

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Maryfield Centre
Centre ID:	359
Centre address:	Farnablake East
	Athenry
	Co Galway
Telephone number:	091 844833
Fax number:	n/a
Email address:	Maryfield1@gmail.com
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	John Grant
Person in charge:	Marie Deely
Date of inspection:	11 August 2009
Time inspection took place:	Start: 09:15hrs Completion: 17:00 hrs
Lead inspector:	Fiona Whyte
Support inspector(s):	Mary Costelloe
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Maryfield Centre is one of two residential care centres run by the West of Ireland Alzheimer Foundation, a voluntary organisation. The centre has 22 places and provides services for residents with advanced dementia or Alzheimer's disease. The centre also provides respite care to people with dementia or Alzheimer's disease from the local community as the need arises.

There is a small day-care service for four people attending on weekdays. Older people attending the centre for day-care use the residents' communal space.

The centre is purpose built and has well maintained gardens. The accommodation consists of 10 single rooms and six twin rooms. There is one bathroom and one shower room available for residents' use. Toilet facilities are provided separately to the bedrooms.

There is one dining room and one day room for residents. The day room is also used by visitors and for mass and social events. There is no additional private or communal space available for residents or visitors.

Car parking is provided at the front of the centre for relatives and visitors.

Location

The centre is located on the outskirts of the town of Athenry, Co Galway.

Date centre was first established:	31/05/2002
Number of residents on the date of inspection	22

Dependency level of current residents	Max	High	Medium	Low
Number of residents	22	0	0	0

Management structure

John Grant, CEO of the West of Ireland Alzheimer Foundation, is the registered provider. Marie Deely, the person in charge reports to him. There is an assistant nurse manager, staff nurses and care assistants who report to the person in charge. The centre also has two multi-task attendants who support the staff team and rotate between cleaning and catering duties as required.

Summary of findings from this inspection

This was an announced inspection. The inspectors met with residents, relatives, the provider, the person in charge and staff on duty. Inspectors reviewed a number of documents such as care plans, medication prescribing, administration charts and staff rotas.

Overall, there was evidence of good practice, but inspectors had some serious specific concerns that the centre did not meet the requirements of a number of the standards as set out in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the requirements set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

All the residents are at an advanced stage of dementia and have been assessed as having a maximum dependency level. These residents have complex physical and psychological needs.

The staff face significant challenges in communicating with the residents because of the nature of the residents' cognitive impairment. The inspectors observed a high ratio of staff to residents during the inspection which allowed staff to take their time in supporting residents to communicate. Many of the residents were seen to be smiling and chatting.

Inspectors were satisfied that the residents were cared for in a safe environment and their nursing, medical and other healthcare needs were adequately met. While the day-room was warm and cosy with old style furnishings, the centre had limited shared, private and recreational space. Generally the décor, layout and design did not reflect best practice recommendations in dementia care. For example, communal areas were limited and the corridors were too short and dark to allow free movement.

There were significant concerns about medication management practices, the care planning process, infection control practices, training and education for staff and the physical environment.

Inspectors also identified some improvements required in relation to developing meaningful socialisation programmes and in seeking and facilitating residents' views and participation in the day-to-day running of the centre.

The person in charge and provider are required to make changes and improvements to the service to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. These are listed in the action plan at the end of this report.

Residents' and relatives' comments

Residents

Inspectors spoke with a number of residents, many of whom had a significant level of cognitive impairment and difficulty in communicating. Inspectors sat with the residents and engaged in conversation, following their lead. The inspectors found residents to be comfortable, content and happy and they smiled, laughed and touched the inspectors and the staff.

One resident, who was staying in the centre for a respite break and who had a mild level of cognitive impairment talked to inspectors and said that it was her second time staying at the centre. She only liked fish for dinner and she said that the chef cooked it specially for her everyday. She also said she could go to bed and get up at whatever times she wanted. She expressed satisfaction with the staff saying they "were all very nice".

Relatives

The inspection team spoke with one relative who was visiting the centre. He told inspectors that he was always made feel welcome and felt that he could talk to staff anytime about any concerns he might have. He referred to the staff as being "wonderful".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and the person in charge demonstrated their knowledge of the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. While they showed an obvious willingness to implement changes and requirements in line with the inspection recommendations, they also outlined to inspectors the implications of these for the centre. For example, if additional facilities are required, securing the necessary funds will be challenging because, as a charity, the organisation relies on fundraising for development of services and facilities.

