Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007

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

Centre name:	Maple Court Nursing Home
Centre ID:	0062
Centre address:	Dublin Road Castlepollard Mullingar, Co. Westmeath
Telephone number:	044 966 2919
Email address:	caroday@eircom.net
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Ryan Argue Partnership
Person authorised to act on behalf of the provider:	Tom Ryan
Person in charge:	Caroline Day
Date of inspection:	21 and 22 May 2012
Time inspection took place:	**Day-1 Start:** 13:00 hrs **Completion:** 18:05 hrs **Day-2 Start:** 09:05 hrs **Completion:** 15:00 hrs
Lead inspector:	Catherine Connolly-Gargan
Support inspector:	N/A
Type of inspection:	**Day 1 -** ☒ **unannounced** **Day 2 -** ☒ **announced**
Date of last inspection:	19 October 2011

About inspection

The purpose of inspection is to gather evidence on which to make judgements 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 *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.*
Outcome 2 *The quality of care and experience of the residents are monitored and developed on an ongoing basis.*
Outcome 3 *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*
Outcome 4 *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.*
Outcome 5 *The health and safety of residents, visitors and staff is promoted and protected.*
Outcome 6 *Each resident is protected by the designated centre's policies and procedures for medication management.*
Outcome 7 *Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*
Outcome 8 *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.*
Outcome 9 *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 discreet and sensitive manner.*
Outcome 10 *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.*

Outcome 11 *Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*
Outcome 12 *Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*
Outcome 13 *The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*
Outcome 14 *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.*
Outcome 15 *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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*
Outcome 16 *The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*
Outcome 17 *A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*
Outcome 18 *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.*

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

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Maple Court Nursing Home is located on the perimeter of the village of Castlepollard, Co Westmeath. It is within close proximity to the centre of the village, shops and other amenities.

Date centre was first established:	May 2001
Date of registration:	14 June 2011
Number of registered places:	21
Number of residents on the date of inspection:	20

Dependency level of current residents as provided by the centre:	**Max**	**High**	**Medium**	**Low**
Number of residents	3	7	10	0

	Male (✓)	**Female (✓)**
Gender of residents	✓	✓

Management structure

The centre is owned by the Ryan Argue Partnership, the partners of which are Tom Ryan, Raymond Argue and Kieran Argue. Tom Ryan is the nominated person on behalf of the partnership. Caroline Day is the Person in Charge and reports directly to Tom Ryan on all operational aspects of the centre. The Person in Charge manages and oversees the delivery of care and supervises a team of nurses, carers, administration, catering, and cleaning and caretaker staff.

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	1	4	2	1 x cleaning 1 X laundry	1	maintenance X 1

Summary of compliance with 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*.

This report set out the findings of a two day scheduled inspection of which the first day was unannounced and the second day was announced. As part of this inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Inspectors also followed-up on progress with completion of the action plan developed from findings of the last inspection carried out on 19 November 2011. Of the seven actions in the action plan six actions were satisfactorily completed. The remaining one action on assessments and care planning was partially completed with evaluation of care plans was still outstanding. Actions completed included staff training, forwarding of notifications to the Chief Inspector, three monthly medical reviews, and medications management issues, supervision of vulnerable residents and adequate nutrition and hydration of residents.

The centre was well organised with staff available in all areas to provide care and supervision for residents. The adequacy of staffing levels available during the time when recreational activities were taking place required review. Call bells were noted to be answered promptly during the days of inspection. The centre was warm and there was a sociable atmosphere in the sitting room. Staff were friendly and welcoming and were talking and chatting to residents as they went about their duties. None of the residents were restrained during the day and only three residents used bedrails at night even though fourteen residents were aged between eighty and ninety with a further four residents greater than ninety, one of which was aged one hundred years. There was an ethos of promoting independence.

Nurses and care staff answered the inspectors' queries in an informed and professional manner. They had received training in a number of areas since the last inspection in the areas of activity provision, challenging behaviour and management of residents' nutrition and hydration needs.

Recording of fire safety training and equipment and procedure checking was required immediately to ensure that staff had up to date knowledge. Some aspects of infection control and prevention required address. Training of all staff in moving and handling procedures was also necessary.

