all vacant positions had been filled with the exception of the person in charge. Relatives communicated that they had reservations when new staff were responsible for delivering care but they were satisfied with both new and long term staff.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and had opportunities to participate in relevant training and supervision to support them in their role. Staff were seen to be kind and friendly towards residents, and respectful towards their privacy and dignity, for example knocking on residents' bedroom doors and waiting for permission to enter.

Staff had access to education and training. A gap in CPR training that was identified on the previous inspection and is a recurrent finding.

A training programme was underway with evidence of a date for safeguarding training confirmed via email from an external agent and designated officer.

Relevant staff had up to date registration with their relevant professional body as evidenced by documentation held on file for same. However, the requirements of Schedule 2 of the regulations had not been met in all instances, as reported in other outcomes.

There were no volunteers working or present in the centre.

Judgment:
Substantially 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:

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:	11/01/2017
Date of response:	01/02/2017

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: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose required amendment to reflect the layout of the centre following changes made such as the internal smoking room and required further detail regarding the full or partial en-suite facilities available to each bedroom within the centre.

1. Action Required:

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

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

The Statement of purpose has been amended to reflect the changes made.

Proposed Timescale: 01/02/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Despite an audit of staff files, the absence of a staff member's vetting disclosure and the management and quality of staff references required improvement, as discussed in outcomes 4, 5 and 7.

A requirement to resource and manage the upgrade or refurbish of the premises in parts was required, which is reported in outcome 12.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

All Staff files were re-checked; all Staff now has vetting disclosure in place. All staff have 2 references and reviewed for all staff.

Proposed Timescale: complete

Proposed Timescale: 01/02/2017

Theme:

Governance, Leadership and Management

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

The annual review of the quality and safety of care delivered to residents for 2016 was not readily available and was to be submitted to HIQA.

3. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

of the Act and approved by the Minister under section 10 of the Act.

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

The annual review of the quality and safety of care delivered is being completed presently and will be forwarded to the authority on completion.

Proposed Timescale: 04/02/2017

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

An absence of the person in charge was notified, as required, to the Health Information and Quality Authority (HIQA) in December 2016. The inspector was informed that the provider and those involved in the management of the centre were in the process of recruiting a suitable person in charge.

4. Action Required:

Under Regulation 14(1) you are required to: Put in place a person in charge of the designated centre.

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

The recruitment for Person In Charge will be finalised by the end of February

Proposed Timescale: End of February 2017.

Proposed Timescale: 28/02/2017

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:

There were some gaps in schedule 2 documentation in relation to the garda vetting disclosure, and in the management and quality of references and requirement of a second reference for all staff was also required.

5. 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:

All Staff now have vetting disclosure in place. All staff will have 2 quality references which will be verified

Proposed Timescale: 01/02/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The inspector found that a vetting disclosure was not in place for a current and rostered staff member that was recruited after 29 April 2016. The provider representative undertook to arrange replacement cover until a vetting disclosure was in place.

The provider representative was requested to audit and check all staff files and to submit a declaration that a garda vetting disclosure or clearance was in place for all rostered staff working in the centre.

6. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

A re-audit of staff files was completed and garda vetting is now in place for all staff members. A declaration has been submitted.

Proposed Timescale: complete

Proposed Timescale: 01/02/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Improvements were required to ensure the identification and control of hazards was managed appropriately.

7. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk assessments have been carried out soon after the inspection covering the areas of concern for example : trolleys left in the corridors , risk of covers removed from the shower waste drains , Used razors left on the shelf of one residents ensuite. Also plumber has been liaised to check the heating system and water temperatures. Signage is in place alongside the taps where there is hot water supply in the premises. Engineer visit is expected soon to review the storage needs of the nursing home.

Proposed Timescale: By the end of March 2017.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

The hand towel dispensers in residents' bedroom en-suites were not functioning or dispensing hand towels as intended.

The surfaces of some furniture and fittings were worn or damaged and at the risk of harbouring infection. Some furniture and fittings required repair or replacement to prevent and control healthcare associated infections.

8. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

All hand towel dispensers in bedrooms are now functioning as intended. New furniture and fittings identified will be sourced as part of ongoing replacement of fixtures & fittings.

Proposed Timescale: By the end of April 2017.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

The identified control measures for those who smoke were not fully implemented in practice.

9. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the

risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

A smoke alarm is in place in the smoking room.

Proposed Timescale: 01/02/2017

Theme:

Safe care and support

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

Sufficient fire safety equipment had not been provided within or outside the new smoke room.

Bedroom doors were held open with a metal wedge

Safety check of fire extinguishers did not detect an extinguisher not dated as serviced with others

10. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

All Staff and Residents have been informed that doors are not permitted to be held open by wedges- magnetic door stoppers are being sourced

The Fire extinguishers have all been serviced see attached certificate

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

The provision and recording of fire drills required improvement to demonstrate that a drill simulating evening and night time conditions was completed. The fire drill records did not indicate that this was occurring.

Important information relating to the drills such as the success or failures identified in same, scenario simulated, staff and or residents involved, time taken for and extent of the evacuation was not available.

11. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case

of fire.

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

From now onwards training is on 01/03/2017, fire drills will include location, actual scene, risks encountered, action plan learning, outcome of the training.

Proposed Timescale: 01/03/2017

Theme:

Safe care and support

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

The smoking room arrangements required improvement to ensure detection of fire and containment of smoke,

12. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A smoke detector has been installed

Proposed Timescale: 01/02/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The following matters required consideration and improvement to meet the requirements of Schedule 6:

Privacy screening within the twin room required consideration to enhance privacy

Improvements were required in relation to general housekeeping. For example, used razors remained on a shelf in a resident's en-suite that should have been safely disposed of and laundry trolleys or skips were left along the corridor posing a safety risk and obstructing the handrails from use.

Paintwork in parts required attention and the dining room floor covering was worn and in need of replacement.

Some of the locks on en-suite, bedroom and bedside locker doors did not fully function..

Some of the architrave and bedroom furniture had worn surfaces and stationary non adjustable tables were not fit for purpose as a bed table due to the low height.

Some bedding and towels were discoloured and frayed along the edges and required replacement.

Storage arrangements in the sluice room required review.

Storage space for residents' equipment such as wheel chairs, drip stand, fans, trolleys and hoists required review. Access to a second full body hoist was obstructed by seven wheelchairs in a crowded and narrow store room.

On the day of inspection the air and water temperature was very warm and in need of attention to ensure temperature control and anti-scalding devices are in place. Most of the windows were open to cool the air temperature and the inspector was unable to hold a hand under the hot tap when run due to the high temperature. Audits of water temperature were recorded showing temperatures up to 43.60 C at times.

A review of shower waste drains was required as many were removed and on top of the shower floor and staff could not explain the rationale for this.

Lights were not functioning in parts such as the clean linen press

A recommendation to have a separate recreational room was highlighted to the inspector during interviews.

13. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Privacy screening will be sourced and put in place .

All Staff have been informed with regard to good housekeeping and the promotion of good health & safety practice all times including keeping areas obstacle free at all times; trolleys are no longer stored on the corridor areas.

All identified areas of the Nursing Home will be refurbished as part of ongoing renewal plans

Bedding and towels have been replaced.

A plumber has been on site and reviewing the heating and water system.

All Staff informed to leave the shower waste covers in place at all times

All lights checked and are in working order .

Proposed Timescale: 30/04/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

A complaint record in addition to and distinct from a resident's individual care plan was not maintained in relation to the complaint received since the previous inspection.

14. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

The complaint has been added to the complaints log and the complaints procedure has followed through as per policy.

Proposed Timescale: 01/02/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A gap in the first aid or CPR training date for one member of staff with responsibility for residents was not available on the training record or in the staff file.

15. 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:

CPR training is scheduled for 01/03/2017, the Staff member has been advised to attend training. Staff member has agreed to attend the training on her own basis before 01/03/2017.

Proposed Timescale: 01/03/2017