Inspectors met with the person in charge and the assistant nurse manager. The person in charge outlined how together they provided optimum managerial cover in the centre including out-of-hours and at weekends. There were sufficient staff on duty to meet residents' needs and staff had enough time to talk, chat and reassure residents, which contributed to the quality of service for residents.

Inspectors found that fire policies and procedures were in place and staff had received training in fire safety and evacuation. The fire training records were reviewed by inspectors and were seen to be up-to-date as of August 2008. Inspectors spoke with the health and safety officer on the day of the inspection and were informed that fire training had been arranged for the following week for all staff. The inspectors also reviewed the centre's safety statement which was up to date (May 2008). The training and education records showed that moving and handling training had been provided to all staff.

Some improvements required

Inspectors viewed the centre's statement of purpose. It outlined the centre's ethos and mission statement but did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.

The system for recording incidents/accidents was reviewed by the inspectors. However, the required forms were not fully completed. There was no evidence that vital signs were taken when a resident had a fall or accident. There was provision on the form for documenting outcomes and any preventative measures to be taken but this had not been completed on the forms reviewed by inspectors. There was no evidence of a formal auditing and monitoring system. Consequently, there was no evidence that learning and improvements in practice had taken place.

The complaints process displayed was on the notice board for relatives and visitors to see. However, staff informed the inspectors that complaints are managed informally at a local level in the centre. There was no evidence of a formal auditing and monitoring system of complaints in place. Therefore, there was no process to support learning or to improve practice as a result of monitoring complaints.

Significant improvements required

The person in charge showed inspectors the written guidelines for specific clinical nursing procedures such as falls prevention, care of the resident with dementia and wound management. Apart from fire policies and procedures, there were no other formal policies or guidelines in place as set out in Schedule 5 in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009. Staff interviewed confirmed that they were aware of clinical procedures and guidelines but they were not aware of any other policies in the centre.

Inspectors observed the infection control practices and procedures in the centre. Some multi-task attendants rotated from a cleaner's role to a catering assistant role at specified times during the day. Staff went in and out of the kitchen frequently, without wearing protective clothing, and could not demonstrate a clear understanding of the different roles. Staff were also unable to describe how to prevent cross-contamination between the two areas, how to use the correct cleaning agents or how to use cleaning equipment. The importance of changing uniform and/or wearing protective clothing was not recognised by staff and the observed infection control practices were seen not to meet all the requirements to support best practice.

Care assistants told inspectors that they do the laundry in the centre on a daily basis. This means that they move from delivering resident care to doing the laundry and then return to delivering resident care again. The staff confirmed that they do not change uniform, or employ any specific infection control measures, when changing role – contrary to best practice recommendations in infection control.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors saw staff members spending long periods of time talking to, encouraging and interacting with the residents. Staff used touch with residents and they responded comfortably and positively to this. Inspectors found that staff had a detailed knowledge of residents. This informed the daily routine for each resident.

Staff said they were trained in using Sonas, a therapeutic programme, to help residents who have dementia or Alzheimer's achieve fulfilment. The centre also provides therapeutic hand massage to residents. On the day of inspection hand massage and the Sonas programme were being delivered to residents. Many of the residents were observed to be actively sitting up and chatting with other residents and staff. Some residents appeared connected to their environment; they touched furniture, picked up and examined items in the day room and they took interest in what was going on in the room.

Inspectors observed residents at meal times. Meals were found to be of good quality, well presented and residents appeared to enjoy them. Residents were given adequate time to eat their meals. Staff could access a variety of food from the kitchen throughout the day or night for residents who needed it outside the regular meal times. Staff spent plenty of time supporting the residents to eat, which promoted their independence and autonomy.

The inspectors noted that the centre had an open visiting policy in place.

Some improvements required

The centre provided recreational and social engagement for some of the residents. However, there was no individual assessment to inform a person-centred plan and ensure meaningful fulfilment for all residents. There was no assessment of each resident's preference on whether or not to participate in events. A "one size fits all" approach had been taken to the use of the Sonas programme and insufficient consideration had been given to providing comprehensive therapeutic, communication and behavioural programmes to all residents. Inspectors observed that the socialisation provided on the day did not suit the more cognitively impaired

residents who were observed sitting without any meaningful engagement for long periods in the day room.