While one incomplete action from the inspection of November 2011 have been restated there were ten new actions identified from findings of this inspection and are documented in the Action Plan at the end of this report. This action plan identifies areas where mandatory improvements are required to address deficits in the service and to comply with 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.*

Compliance with 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. Statement of purpose and quality management

Outcome 1
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.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings
The inspector reviewed the statement of purpose and function dated March 2012, which was also forwarded to the Authority. The changed management structure was documented referencing the new person in charge of the centre and the recently nominated key senior management structure. Other areas requiring some revision to bring the document into full compliance with the requirements of the legislation were been addressed.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings
A number of audits were carried out and documented in response to an established system maintained to include for example, a list of all of the audits and evaluations undertaken, the scheduled date for the next audit. Key findings and actions taken to demonstrate systematic continuous quality improvement required more work to ensure that all staff were aware of areas where improvements could be made or learning was available. There was good review of quality of life in the centre but more audits focusing on the quality and safety of care over a number of areas were required.

An audit of falls was completed routinely by the person in charge to review times and identify trends including peak times of falls, residents who fell more often and the location of falls. This was reviewed and improved individual interventions were introduced. There was also evidence in resident's files that falls risk assessment were

completed for vulnerable residents. The person in charge audits the commencement, and completion of fluid charts in January 2012. Areas of deficit were addressed. The person in charge completes a comprehensive evaluation of each residents care on a weekly basis. While this procedure is currently a checking procedure, the opportunity for analysis was not fully addressed which would provide valuable feedback on the quality and safety of aspects of clinical care of residents.

An annual satisfaction survey was done with relatives; a plan was in place to do this survey with residents to obtain their feedback on areas of the service.
Audit reports produced had not yet been made available to residents. The provider and person in charge told inspectors that they planned to make reports available to residents on findings of audits on the quality of life for residents in the centre.

Outcome 3
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.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings
There was a complaints procedure in place supported by a policy document. The complaints policy was clearly displayed and a copy was also made available to each resident in their bedrooms. While there was an internal appeals procedure, an additional independent external appeals procedure was made available if complainants were not satisfied with the internal appeals process. A complaints log was maintained. There was evidence that verbal complaints were documented and investigated. The person in charge told the inspector that satisfaction with the outcome of investigation was always sought from complainants. However, this was not clearly documented. The investigation process and timelines also required some attention to ensue they were clearly documented in all cases.

2. Safeguarding and safety

Outcome 4
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.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Residents told inspectors they felt safe in the centre, entry and exit by the front door was controlled by key-code and access was monitored by staff at all times. A visitors log was maintained.

All staff had received training in identifying and responding to elder abuse as confirmed by the Person in charge and the training records reviewed by the inspector.

The person in charge was a trainer in this area. The person in charge and staff spoken with displayed sufficient knowledge of the different forms of elder abuse and each was clear on reporting procedures. A policy was available. However the policy reviewed by the inspector was not centre specific in all aspects. It did not specify the contact details of the elder abuse officer and did not mention the reporting requirements in relation to notice to be given to the Chief Inspector. Other information requiring review included the immediate and on-going care of residents who may be victims of abuse, advice for staff regarding appropiate actions to take in response to the various types of abuse e.g. senior staff to resident, relative/visitor to resident or if a resident on respite or convalescent care makes allegations of abuse against persons caring for them in the community. A whistle blower's policy was available for reference.

Residents' finances kept in safekeeping by the provider were documented in line with the requirements of the legislation. Six residents kept money in safekeeping. There was no limit stated on the amount of money that would be kept in cash format, a review of which would enhance security. Some pieces of residents' jewellery were locked in the controlled drugs cupboard. A safe was available and following amendments to the procedure for storage of these items by the person in charge on the day of the inspection, this requirement was met. The policy referenced the place of safekeeping for residents' finance and valuables to be the Safe.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings
Inspectors viewed centre specific written operational policies and procedures relating to the health and safety of residents, staff and visitors. A health and safety statement was in place supported by a health and safety policy. A comprehensive risk register in respect of all potential hazards was in place to ensure the safe operation of the centre. It was populated each time a risk was identified. An arrangement was in place where all risks were recorded in a 'building risk assessment record book' which recorded the date, location, risk, action taken and a

signature. This procedure ensured that the risk register was an active document that was continuously referenced. Eight staff had training in risk assessment.

