Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Centre name:	Maryfield Nursing Home
Centre ID:	0064
Centre address:	Old Lucan Road Chapelizod Dublin 24
Telephone number:	01 6264684
Fax number:	01 6269154
Email address:	mauramc01@eircom margaretcashman@eircom.net
Type of centre:	☐ **Private** ☒ **Voluntary** ☐ **Public**
Registered providers:	The Frances Taylor Foundation Ltd
Person in charge:	Jan Kiely
Date of inspection:	8 July 2011
Time inspection took place:	**Start:** 09:15 hrs **Completion:** 21:30 hrs
Lead inspector:	Marian Delaney Hynes
Support inspector:	Linda Moore
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Follow-up inspection

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Maryfield Nursing Home provides 54 residential places for older people and is situated in a complex with eight independent living chalets and 32 apartments for older people. The chalets and apartments are not part of the residential centre, but their residents can avail of meals and participate in activities.

The entrance opens into a spacious reception area. A corridor leads from the reception to a large chapel, which is used by residents and members of the public. There is a very large dining room and the main kitchen is adjacent to it. There is also a seating area in the dining room which is used for activity and relaxation. The administration wing is located to the left of reception and includes offices for the person in charge, the administrator, the human resources manager and accounts staff.

The centre has 52 single rooms and one double room and is divided into three units over three levels. St Bridget's unit is on the ground and lower ground floor to the rear of the building while St. Anne's unit and Lourdes unit are on the ground and first floor.

Each unit on each level has a sitting room. There is an activities room on the first level in St. Anne's unit and a second activities room with a pool table and library area is located adjacent to St. Bridget's unit.

Eleven bedrooms have an en suite toilet, wash-hand basin and shower and 41 bedrooms have an en suite toilet and wash-hand basin. There is one double room with an en suite toilet, wash-hand basin and shower. The centre has seven additional toilets and five assisted bathrooms. The centre also has an overnight visitor's room.

Location

The centre is located in a residential area close to Chapelizod village centre in Dublin 20.

Date centre was first established:	1974
Number of residents on the date of inspection:	51 (1 in hospital + 1 on holidays)
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	2	7	21	21

Management structure

Maryfield Nursing Home is one of two centres owned by the Frances Taylor Foundation Ltd, a company operated by the Poor Servants of the Mother of God, a religious order of nuns. The designated contact person is Sr. Margaret Cashman. The Person in Charge is Jan Kiely and she reports to the Provider. Camillus Cooke is the Assistant Director of Nursing (ADON) and she reports to the Person in Charge. The Administrator, Nicholas Walsh, and the Human Resource (HR) Manager, Maura Hurley report to the Provider. The HR Manager also works in the Provider's second centre in Dublin 5. Catering staff report to the catering supervisor, laundry, household staff report to the household supervisor, all of whom reports to the Director of Nursing. Activities, physiotherapy, care and nursing staff also report to the Director of Nursing. The Director of Nursing is supported by the HR Manager and the Nursing Home Administrator, whom together form the home's management team.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other Staff
Number of staff on duty on day of inspection	1	3	9	10	10*	3	3**

* 1 Household Supervisor, 2 Laundry and 7 Cleaning
* Activities Supervisor, Activities coordinator, Physiotherapist.

Background

This was a follow up inspection and the second inspection carried out by the Health Information and Quality Authority (the Authority). A registration inspection was carried out on 4 and 5 March 2010 and at that inspection the inspectors found that the provider and the person in charge was committed to the provision of good quality services to older people. Inspectors found evidence of good practice across all domains. The health and wellbeing of residents was provided for in a person-centred way. Staff promoted social interaction and inclusion amongst residents and residents could participate in a range of formal and informal activities which made their day interesting. The provider had taken measures to ensure the safety of residents, staff and visitors.