On the day of inspection there was no menu available and no means for residents to exercise choice at meal times.

Significant improvements required

Inspectors observed some residents seated in Buxton chairs. These chairs had a table secured in front of the resident which prevented residents from standing up and falling. Staff members confirmed that these chairs were being used in the centre to prevent residents from falling. Inspectors found no documentary evidence that residents were assessed as requiring these chairs and there were no guidelines on the continued use of the chairs, or record of when the residents were to be released and mobilised from them.

Inspectors saw that each resident's bedroom door had a window. This window did not have a screen which resulted in inspectors and visitors being able to observe residents having personal care delivered – a practice which does not respect the privacy and dignity of the resident.

Inspectors noticed that there were communal toiletries and hairbrushes in the bathrooms, bedrooms and day-room. There was some communal clothing including dresses, cardigans and underwear in the laundry and communal 'bibs' were in use during meal times. This practice was not respectful of residents' dignity and could lead to the spread of infection.

Inspectors noted the absence of leads for the call bell in residents' bedrooms. The person in charge informed the inspectors that residents had not been assessed as being unable to use call bells, but rather, she had made a decision that due to the cognitive impairment of the residents they would be unable to use them. The inspectors viewed the camera monitoring system which consisted of CCTV in each bedroom linked to a central viewing monitor in the staff office. Staff could view the monitor at any time. There was no documentary evidence of consent to the use of CCTV and the person in charge confirmed that consent had not been obtained from the residents. This practice did not respect the resident's right to privacy and dignity.

Minor issues to be addressed

Inspectors noted that bedrooms contained very few personal possessions. Staff said that some residents wander into rooms and remove other residents' personal possessions. Therefore staff felt it was better to remove the personal possessions from the rooms for safekeeping.

Inspectors observed that the dining room was not homely or inviting and there were no ornaments or decorative pieces displayed. The dining room tables did not have any tablecloths, placemats, condiments or centre pieces.

Inspectors also observed residents during meal times. Some residents required assistance to eat however, when some staff members assisted with this, they did so while standing over residents. This practice prevented meals from being an enjoyable, social and interactive event.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The person in charge recently introduced the Malnutrition Universal Screening Tool (MUST) for residents which enables monitoring and appropriate interventions to be implemented for residents at risk of becoming nutritionally compromised.

Some improvements required

At the time of inspection there was no medication management policy in place.

One resident, who was having a respite break, was administered medication by the nurse using the resident's own medication dosage system. This practice does not meet An Bord Altranais guidelines or the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 . This medication was not written by a GP onto a medication prescribing sheet and there was no a current prescription in the centre for this.

Inspectors viewed the medication prescribing sheet and the medication administration charts. A number of serious issues came to light:

- nursing staff informed the inspectors that many residents required their medications to be crushed. This was not specifically recorded on the prescription sheet and signed by a GP
- three residents were prescribed medication which was not signed as having been administered. The nurse stated that in her opinion the residents did not require the medication and so the medication was withheld. The nurse had not recorded the reason for withholding the medication on the medication administration chart. The nursing staff had not informed the GP and so the residents' medications were not reviewed or discontinued by the GP
- two residents had medications prescribed but there was no GP signature for these medications on the medication prescribing sheet
- inspectors observed two different types of medication administration charts being used. Both charts had times for medication administration which did not

match the GP's medication prescribing sheet. In the inspectors' opinion this increased the risk of medication error.

Residents' records reviewed by inspectors were of a poor standard. There was no evidence of comprehensive assessment, a care planning process and a review process. The records were not reflective of the individualised care required by, or provided to, residents. This included a lack of recorded information about residents' individual preferences, dependency levels, wound care, pressure area management, falls prevention, manual handling requirements, socialisation and recreational fulfilment.

Inspectors observed that residents' overall dietary needs were being met however; no evidence of a formal, documented, process for nurses to communicate residents' special dietary requirements to the catering department was seen. This poses a risk to residents who might be served a meal contrary to their particular dietary requirements.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

There were accessible, well maintained and secure gardens available to the residents.