Safe floor covering was in place throughout the centre. Handrails were located on the corridors to assist vulnerable residents when mobilising.

There were procedures in place for identification, recording and investigating incidents, accidents and near misses. A near miss log was maintained. The risk management policy required revision to include arrangements to be followed in the event of a resident self-harming. The procedures to follow in the event of aggression and violence, assault, absence without leave and accidental injury to residents were details in individual sub procedures. The person in charge agreed to file these in the risk management policy for ease of reference.

The procedures to be followed in the event of fire were displayed in a number of prominent locations and a floor plan was displayed in each bedroom. Inspectors reviewed the fire records which showed that fire safety equipment, including the fire alarm and emergency lighting, had been serviced at appropriate intervals. The centre was split into eight zones for the purposes of fire safety procedures. Fire safety and evacuation training took place on a regular basis; not all staff had an opportunity to participate in a fire drill or received mandatory fire training as evidenced by the training record provided to the inspector. Nine of the thirty four staff still required fire training. A fire drill was carried out in February 2012 but not documented in the fire register. Only three staff was documented as having completed training in use of 'ski sheets' evacuation equipment. Many of the residents' bedroom doors were wedged open. The person in charge spoke about a small number of residents who are not agreeable to having their room doors closed. In conjunction with fire training officer, she planned to incorporate closure of these doors as part of the fire drill procedure which all staff will be familiar with. Procedures for documenting routine fire alarm testing, inspection of escape routes and inspection of fire doors were not adequate. These procedures were last documented in June 2011. The provider and person in charge put procedures in place immediately which included nomination of a responsible person to complete these checking procedures.

Missing persons' drills were held recently as evidenced by records reviewed.
All staff providing direct care to residents had completed received moving and handling training. However, one administrative and the maintenance person were not documented as having completed manual handling training but the person in charge confirmed that they had attended this training on 26th January 2012; this was not recorded on the training register that was checked by the Inspector on day of inspection.

The hair salon doubled as a smoking room. It was the inspector's view that from a health and safety perspective this was not appropiate. The person in charge told the inspector that there were no residents who smoked currently accommodated in the centre. The provider and person in charge agreed to review this area pending requests for smoking facilities with future resident admissions.

Outcome 6
Each resident is protected by the designated centre's policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings
The centre has recently changed to obtaining the residents medication supplies from a local pharmacy. Arrangements were in process where the pharmacist would visit the centre on a regular basis to audit various aspects of medication use in the centre. The person in charge told inspectors that the advantage of this arrangement was that residents were able to get medications without delay and the centre did not have to stock an additional range of medications in the centre.

Arrangements for medication administration were of a good standard. The nurse administering medications wore a red apron with script on the back requesting non-disturbance.

The medication policy contained the procedures for prescribing and administering medications but did not reference recording and storing procedures for non-scheduled medications. Procedures were in place for scheduled medications requiring control under the misuse of drugs legislation. The person in charge told the inspector that transcription of medications was not an approved practice in the centre. Maximum dosages over a twenty four hour period were not documented for PRN (as required) medications.

Procedures were in place for recording medication errors; none were recorded on the day of inspection. However, only two staff had medication management training as referenced in the training records.

There was no procedure documented for residents who may wish to self-medicate for example. Resident's admitted for respite care who take their own medications at home were not facilitated to self medicate with supervision in order to maintain their independence.

The provider stated there was good access to GP and an out-of-hours service is also available to the centre as referenced in the resident files. Residents were reviewed approximately on a three monthly basis. Files reviewed contained documentation that resident's medications were reviewed as required. The inspector became aware that staff had to attend the GP's surgery on occasions to get medications prescriptions reviewed, discontinued or renewed.