Inspectors identified a number of areas that required significant improvement to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 9 (as amended). These included:

- strengthening the fire precautions by completing the conditions set out in the fire safety statement and having more regular fire drills
- introducing a process for determining appropriate staffing levels and skill-mix based on the number of residents, their assessed needs and the size and layout of the centre. Particular attention was required to ensure appropriate staffing levels and skill-mix at night time
- reviewing the medication management arrangements to improve the safety of residents and to reduce the risk of medication error
- improving the safety of residents by storing cleaning chemicals securely and securing hazardous areas of the building
- ensuring that staff files contained all the documentation required by the Regulations so that robust recruitments practices and procedures were in place.

Summary of findings from this inspection

Inspectors noted that most of the actions had been completed from the inspection of 4 and 5 March 2010. Four of the six actions identified were addressed fully inspectors identified additional areas for improvement and had concerns regarding the safety of residents living on the first floor as well as the governance of the centre during this follow up inspection.

The Authority had been notified of a serious accident where a resident had fallen down a flight of stairs resulting in serious injury. Inspectors found that three stairwells were unguarded and posed a serious risk to the safety of residents. This accident was not witnessed by any of the staff on duty. The provider was required to take immediate action to mitigate the risk to residents' safety.

Inspectors had further concerns regarding the deputising arrangements for the person in charge. On arrival at the centre the person in charge was on leave. The nominated person to deputise in her absence phoned in sick and the HR manager nominated the most senior nurse on duty to meet with the inspectors. While this nurse confirmed that she was a senior nurse she said that she was not the nurse in charge.

A number of additional improvements were identified at this inspection in order to comply with the requirements of the Regulations 2009. These included medication management and care planning.

All areas for improvement are discussed throughout the report and in the Action Plan at the end of this report.

Issues covered on inspection

Risk Management

Inspectors were seriously concerned that the safety of residents living on the first floor was not promoted. One resident had sustained a serious injury following a fall down a flight of stairs. Although the resident concerned was known to wander there had been no risk assessments undertaken or control measures put in place to keep this resident and all other residents safe. Another resident living on the first floor used a self propelled wheelchair which posed a safety risk should the chair be propelled too close to the stairwells.

During and immediately after the inspection there were concerted efforts made by the ADON and the provider to ensure the safety of residents was prioritised. The control measures put in place included:

- residents living on the ground and first floors had a falls risk assessment carried out
- the provider had employed an architect to evaluate and risk assess the stairwells and advise regarding control measures to be put in place to minimise the risk to residents
- a process was established to carry out a monthly audit of falls.

Governance

Inspectors were concerned that appropriate deputising arrangements were not in place on the morning of inspection. On arrival at the centre inspectors found that the person in charge had phoned in sick and there had been no deputising arrangements put in place to cover this absence. The HR manager requested the most senior nurse on duty to meet with the inspectors. This nurse confirmed that she was a senior nurse however she said that she had not been requested to deputise in the absence of the person in charge and was rostered for the purpose of care planning.

The ADON arrived on duty early and she continued to deputise in the role of person in charge for the remainder of the day.

On the afternoon of the inspection the provider informed the inspectors that the person in charge had tendered her notice of resignation on 30 June 2011 and had began working a three-month notice period.

Three days following the inspection the provider confirmed that the ADON had been appointed as person in charge on an interim basis until the post could be permanently filled. She was suitably qualified and met the requirements of the Regulations.

Actions reviewed on inspection:

1. Action required from previous inspection:

Conduct fire drills and practices at suitable intervals, that ensure the persons working at the designated centre and, insofar as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life; and provide to the Chief Inspector together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

This action had been completed.

Training records showed that all staff had attended mandatory fire training. Staff spoken to by inspectors were knowledgeable on the procedures to be followed in the case of a fire.

2. Action required from previous inspection:

Ensure that at all times the numbers of staff and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

This action had been completed.

The person in charge ensured that at all times the numbers of staff and skill-mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre.

Staffing levels on night duty had increased with the addition of an extra nurse. Residents said that there was sufficient staff on duty and that call bells were always answered promptly.