The residents' day-room was warm and homely with the central focal point being the large open fire. The fireplace had a fixed fire-guard in place to provide protection for the residents. The room was furnished with an old style dresser and furniture to make it more homely for the residents, and reminiscent of their past.

Some improvements required

The inspectors noted that storage space was inadequate for residents' assistive equipment, Information Technology equipment and medical supplies.

The inspectors saw specialised chairs, computer/printer and medical supplies stored in the residents' dining room. There was also equipment stored in the bathrooms and laundry room. This resulted in restricted space for residents, and staff reported to inspectors that this is a particular challenge for them when providing personal care to residents. There was no floor cover on the floor of the linen room and items were stored directly on the floor.

There was one dining room and one day-room in the centre and no other communal or private space available to residents and relatives. This impacted on residents' ability to have quiet private time either alone or with relatives. The inspectors observed that when all 22 residents, four day-care residents, six staff members and one relative were in the day-room there was very limited space for relaxing or socialising. A variety of social activities were going on at the same time which made it difficult for some residents to concentrate on any single activity.

The inspectors noted that generally the décor, furniture and fittings reflected that of a generic residential centre rather than a dementia-specific centre. Wall colours were pale and bedrooms were minimally decorated with very few personal possessions. All the bedroom doors were the same with no distinction between rooms to allow

residents to find and recognise their own room. Corridors were short and did not facilitate residents to move freely.

Significant improvements required

Staff said they did not have changing facilities and so have to travel to and from the centre in uniform, contrary to best practice recommendations in infection control.

Inspectors were shown the one shower and one bath available to all residents in the centre. No additional showering or bathing facilities are available. Staff informed inspectors that all residents were incontinent and confirmed that residents need more personal care than the bathroom facilities allow. The limited facilities restrict the choice and availability for residents to have a shower or bath.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The inspectors observed staff communicating with the residents. They addressed residents courteously and were patient in allowing them time to respond. They assisted residents carefully with their dress/clothing and grooming, paying particular attention to this. Staff used their personal knowledge of residents, did not hurry and spent significant periods of time talking with residents, taking the time to have stimulating conversations while providing care.

Inspectors were provided with a comprehensive brochure which is available to residents and relatives.

Inspectors observed interactions between staff, the provider, the person in charge, residents and relatives and noted that a culture of open communication existed within the centre. The small size of the centre meant that information sharing usually happened on a daily basis either in person or by telephone.

Some improvements required

Staff confirmed there was no advocacy programme or in-house resident/relative representative group in place to ensure the residents' rights and needs are represented and protected. There was no process in place for staff to access the views of those residents who have difficulty with communication.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

On the day of inspection inspectors observed a high ratio of staff to residents on duty throughout the day. Inspectors viewed the rosters which confirmed that on a day to day basis there were high staffing levels. There were usually three nurses and six care assistants on duty in the morning, two nurses and four care assistants on duty in the afternoon and two nurses and one care assistant on night duty from 10pm. Staff were seen to be using their time to provide one-to-one care and to interact with the residents.

Weekend and out-of-hours staffing arrangements ensured that either the person in charge or the assistant manager was on duty to supervise the delivery of care.

When inspectors spoke with staff they said that they were happy with their work, and that their relationship with this particular group of residents was a key aspect of job satisfaction. This was further evidenced by the low staff turnover rate in the centre.

Some improvements required

On the day of inspection there were no staff files available for the inspectors to view. The provider and the person in charge said that all staff files were maintained centrally in head office. While they also said that the files contained all the required criteria as set out in Schedule 2 in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009, no evidence of this was provided.

Significant improvements required

There was no recruitment policy available on the day of inspection. Staff confirmed that the recruitment procedures used were in line with best practice. However, there is no formal induction programme in place.

Only mandatory training is available to staff members (fire safety and moving and handling training). Inspectors were concerned that no training had been provided to

develop the understanding and skills required to care for this vulnerable group of residents. Staff confirmed that generally training was not available to them and expressed their need for formalised education to up-skill them in caring for these residents.