Some medication management procedures required improvement. On the first morning of the inspection, inspectors noted that although a security lock was fitted to the Clinical room door and it was secured, risk was increased as the Medication trolley was also not secured to the wall. Some residents' personal valuables were

stored in the controlled drug cupboard but were removed and stored appropriately on the days of inspection. Medication prescription or administration sheets had photograph identification to fulfil professionally recommended checking procedures.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings
The inspector noted that residents care plan documentation was neat and filed in an easy accessible format. While some of the care plan documentation was pre-printed, additional hand written entries made the care plan person centred. There was evidence of resident and relative input into the care plan documentation. While the care plans were updated on a three monthly basis, it was not clear what parts of the care plan had been evaluated. The person in charge told inspectors that she would review this area. The person in charge also completed a comprehensive evaluation of the residents care plans on a weekly basis.

Residents were engaged in recreational activities available on both days of the inspection which were clearly advertised on a large print notice board. Recreational activities were also available at weekends. Although there was a recreational activity available each day, an alternative option was not provided for the less able residents or to facilitate choice. A carer was designated to facilitate activities each afternoon. The inspector sat with the residents during Bingo and noted that only a small number of the residents in the room actively participated. The carer co-ordinating the activity was continuously disturbed to assist residents with care. This resulted in some of the participating residents getting frustrated and some others losing

interest. In most cases residents' interests prior to coming to the centre were documented in the care plan in a 'key to me' assessment tool. The inspector discussed the value of the television which was on for most of the day but few residents were watching it. The person in charge and staff told the inspector that residents were most interested in viewing the News on television.

There were regular walk – around handovers during the 24 hour day. The morning handover was attended by an inspector and was noted to be informative and evaluative in nature. The resident was spoken with on approaching their room; a plan for the day was decided with the inclusion of the resident in each case. Some residents had a folder containing records of key information such as fluid and food intake charts and position charts which travelled with them to their bedrooms, the dining room and sitting room. This practice facilitated staff to complete this documentation as necessary. Detailed daily flow-sheets were completed for each resident on care delivery. This documentation collected information on intake at mealtimes including portion size, pain assessment, positioning and an assessment of the activities of daily living. The contents tied in with the residents care plan. A daily narrative was entered in the care plan documentation by the staff nurse following review and feedback on flow sheets and fluid charts by carers

A review of a sample of residents' documentation confirmed that they had adequate access to peripatetic services and the GPs. Medical reviews were completed approximately every three months and tended to be in conjunction with an acute medical event.

There was good recording of assessments for restraint and restraint measures in place. Three residents used bedrails at night-time which were the subject of on-going assessment. Reclining chairs were not used. No other restraints were in use during the day. A log was maintained of bedrail restraints used at night.

Outcome 8
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.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings
None of the residents were in receipt of end of life care on the days of inspection. An end of life care plan is available to address resident needs as appropiate. Residents end of life wishes are ascertained and documented for reference. Relatives of residents at the end of their lives are facilitated to stay overnight if they wish. An oratory is available.

Mass was celebrated weekly. Other religious denominations were visited by their ministers, as required. The local parish bulletin was made available so residents could maintain links with the local community.

Outcome 9
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 discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings
Residents spoken with complimented the standard of food and told inspectors they were happy with food on offer. There was a variety of menu which gave choice of main course for lunch and tea each day. It was clearly displayed on a notice board in the dining room. The majority of residents attended the dining room for their meals. Mealtimes were noted by the inspector to be a social occasion. Residents chatted and laughed together. Adequate staff were available at mealtimes and were observed assisting residents with their meals when required to do so in a respectful and patient manner.

The catering staff on duty were aware of special diets required for individual residents and explained to the inspector how they managed same. There was a selection of drinks and snacks available to residents throughout the day. Residents who were not taking adequate fluids or diet were immediately commenced on a fluid and/or food intake recording chart which was kept with them throughout the day to facilitate accurate and full completion. The person in charge told the inspector that staff had received training in giving subcutaneous fluids if necessary. A policy was in place to inform this practice.

Residents stated at a recent resident meeting that that they wanted tea-time moved to 18:00hrs as they were not hungry at 17:00hrs. The person in charge told the inspector that this request would be facilitated.

4. Respecting and involving residents

Outcome 10
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.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The Inspector viewed a sample of the resident's contracts and found them to be adequate. Fees were clearly stated as were the services covered by the fees plus the terms and conditions agreed. The contracts were signed and dated as required.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings
Inspectors found that residents received dignified and respectful care. Their capacity to exercise personal choice and autonomy was encouraged and their views were sought and listened to. Residents had confidence in the staff and confirmed that they felt able to talk to staff at any time. Relatives spoken with were also satisfied.