3. Action required from previous inspection:

Introduce appropriate and suitable practices and written operational policies relating to the administration of medicines for residents who self medicate.

Introduce appropriate and suitable practices and written operational policies relating to the storage and management of controlled drugs.

Introduce appropriate and suitable practices and written operational policies relating to the administration of crushed medication.

Introduce appropriate and suitable practices and written operational policies relating to the specific times for the administration of prescribed medications.

Introduce appropriate and suitable practices and written operational policies relating to the administration of PRN (as required) medicines, including the maximum dose within a given time period.

This action had been partially completed.

There were appropriate and suitable practices and written operational policies relating to the storage and management of controlled drugs.

The following actions were not completed:

- there was no operating policy or procedure in place to guide practice for residents who may have the capacity and wish to self medicate
- some residents required their medications to be crushed but this was not recorded by the general practitioner (GP) on the prescription sheets
- the specific times for the administration of some medication were not recorded on the prescription or administration charts
- the GP had not specified the maximum dosage for PRN medication on the prescription sheets
- the GP had not signed for individual medications prescribed for some residents.

The person in charge was in the process of changing the pharmacy supplier.

4. Action required from previous inspection:

Put precautions in place to control the risks identified.

This action was completed.

Inspectors observed that all cleaning agents were stored securely when not in use.

5. Action required from previous inspection:

Obtain in respect of all staff the information and documents specified in Schedule 2 of the Regulations.

This action had been completed.

Inspectors reviewed a small number of staff files including newly recruited staff and found that they contained all of the requirements in the Regulations including three references.

6. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals, and improving the quality of care provided at, and the quality of life of residents in the designated centre.

This action had been partially completed.

A medication audit had been carried out by the pharmacist. However, this was not an audit as it constituted the collection of data from a pharmacy perspective only and did not audit medication management practices and procedures.

Some work had commenced on the collection of data regarding, falls, complaints and infection control. There was no system as yet in place for using this information for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the centre.

Other issues covered on inspection

Care Plans

Inspectors read a number of care plans, talked to staff and noted that while some work had gone in to improving the care plans, there was still a considerable amount of work outstanding in this area.

The inspectors noted that the care plans still did not guide the care to be delivered and were not always updated with the resident's changing condition. For example, there was no falls reassessment carried out on one resident who had fallen and sustained a fracture and no up-to-date care plan to guide the safe management of this resident. Another resident was noted to have weight loss. While the resident ad a nutritional assessment carried out, there was no care plan in place to guide practice in the delivery of his care.

The poor quality of care plans posed a risk that the residents may not receive evidenced based care.

Restraint

A resident had a lap belt applied during the day, the senior nurse said that this was for the residents' safety and did not consider it a form of restraint. On reviewing this resident's file inspectors found that there was no assessment or care plan in place for the use of restraint.

Report compiled by:

Marian Delaney Hynes

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

24 July 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	**Type of inspection:**
4 and 5 March 2010	☒ Registration ☐ Scheduled ☐ Follow-up inspection ☒ Announced ☐ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre:	Maryfield Nursing Home
Centre ID:	0064
Date of inspection:	8 July 2011
Date of response:	23 August 2011

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

Stairwells were left unguarded which posed a serious risk to the safety of residents living in the ground and first floors.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedure
Standard 26: Health and Safety
Standard 29: Management Systems

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Following assessment from our architect and fire safety engineering consultants, it was agreed that the most effective measure to prevent accidents and to guard stairwells is to install a coded door system at the top of all stairwells. This new measure will mean that the top of stairwells will be protected by internal keypad and an external release button. The system will be linked to the fire alarm system therefore the doors will automatically unlock (not open) in the event of the fire alarm sounding. A detailed costing has been carried out and the job has gone to tender. We expect all work to be completed by 30 September 2011. A risk assessment has been carried out on the grounds of the premises and at present no risk or hazard has been identified. The health and safety officer will continue to conduct monthly safety inspections of the premises and grounds.	30/09/2011