Report compiled by:

Fiona White
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

17 August 2009

Provider's response to inspection report

Centre:	Maryfield Centre
Centre ID:	0359
Date of inspection:	11 August 2009
Date of response:	11 November 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was no written medication management policy and procedure in place. The practices and procedures in place for GP prescribing and nurse administering of medications did not provide for the safe prescribing and administering of medications.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medications. Liaise with GP services to review prescriptions to include information on crushed medications and to discontinue any medications as required.

Reference:

Health Act 2007
Regulation 25: Medical Records
Regulation 33: Ordering, Prescribing, storing and Administration of Medicines
Standard 14: Medication Management
Standard 15: Medication Monitoring and Review

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Medication Management</p> <p>Medication Management Policy Updated in conjunction with on Bord Altranais regulations. GP has reviewed medications and signed charts accordingly</p>	<p>Completed</p>

2 The provider is failing to comply with a regulatory requirement in the following respect:

There were no written operational policies in the centre as set out in Schedule 5 in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.

Action required:

Provide all the written and operational policies and procedures as set out in Schedule 5 in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act 2007
Regulation: Operating Policies and Procedures
Standard 29: Management Systems
Supplementary Criteria for Dementia-specific Residential Care Units for Older People

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Operations Policies</p> <p>We have commenced work on updating our policies according to Schedule 5. They will be completely updated by March 2010.</p>	<p>End of March 2010</p>

3. The provider has failed to comply with a regulatory requirement in the following respect:

There was no record of assessment or the use of chairs as a form of restraint and no record of the duration for which they were to be used.

Action required:

Put in place an assessment and guidelines for the use of any restraint including that of

seating and consult with residents and relatives in the decision of such a restraint.	
Reference: Health Act 2007 Regulation 25: Medical Records Standard 25: Physical Environment Standard 10: Assessment Supplementary Criteria for Dementia-specific Residential Care Units for Older People	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: We commit to transferring our guidelines / recommendations into a definite policing regarding the use of our chairs. Note: It must be noted that most of our client group are at a very advanced stage of Alzheimers /dementia.	Completed

4. The provider has failed to comply with a regulatory requirement in the following respect: Residents' needs were not set out in an individual care plan, with a formal review process in place.	
Action required: Implement an individual care plan including a formal review process agreed with the resident or their representative/advocate.	
Reference: Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare Supplementary Criteria for Dementia-specific Residential Care Units for Older People	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will review each individual existing Care Plan and update them accordingly and agree a three monthly review.	End of Feb 2010

<p>5. The provider is failing to comply with a regulatory requirement in the following respect: Infection control procedures and practices did not meet the regulatory requirements as set out in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.</p>	
<p>Action required: Put in place written operational policies, procedures and practices relating to infection control and train all staff members in those procedures.</p>	
<p>Reference: Health Act 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Infection Control Three employees have had training in infection control. Information will be passed on to all employees. All remaining employees will be formally trained by end of 2010.</p>	<p>End of Dec 2010</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect: CCTV in the residents' bedrooms impacted on the residents' ability to undertake personal activities in private.</p>	
<p>Action required: Provide residents with privacy when undertaking personal activities.</p>	
<p>Reference: Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity Standard 7: Contract/Statement of Terms and Conditions Standard 25: Physical environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Due to health and safety of our residents the cameras are only</p>	<p>Policy Complete</p>

turned on at night time. Approval has been granted from Relatives/Carers. Family members are happy with this policy. Written Policy now in place. Cameras turned on from 9pm to 8am only.	
---	--

7. The provider is failing to comply with a regulatory requirement in the following respect:	
Staff members did not have access to education and training to enable them to provide care in accordance with contemporary evidence based practice.	
Action required:	
Provide staff with access to education and training in order to develop the understanding and skills required to care for this resident group.	
Reference:	
Health Act 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision Supplementary Criteria for Dementia-specific Residential Care Units for Older People	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The majority of our staff have received FETAC Level 5 training. All staff have received health and safety training, fire-safety training and manual handling. We will conduct a training needs analysis for our staff via meetings with all staff in November 2009. (Will be completed by December 2010)	End Nov 2009 Dec 2010
Specific dementia / Alzheimer training for all staff will be completed by June 2010.	June 2010

8. The provider is failing to comply with a regulatory requirement in the following respect:

There was insufficient numbers of showering and bathing facilities available to the residents.

