<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Maryfield Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0359</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Farnablake</td>
</tr>
<tr>
<td></td>
<td>Athenry</td>
</tr>
<tr>
<td></td>
<td>Co. Galway</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091-844833</td>
</tr>
<tr>
<td>Fax number:</td>
<td>091-850571</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Maryfield1@gmail.com">Maryfield1@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☑ Voluntary</td>
</tr>
<tr>
<td>Registered providers:</td>
<td>West of Ireland Alzheimer’s Foundation</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Yvonne Murphy</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13 March 2012</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 09:40 hrs  <strong>Completion:</strong> 17:40 hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Marian Delaney Hynes</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☑ Unannounced</td>
</tr>
<tr>
<td>Purpose of this inspection visit:</td>
<td>☑ Follow-up inspection</td>
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</table>
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 is run by the West of Ireland Alzheimer's Foundation, a voluntary organisation. The centre provides long-term and respite care specifically for people with dementia and Alzheimer's disease. It has places for 22 residents and at the time of inspection there were 22 residents living there. All residents had advanced dementia or Alzheimer’s disease.

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

The centre opened in 2002. The building was purpose-built and used previously as a private nursing home. Bedroom accommodation is provided off one corridor and consists of ten single bedrooms and six twin bedrooms. There are no en suite facilities and there is one bathroom and one shower room available for residents’ use. Four toilets for residents’ use are provided separately to the bedrooms as well as one assisted toilet in each of the two bathrooms and two additional separate assisted toilets.

There is one dining room and one day room for residents. The day room is also used by visitors and for mass, dining, recreational activities and other social events. Seating is provided in the lobby area and is used as communal space. There is no private space available for residents or visitors.

The centre is set in large, well maintained gardens and the building is wheelchair accessible. Adequate parking for staff and visitors is provided to the front of the building.

Location

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

| Date centre was first established: | 2002 |
| Number of residents on the date of inspection: | 22 |
| Number of vacancies on the date of inspection: | 0 |
| Dependency level of current residents | Max | High | Medium | Low |
| Number of residents | 0 | 20 | 2 | 0 |
Management structure

The Provider is West of Ireland Alzheimer’s Foundation and the designated contact person is the Chief Executive Officer, John Grant. There is an Operations Manager, Ray McGrael, who reports to the Provider. He is responsible for human resource (HR) management and provides support to the Person in Charge. The Person in Charge is Yvonne Murphy and she reports to the Provider. The Person in Charge is supported by a team of staff nurses and care assistants who report directly to her. Catering, housekeeping and maintenance staff also report directly to the Person in Charge. An administrator provides support and reports to the Person in Charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>*1</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>**3</td>
</tr>
</tbody>
</table>

* The person in charge was not on duty at the start of the inspection as she was attending a training course but returned to the centre and remained on duty for the duration of the inspection.

** One maintenance person and two student nurses on work placement.
Background

Maryfield Nursing Home was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on 11 August 2009. A follow up inspection was carried out on 4 February 2010.

A third inspection was carried out by the Authority on 1 and 2 February 2011 and was an announced registration inspection. The provider had applied for registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Overall, at the registration inspection while there was evidence of good practice, inspectors had some serious concerns that the provider did not meet the requirements of a number of the Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There were significant deficits in medication management practices and fire safety training which posed a serious risk to residents' safety. There were also deficits in bathroom facilities and infection control practices. At the end of the inspection, the provider was requested to immediately address the issues regarding medication management and fire safety training and to confirm within one week that this had been done. Inspectors subsequently received written confirmation that these particular issues had been attended to within the timeframe specified. Inspectors also identified some improvements required in relation to updating of the emergency plan, statement of purpose, staff files and auditing of accidents and incidents.

A fourth inspection was carried out by the Authority on 18 May 2011 and was unannounced. The inspection focused on the areas where improvements were required in the action plan in the inspection report of 1 and 2 February 2011. Inspectors were not satisfied that the required actions from the registration inspection of 1 and 2 February 2011 had been addressed satisfactorily. There were 23 actions arising from this report some were risk related and inspectors confirmed that while many were partially completed only one had been fully completed.

On the follow up inspection of 18 May 2011, inspectors again had serious concerns regarding medication management and fire safety training. Because of the risks to residents safety they issued an action plan requiring the provider to immediately address these issues. Inspectors subsequently received written confirmation that these particular issues had been attended to.