2. The person in charge has failed to comply with a regulatory requirement in the following respect:

A number of issues were identified with the medication management process which could compromise the safe administration of medication:

- there was no operating policy or procedure in place to guide practice for residents who may have the capacity and wish to self medicate
- some residents required their medications to be crushed but this was not recorded by the general practitioner (GP) on the prescription sheets
- the specific times for the administration of some medication were not recorded on the prescription or administration charts
- the GP had not specified the maximum dosage for PRN medication on the prescription sheets
- the GP had not signed for individual medications prescribed for some residents.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: **There was no process in place to review the capacity of residents to self medicate.** A comprehensive protocol has been introduced, in association with our new pharmacy service provider. This is to ensure that there is a robust process to allow and review self medication by residents. Since the pharmacy changeover on 17 August 2011, there has been an introduction of documentation of the various categories of self medication. This ranged from residents who self medicated a single item such as an inhaler to those completely in charge of their own medication. There were three residents who were self medicating completely. To date, two have been assessed by the pharmacist and will be monitored via spot checks by the nurses throughout the month. The third resident was on holidays. On their return, this resident will be given one days' supply in a monitored dosage format by the nurse each morning, to self medicate until an assessment is carried out by the pharmacist before the month end. All self medication is now documented on the MAR sheets. All residents who are given one dose, but the nurse does not always observe administration, are to be formally assessed jointly by the nursing and pharmacy team by end of August. Assessments will be retained as part of the patients care plan and reviewed as part of the three-monthly interdisciplinary medication usage reviews. **Some residents used crushed medications but this had not been recorded on prescription sheets.** Please see attached newly implemented Maryfield NH medication policy. This information is also included on the Kardex including the date that the doctor authorised crushing to allow nurses to find easily and to refer to as necessary. The Kardex includes why the medication is to be crushed as this would clarify to the nursing team why some patients have been given liquids but other have been changed to a crushable form of the same	30/10/2011

medication. Further information has been documented by the doctor in the patient notes. Each medication has been individually reviewed by the pharmacists and the MAR sheet will document beside each drug if it is crushable, not crushable but the capsule can be opened or not crushable. **The specific times for the administration of some medication were not recorded on the prescription or administration charts.** The optimum times of administration have been assigned for each medication for each resident by either the doctor or the pharmacist. This has taken a number of factors into account including, but not exclusively, the number of other medications required to be administered during any one medication round and interaction between medication as well as Compliance of the residents at specific times of the day etc. Please see attached Kardex as an example. All residents will be using the attached Kardex by the end of August 2011. **The GP had not specified the maximum dosage for PRN medication on prescription sheets.** A separate section on the Kardex has been assigned to all PRN medication which includes indication, frequency and maximum dose of all medication as well as duration of PRN use. **The GP had not signed for individual medications prescribed for some residents.** All Kardexes will be reviewed and signed by doctor by end of August 2011.	

3. The person in charge has failed to comply with a regulatory requirement in the following respect: A resident had a lap belt applied during the day and there was no assessment or care plan in place for the use of restraint.
Action required: Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Our admission policy has been personalised to ensure we can meet the needs of all potential residents. A Barthel assessment tool, along with a detailed assessment form, is now used to identify all aspects of a potential resident's care and to individualise their care needs. Adequate evaluation of a potential resident allows careful monitoring of dependency. This analysis permits a sufficient resident/staff ratio, facilitating the quality, welfare and well being of our residents Clinical teams have been set up to focus on specific areas of care. The areas of safety have been divided into clinical teams, one focusing on falls, one on restraints and the other on nutrition. Each team comprises of three staff nurses and a care assistant. The restraint team consist of two staff nurses, who have completed a restraint course, a night nurse and a senior carer who has attended a course on the value of a restraint free environment. Staff nurses and carers working on both night shift and day shift are promoted/directed towards an educated and evidence based practice. We now have two pre assessment tools for all types of restraints. Our consent form, previously consisted of a one page document, is now a three page document. The first page details a restraint discussion form, the second a restrain permission form and lastly the conditions and requirements for restraint use in Maryfield. Maryfield now possess a restraint register, which is checked regularly by two staff nurses on the restraint team. Our auditing process will begin at the end of August - auditing staff nurses and carer's documentation and also random checks to supervise the documentation that reflects clinical practice. The falls prevention team again comprises of the same number of staff, but one these is a CNM and another is a staff nurse who is in the process of doing a masters (Advanced Nursing Studies), and has recently completed an assignment on the prevention of falls within the nursing home setting. Other members of the falls team are a night nurse and a carer who is also our manual	30/10/2011