Action required:

Provide suitable and sufficient numbers of showers and bathing facilities having regard to the number and needs of the residents.

Reference:

Health Act 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

We agree with the above statement but as a charity we neither have the space nor the funding to remedy this matter at this time. When we bought this home we upgraded facilities. We have applied for funding to the HSE for these necessary extra facilities.

9. The provider is failing to comply with a regulatory requirement in the following respect:

There were no facilities for showering and changing for staff members.

Action required:

Provide suitable staff facilities for the purpose of showering and changing.

Reference:

Health Act 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

We all agree with the above statement but as a charity we neither have the space or funding to remedy this matter at this time. We have applied for HSE funding to provide these facilities.

10. The provider is failing to comply with a regulatory requirement in the following respect:

There was no individual assessment to inform a care plan of residents' abilities and preferences to engage in meaningful socialisation.

Action required:

Asses each residents' needs, ability and preferences to engage in meaningful socialisation and provide opportunities to participate in activities appropriate to the residents interests and capacities.

Reference:

Health Act 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 6: General Welfare and Protection
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Supplementary Criteria for Dementia-specific Residential Care Units for Older People.

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

Timescale:

Provider's response:

Care Plans

Assess each resident on their ability and based on this and in consultation with family/carers, a care plan will be developed. This care plan will take into account the life history of the person
Schedule 5c. Plans completed by end of Dec '09 and remainder by end of April 2010.

April 2010

11. The provider is failing to comply with a regulatory requirement in the following respect:

The décor, design and layout of the centre in line with best practice for dementia specific residential units and paying special attention to the use of colours and lighting, fixtures and fittings, signage, landmarks and cues and the facilitation of wandering.

Action required:

Put in place a programme to develop premises and the décor, furniture and fittings to meet the needs of the residents.

Reference:

Health Act 2007
Regulation 19: Premises
Standard 25: Physical Environment
Supplementary Criteria for Dementia-specific Residential Care Units for Older People

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Murals</p> <p>We are currently researching into the whole area of murals, in line with the design and layout of our home here in Maryfield. We are exploring colour schemes to include primary colours that would enhance the home and would be suitable for people with Alzheimers/dementia.</p> <p>We are planning to have this work completed by end of 2010.</p>	<p>End 2010</p>

<p>12. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were no written operational policies and procedures relating to residents' personal property and possessions. Communal toiletries and clothing were noted to be in use.</p>	
<p>Action required:</p> <p>Put in place written operational policies and procedures relating to residents' personal property and possessions, ensuring that each residents retain control over their own their personal possessions.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence Supplementary Criteria for Dementia-specific Residential Care Units for Older People.</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Due to the effects of Alzheimers disease, personal possessions are kept by family members at all times.</p> <p>Note: Carer/family take responsibility for all valuables and this is agreed with their carer at admission.</p> <p>We are currently in discussion with families to agree the wording of this policy.</p>	<p>Dec 2009</p>

13. The provider is failing to comply with a regulatory requirement in the following respect:

There was inadequate private and communal accommodation for residents.

Action required:

Provide adequate private and communal accommodation for sitting, dining and recreational needs and having regard to the number and needs of the residents.

Reference:

Health Act 2007
Regulation 19: Premises
Regulation 12: Visits
Standard: 4 Privacy and Dignity
Standard 25: Physical Environment
Supplementary Criteria for Dementia-specific Residential Care Units for Older People

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

Timescale:

Provider's response:

As a charity we care for people on behalf of HSE and have applied for extra funding to provide more space.

Our people are very content with our facilities.

We have not received any funding for our facilities in Maryfield. We have applied to the HSE for funding to provide these facilities.

14 .The provider is failing to comply with a regulatory requirement in the following respect:

There was a lack of suitable space for storing of residents' assistive equipment, ICT equipment, medical supplies and linen.

Action required:

Provide suitable storage facilities for equipment, medical supplies and linen.