Residents meetings in the centre were convened every two months and provided residents with an opportunity to voice their views and participate in the running of the centre. Minutes from the most recent meeting was viewed by the inspector. Greater than 50% of residents attended the meeting. Although residents go to the local library on a weekly basis residents verbalised at their meeting that they wanted more outings which was being organised.

Staff maintained residents' dignity, modesty and privacy by the manner in which they addressed and communicated with residents, and by ensuring appropriate discretion when discussing the resident's medical condition or treatment needs. All residents were dressed well and according to their individual choice. Inspectors observed staff knocking before entering residents' bedrooms, waited for permission before entering, and curtains and closed doors were used to ensure that privacy and dignity was maintained at all times.

There was an open visiting policy and visitors called at different times over the two days. Residents could meet with their visitors in the privacy of their own rooms or in the visitors' room and in communal areas. Visitors signed a log on entering and leaving the building.

Although the communication needs of residents were met in most cases, residents with visual impairment could have their quality of life enhanced by involvement with an accredited association focusing on living with blindness. The person in charge told the inspector that she had plans to do this on behalf of residents with visual impairment.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
Inspectors viewed written operational policies and procedures relating to residents' personal property and possessions. There was adequate space provided for a reasonable number of personal possessions and residents could request a lockable drawer in their room. The person in charge confirmed that each resident retained control over their personal possessions and there was a record kept of each resident's personal property. Records were signed by the resident or their relative. While all residents' personal property and possessions was fully documented on admission, not all residents had this list updated at regular intervals to maintain records of changes as required.

There was a laundry system in place; the laundry room was functional and located to the rear of the centre. The laundry was clean and tidy. The sink was easily accessed. Although space was limited in the laundry, zones for segregating linen were in place. The laundry staff member was knowledgeable about infection control. All residents' clothes were folded and returned to the residents' cupboards and wardrobes by the laundry person.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
The person in charge worked full-time in the role in Maple Court and also as person in charge in a sister centre, St Colmcilles. She has suitably qualified deputies in Maple Court for which she has designed a management development course for. The deputies work opposite each other so the maximum on-site senior cover is provided. The person in charge attends the centre for a period each day. She is a registered general nurse with the required experience and clinical knowledge in the area of nursing older people. The person in charge demonstrated a willingness and commitment to the delivery of person-centred care and to meeting the regulatory requirements in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) or the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings
Inspectors reviewed staff files and found that the required documents were in place in the files reviewed.

Staffing level and skill mix review was completed each time there is a new resident admitted, residents discharged or changes in the residents' dependency needs. The Inspector reviewed the adequacy of staffing levels and skill mix on the days on inspection by assessing whether residents needs were met. While staffing levels and skill mix was noted to be adequate in meeting residents' needs for the majority of the time. The inspector was not satisfied that there was adequate staff on duty while recreational activities were taking place. The carer providing the activities was constantly interrupted to assist residents with care. A choice of an alternative activity was not feasible with the staffing levels available. Outside of this time residents were attended to promptly and residents' supervision needs were adequately met. Additional staffing recourse safeguards in place were that staff on duty had autonomy to call additional available staff to work if resident needs changed. An out-of-hours senior management on-call roster was also in place to support staff on duty if required.

A training programme was documented which was rigidly adhered to. It was based on a training needs analysis completed for January to June 2012. The person in charge provided the inspector with a detailed colour-coded matrix that referenced all staff training and could be extended to include further training received. A review of this document evidenced that not all staff had received mandatory training in fire safety and in moving and handling training. The inspector that three of the staff who did not have documented mandatory training were newly appointed carers to the centre and training for them in fire safety and moving and handling was scheduled in June 2012. They had received an interim instruction on fire safety in the centre by the person in charge. There were no unsafe moving and handling procedures noted on either day of inspection.

Training was provided on 25 November 2011 on "Dementia and Behaviour that is challenging". Fourteen (50%) of staff attended this training. An accredited trainer also provided training for two staff on recreational activity co-ordination.

6. Safe and suitable premises

Outcome 15
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The centre offered a homely and comfortable environment. Communal areas such as the sitting and dining rooms had a variety of pleasant furnishings and comfortable seating. The premises were well lit and well ventilated.