handling trainer. Our Cannards Falls Assessments have been reviewed with every resident. A people handling risk assessment has been completed on all residents. Post falls assessments are now been completed for those who have fallen and our auditing process for falls has started. Care meetings to discuss concerns about each resident's safety are taking place on the first Tuesday of every month and the health and safety committee continue to meet every three months. After three months of auditing we should be able to embark on trend analysis documentation. The team for nutrition again is comprised of three staff nurses, two of whom have had a long exemplary working history both in the nursing home and hospital settings. The senior carer on the nutrition team has attended training on nutrition for the elderly. Our assessment screening also incorporates a MUST assessment tool. An audit tool on meals and meal times has started and a menu committee made up of residents and their families are meeting monthly. The nurses have access to a dietetic advice line as well as the referral system. At present the teams are focussing on these three important areas (falls, restraints and nutrition). Each month, each team will incorporate other areas, in order to enhance the welfare and wellbeing of our residents.	

4. The person in charge has failed to comply with a regulatory requirement in the following respect:

Care plans did not guide the care to be delivered and were not always updated with the resident's changing condition. For example, there was no falls reassessment carried out on one resident who had fallen and sustained a fracture and there was no care plan to guide the safe management of this resident.

Action required:

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: After a considerable review of care plans we identified the need for further education in care planning. This programme of education has commenced with a half day care planning training on 22 July 2011. A follow up training day will take place on 27 August 2011. Further person-centred care planning training will take place for all nursing staff on 28 September and 5 October 2011. Care plans are now being discussed and reviewed with the family, resident and nurse assigned to the individual care plan and being signed off accordingly. CNMs and the ADON meet on a weekly basis to discuss each resident and to formulate care planning according to changing conditions of each resident. The clinical teams, which have been formed in the areas of restraints, falls and nutrition, are identifying the specific needs of residents in planning care. These teams are sourcing research based assessment tools and audits which will guide the safe management of care for our residents. We are taking a holistic approach on care planning and consulting with our multidisciplinary team which includes a physiotherapist, activities coordinators, families and GPs.	30/10/2011

5. The provider and person in charge has failed to comply with a regulatory requirement in the following respect: There were no procedures in place for continuous quality improvement.	
Action required: Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the centre.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life 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: At present there are a number of measures in place to systematically review the quality of care and safety of residents. These are: ▪ regular resident committee meetings ▪ regular individual department staff meetings ▪ quarterly health and safety committee meetings ▪ quarterly information and consultation committee meetings ▪ residents' suggestion box in the main dining room, which is checked weekly and menu suggestions/improvements are placed here regularly. In 2010 a survey was distributed to all residents, the feedback was quantified into the four main aspects of resident care and the findings were shared with residents via the resident committee. The feedback received from the survey informed budget and staff increases for 2011 in the lowest scoring aspects of resident care. A survey was also distributed to all staff in 2010 and feedback was discussed via the information and consultation committee. Feedback from all of the abovementioned forums is discussed at monthly management meetings and actions for improvements are agreed. Furthermore, in 2011 Maryfield has commenced participation in the Csar Assessment Tool (SAT) pilot study with the HSE, to develop a unified assessment tool for use with care of the older adult. We plan to conduct yearly resident and staff surveys which will help inform care, staffing and financial planning for the coming year.	30/11/2011

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Sr Margaret Cashman
Date: 19 August 2011