Reference:

Health Act 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

<p>Provider's response:</p> <p>We agree but our funding as a charity does not allow us to provide adequate facilities for the above.</p> <p>We are currently reorganising within the available space.</p>	<p>June 2010</p>
---	------------------

<p>15. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The written statement of purpose and function did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.</p>	
<p>Action required:</p> <p>Update the written statement of purpose stating the aims, objectives and ethos of the centre, the facilities and services to be provided and a statement as to the matters listed in Schedule 1 in The Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function Supplementary Criteria for Dementia-specific Residential Care Units for Older People</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We are in the process of updating our 'Statement of Purpose' to include all requirements mentioned above (Health Act 2007, Schedule 1, page 24).</p>	<p>End Nov 2009</p>

16. The provider is failing to comply with a regulatory requirement in the following respect:

The record of incidents/accidents was not fully completed and had no evidence of a formal auditing and monitoring system in place.

Action required:

Maintain a record of all incidents occurring in the centre and implement a system of auditing and monitoring to ensure learning and improve practices.

Reference:

Health Act 2007

Regulation 36: Notification of Incidents

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 26: Health and Safety

Standard 30: Quality Assurance and Continuous Improvement

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

Timescale:

Provider's response:

We will pay particular attention to the details that need to be recorded for any incidents that may happen.

We have had minor incidents only. We record incidents in our incident and accident book.

Incidents and Accidents - now recording all accidents and incidents policy on same will be reviewed every six months and audited by an outside person.

End of Nov 2010

17. The provider is failing to comply with a regulatory requirement in the following respect:

There were no menus available for residents therefore residents did not have choice. There was no formal process in place to communicate residents' special dietary requirements between nursing staff and the catering department

Action required:

Offer residents a menu and choice of meals at mealtime. Introduce a formal system to ensure that residents' individual needs and special dietary requirements are met.

Reference:

Health Act 2007

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

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

Timescale:

<p>Provider's response:</p> <p>We have 22 residents and none of them are capable of reading.</p> <p>Special dietary requirements are always adhered to by consulting / agreeing with family carers at admission & as medical conditions change.</p> <p>Existing menus are being updated.</p>	<p>End Oct 2009</p>
--	---------------------

18. The provider is failing to comply with a regulatory requirement in the following respect:

Complaints were dealt with informally at local level. There was no auditing or monitoring system in place therefore there was no evidence of learning and improving practice as a result of monitoring complaints.

Action required:

Provide written operational policies and procedures relating to the making handling and investigation of complaints. Maintain a register of complaints which includes action taken and outcomes for the residents.

Reference:

Health Act 2007
Regulation 39: Complaints Procedure
Standard 6: Complaints

<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
--	--------------------------

<p>Provider's response:</p> <p>We will always strive to deal with issues directly and swiftly at local level. The Policy will be audited annually by another nursing manager not connected to Maryfield but employed by Western Alzheimers.</p> <p>We do have a policy in place and happily we have received minor complaints only to date.</p> <p>We have a register of complaints and we will follow up all complaints and a monitoring policy is now in place.</p>	<p>Completed</p>
---	------------------

19. The provider is failing to comply with a regulatory requirement in the following respect:

There were no arrangements in place to facilitate consultation and participation in the organisation of the centre.

Action required:

Put in place arrangements to facilitate consultation and participation in the day to day running of the centre. Ensure all residents rights, needs and wishes are sought and facilitated. Careful consideration must be given to seeking the views of residents who have difficulty communicating.

Reference:

Health Act 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 2: Consultation and Participation
Supplementary Criteria for Dementia-specific Residential Care Units for Older People.

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

Timescale:

Provider's response:

Due to Alzheimers disease our residents are not capable of making judgements.

We spend quality time prior to and during admission to ensure all of the above are catered for with each individual.

We are conducting one to one meetings with every carer/family and arising from these we will agree a consultation carer group procedure.

End Jan 2010

20. The provider is failing to comply with a regulatory requirement in the following respect:

There were no written policies and procedures relating to the recruitment, selection and vetting of staff. There were no staffing records available to view on the day of inspection.