There was adequate car parking space which did not place residents at risk. An enclosed paved area was available for residents, accessible by ramp from the sitting room. Handrails were in place either side of the ramp for the residents' safety. However, sheltered seating was not available for the residents' comfort.
There was appropriate assistive equipment available such as hoists, pressure relieving mattresses, wheelchairs and walking frames.

There was a sufficient number of toilet and washing facilities with wash-hand basins in each bedroom and communal toilets located in close proximity to the communal dining and seating areas. Hot water temperatures at the point of contact did not pose a scald injury risk.

Coded locks were installed on the sluice and laundry doors which facilitated locking and reduced risk of injury to vulnerable residents.

The centre was visibly clean and fresh. A procedure was in place where three rooms are deep cleaned each day. Nearly 50% of staff had received infection control training. Hand gel dispensers were located throughout the centre however the inspector requested the provider to review the adequacy of dispenser units on one corridor and none in the sluice area. A daily cleaning schedule was in place for cleaning residents' equipment which included commodes. A commode was visibly soiled but left ready for use. Cleaning procedures required improvement for stainless steel units and urinalysis equipment cupboard in the sluice. The person in charge stated that she would address the cleaning schedule for commodes with a view to increasing the cleaning frequency. The area around the tap on the hairdressers' hair washing sink was severely excoriated, making cleaning impossible.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings
The residents' guide was reviewed by the inspectors. A copy was kept in each room for residents to reference as they wished.

The Directory of residents was reviewed and found to be complete in that it contained all the information required by the legislation.

All the policies and procedures required to be available in accordance with the legislation were in place. The centre's insurance cover for residents' property was not inspected on this occasion.

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings
A record of all incidents and accidents was maintained in the centre.
Notifications were reviewed with the person in charge during the inspection. Returns had been made in respect of quarterly notifications for April 30th 2012.

Outcome 18
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.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings
This notification had been completed as required on the resignation of the previous person in charge. All required documentation in relation to the new person in charge and deputies was now received by the Authority.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the centres administrator to report on the inspectors findings, which highlighted both good practice and where improvements were needed.

Acknowledgements
The inspector wishes to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Catherine Connolly-Gargan

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

21 May 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report*

Centre:	Maple Court Nursing Home
Centre ID:	0062
Date of inspection:	21 and 22 May 2012
Date of response:	18 June 2012

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

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

Not all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

* 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: A revised statement of purpose now consists of all the matters listed in Schedule 1 of the Health Act 2007.	06 June 2012

Outcome 2: Reviewing and improving the quality and safety of care

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

An established system was not adequately maintained for quality and safety reviews to include for example key findings and action taken to demonstrate systematic continuous quality improvement.

Audit reports were produced however; these had not been made available to residents.

Action required:

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

Action required:

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents

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: As from now, each time an audit is carried out, the action plan and evaluation will be reflected and recorded on a specific sheet (see appendix 2).It will also be reflected in policies and delivery of care. A three monthly report will be maintained on all issues of care and will be available for residents.	30 August 2012

Outcome 3: Complaints procedures

3. The provider is failing to comply with a regulatory requirement in the following respect: The investigation process and timelines required some attention to ensue they were clearly documented in all cases. A documented record was not always maintained detailing whether the complainant was satisfied with the outcome.
Action required: Maintain a documented record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All verbal complaints outcome is now clearly recorded and whether or not the resident was satisfied.	23 May 2012

Outcome 4: Safeguarding and safety

4. The provider is failing to comply with a regulatory requirement in the following respect: The policy referencing management of elder abuse in the centre was not centre specific in all aspects. It did not advise on all aspects of elder abuse management.
Action required: Put in place a policy on and procedures for the prevention, detection and response to abuse.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection

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

Provider's response: The elder abuse officer for the area contact details are now included in the policy.	31/ July 2012

Outcome 5: Health and safety and risk management

5. The provider is failing to comply with a regulatory requirement in the following respect: Fire safety and evacuation training took place on a regular basis; not all staff had an opportunity to participate in a fire drill or received mandatory fire training as evidenced by the training record provided to the inspector. A fire drill was carried out in February 2012 but not documented in the fire register. Only three staff was documented as having completed training in use of 'ski sheets' evacuation equipment. Procedures for documenting routine fire alarm testing, inspection of escape routes and inspection of fire doors were not adequate.
Action required: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.
Action required: Provide suitable training for staff in fire prevention.
Action required: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.
Action required: Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.
Action required: Maintain, in a safe and accessible place, a record of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy defects.

Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Fire training will again be provided on 20 June 2012. All fire alarm tests are now carried out weekly by the maintenance staff. There is now included in the fire plan and list of residents and method of evacuation for each resident, which will be updated every quarter.	01 July 2012

6. The provider is failing to comply with a regulatory requirement in the following respect: The risk management policy required revision to include arrangements to be followed in the event of a resident self-harming. All staff providing direct care to residents had completed received moving and handling training.
Action required: Ensure that the risk management policy covers the precautions in place to control the risk of self-harm.
Action required: Provide training for staff in the moving and handling of residents.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There was a policy available which covers the precautions in place to control the risk of self harm; it is also now included in the risk	25 June 2012

management policy. Training for moving and handling of residents on the 25 June 2012, this is now the third manual handling training day made available for staff in Maple Court for 2012.	

Outcome 6: Medication management

7. The provider is failing to comply with a regulatory requirement in the following respect: The medication policy did not reference recording and storing procedures for non-scheduled medications.
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 Standard 15: Medication Monitoring and Review

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The medications policies have been completely reviewed (see appendix 1) and staff are familiar with the new operational policy on medication management.	01 June 2012

Outcome 7: Health and social care needs

8. The person in charge is failing to comply with a regulatory requirement in the following respect: Although there was a recreational activity available each day, an alternative option was not provided for the less able residents or to facilitate choice. While the care plans were updated on a three monthly basis, it was not clear what parts of the care plan had been evaluated.
Action required: Keep each resident's care plan under formal view as required by the resident's

changing needs or circumstances as and no less frequent than at 3-monthly intervals.
Action required: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There are now currently two choices of activity per day for all residents. The intervention section on the care plans are now clearly numbered and so at 3 monthly intervals, it will be clear what interventions are currently being practiced.	14 June 2012

Outcome 12: Residents' clothing and personal property and possessions

9. The person in charge is failing to comply with a regulatory requirement in the following respect: Did not maintain an up to date record of each resident's personal property that is signed by the resident.
Action required: Maintain an up to date record of each resident's personal property that is signed by the resident.
Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Person in Charge did not realise that a review of residents personal property was required three monthly. The residents property policy will be amended to include the above.	30 August 2012

Outcome 14: Suitable staffing

10. The person in charge is failing to comply with a regulatory requirement in the following respect: Staffing levels required review while recreational activities were taking place to ensure all resident needs were met.
Action required: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.
Reference: Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Caring hours was already increased by 6 hours per day since February 2012 to facilitate assisting Residents with meals and the supervision of the day room. There is now an extra carer on duty till 15:30 hrs to ensure all residents' needs are met.	07 June 2012

Outcome 15: Safe and suitable premises

11. The provider is failing to comply with a regulatory requirement in the following respect: A commode was visibly soiled but left ready for use. Cleaning procedures required improvement for stainless steel units and urinalysis equipment cupboard in the sluice. The area around the tap on the hairdressers' hair-washing sink was severely excoriated, making cleaning impossible. Sheltered seating was not available for residents comfort and safety in the enclosed garden.
Action required: Keep all parts of the designated centre clean and suitably decorated.
Action required: Maintain the equipment for use by residents or people who work at the designated

centre in good working order.
Action required: Provide and maintain external grounds which are suitable for, and safe for use by residents.
Reference: Health Act, 2007 Regulation 19: Premises Standard 24: Physical Environment Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	
The tap on the hairdressers sink has now been repaired.	31 May 2012
The cleaning of stainless steel equipment is now included in the maintenance policy.	31 May 2012
The cleaning of commodes has now changed to "clean as you go"	31 May 2012
The sheltered seating will be available for residents	31 July 2012

Any comments the provider may wish to make:

Provider's response:

Insert text here

Provider's name: Insert text here
Date: DD/MM/YYYY