Action required:

Put in place written policies and procedures relating to the recruitment, selection and vetting of staff. Maintain in the centre and make available staff personnel files/copies to include matters as set out in Schedule 2 in The Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act 2007
Regulation 18: Recruitment

Regulation 24: Staffing Records Standard 22: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: It should be noted that since we started in 2002, we have very little staff turnover. All new staff are Garda vetted. Provisions will be made to transfer all personnel files to Maryfield from the head office. We are reviewing the recruitment, selection and vetting policies.	End Jan 2010 End Jan 2010

21. The provider is failing to comply with a regulatory requirement in the following respect: Residents' bedroom doors had a window without a screen and this did not protect the residents' privacy.	
Action required: Provide residents with privacy so that each resident can undertake personal activities in private.	
Reference: Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity Standard 7: Contract/Statement of Terms and Conditions Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Vision panels are very important caring for Alzheimer patients in order to be able to view the person without disturbing them. This is for health and safety reasons. Cameras are mainly for the night staff to ensure the resident is safe in Bed while not disturbing them This we believe to be very important. Screens are being attached to each vision panel in each door to increase privacy and to comply with regulation 10, standard 4	End Nov 2009

(Privacy & Dignity).

Screens on doors: sourcing fireproof material presently and work will be completed by end of November 2009.

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
17 Autonomy and Independence Supplementary Criteria for Dementia-specific Residential Care Units for Older People.	Encourage residents and their relatives to bring in personal possessions to make their personal space more homely and comfortable.
19 Meals and Mealtimes 25 Physical Environment Supplementary Criteria for Dementia-specific Residential Care Units for Older People.	Rearrange the dining room to enhance the social aspect of mealtimes for residents.
2 Consultation and Participation Supplementary Criteria for Dementia-specific Residential Care Units for Older People.	Encourage staff to sit with the resident when providing assistance to eat so that meals can be an enjoyable and socially interactive event.

Any comments the provider may wish to make:

Provider's response:

The following is to accompany the Action Plan attached which addresses the 21 areas mentioned in the Inspection Report dated 11th August 2009.

While we accept improvements are needed we also feel that there are specific areas mentioned in the report that need to be highlighted. We thank you and appreciate your observations in particular in relation to our Staff Ratios, the Care, Contentment and Happiness of our residents as this is the essence of our ethos.

We feel it needs to be pointed out that we are a Registered Charity (No. CHY 11416) and as such do not receive funding from the HSE for Maryfield. Our residents do receive subvention and we charge a paltry amount for our acknowledged excellent care. The shortfall needed to run Maryfield is fundraised on an ongoing basis. Most of our residents are referred to us by the HSE as there are no other dedicated Alzheimer Homes in the area. We acknowledge that the 'Fair Deal' will help in regard to funding in the future.

Since we started in the early nineties we have been striving to provide the most up-to-date and meaningful care possible. We have contributed to Government Policy in the report entitled 'Action Plan for Dementia in 1999'. We Commissioned, Designed and Built Irelands first bespoke Alzheimer Home in Ballindine County Mayo and have been a reference point for many emerging Alzheimer groups throughout Ireland in recent years.

It is because of this we would like to point out the following items mentioned in the Inspection Report.

- the décor and layout
- menus and table cloths
- CCTV in each bedroom
- vision panels in bedroom doors
- general space and layout

In highlighting all of the above it must be acknowledged that (as stated in your report) all residents are at an advanced stage of Alzheimers disease and need a very high level of care, this is why we always have a high staff to resident ratio.

Due to the complex cognitive, physical, psychological impairment of our residents, all decisions are made with the care, and health and safety of each of our residents, as the key factor. Table cloths and menus are not practical. Table cloths and condiments could prove dangerous as some residents could throw them and injure other residents. The décor and layout of Maryfield is in keeping with our research and takes into account the likes/dislikes of our residents. The more a person feels 'at

home' the more safe and relaxed they will be. We feel that evidence based principles support our décor, layout and our activity programme.

Our residents are only able to engage in limited activities such as story telling, reality orientation, reminiscence and sensory activities. Our CCTV system and vision panels on doors were installed for the health and safety of all residents, and this policy was agreed with families/carers.

Note: The cameras are only on at late evening and night time. The lack of space is something we would love to remedy and we have applied to the HSE for funding to allow us to provide this extra space.

We have two residents that have to be fed by the carer in a standing position due to the nature of the disability and to avoid choking.

I feel it is important to point out these areas, and assure you of our ongoing focus on continuous improvement. We will continue to develop our staff, and make decisions based on the care and dignity of each resident we care for.

Thank you for your detailed report and we look forward to working with you in the future.

Provider's name: John Grant

Date: 11 November 2009