A meeting took place on 7 July 2011 between the inspectors, the provider and deputy person in charge. The provider stated that he now realised that he had to undertake serious work to ensure the service complied with the requirements of the Regulations. He stated that to this end, he was committed to addressing the issues and had retained the services of external consultants.
An additional follow up inspection took place on 30 August 2011. The inspection focused on the areas where improvements were required as highlighted in the action plan in the inspection report of 18 May 2011. On the day of inspection, inspectors had significant concerns regarding the nursing documentation. Because of the risks to resident safety they issued an action plan requiring the provider to immediately address the issues. The immediate action plan was responded to in a timely and satisfactory manner. The inspectors were satisfied that the issues relating to medication management and fire safety training had been addressed. Other actions were partially addressed and some structural works were in the process of being completed.

A further follow up announced inspection took place on 17 January 2012. The purpose of this announced inspection was to carry out a fit person interview with the new person in charge and to review progress on the actions of the inspection of 30 August 2011. On the day of inspection, inspectors met with and carried out a fit person interview with the recently appointed person in charge. She demonstrated her clinical competence and had the required qualifications and experience. She acknowledged that she was still getting familiar with residents, staff and the documentation/policies in place. The person in charge was positive in her attitude and gave a commitment to complying with the requirements of the Regulations and Standards and hoped that she would inspire change. She told inspectors that she was going to focus on staff training to ensure evidenced-based nursing practices and person centred care was provided. There were eleven actions to be addressed from the previous inspection, four of which were risk related. Inspectors noted that three actions were fully addressed, seven were partially addressed and one was not completed.

All inspection reports can be found at www.hiqa.ie.
Summary of findings from this inspection

This additional inspection report outlines the findings of a follow up unannounced inspection that took place on 13 March 2012. The purpose of this unannounced inspection was to review progress on the actions of the inspection of 17 January 2012.

There were eight actions to be addressed from the previous inspection, two of which were risk related. Inspectors noted that four actions were fully addressed, two risk related actions were partially addressed and one was not completed. The action not yet addressed related to inadequacies in the building. The operations manager discussed the plans in place to address the building issues.

A serious risk issue relating to medication management was noted on this inspection. The person in charge fully acknowledged the seriousness of the matters highlighted and undertook to provide a documented response to the issues by 14 March 2012. A comprehensive written response was subsequently received within the agreed timeframe.

The key measures taken by the provider and person in charge since the previous inspection were as follows:

- comprehensive nursing assessments were up to date
- wound management had improved
- fifteen staff had received training in the use of thickening agents
- twenty five staff had training in managing behaviour that challenged
- speech and language therapy (SALT) assessments had been completed for some residents
- the person in charge had completed training on the national policy on restraint
- the risk register had been updated to include the risks specifically mentioned in the regulations.
- the provision of meaningful activities had greatly improved
- there was now a daily choice of menu
- the presentation of modified consistency diets had improved
- the statement of purpose had been updated
- the post of clinical nurse manager (CNM)/ deputy person in charge had been advertised
- contracts of care were in place for all residents
- a wall mural painting project involving the local secondary school had commenced
- a new reception desk area had been provided at the entrance area.

Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.
Issues covered on inspection

Medication Management

Inspectors had serious concerns regarding unsafe medication management practices including:

- medications not prescribed by the general practitioner (GP) were administered to one resident
- medications were administered to a resident which were not in accordance with the prescription. For example, a resident who was prescribed a medication once daily had on three occasions been administered the medication twice daily
- sedatives prescribed as PRN (as required) were administered routinely to some residents, there were no criteria or reasons identified for the ongoing administration of the medication
- there were a number of medication errors identified on the medication administration sheet. These medication errors were not recorded as incidents or adverse events, the person in charge was unaware that the errors had occurred and therefore was unable to identify the nature of the errors
- medications that had been signed as being administered had been altered. The administration records had been crossed out for the entire week commencing 13 February 2012, it was not clear why this was done and therefore it was unclear if these medications had been administered or not
- medications prescribed for a resident had not been documented as administered on two occasions
- prescribed nutritional supplements were insecurely stored in an open press
- four residents had a diagnosis of epilepsy and anti convulsant therapy was prescribed. There was no prescription to manage complications of epilepsy i.e. status epilepticus.
Actions reviewed on inspection:

1. Action required from previous inspection:

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

   Provide a high standard of evidence-based nursing practice.

   Facilitate each resident’s access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

   Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

   Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

This action was partially addressed.

While inspectors noted that some improvements had been made, further improvements were required. Inspectors reviewed a number of files including the files of residents with wounds, weight loss, swallowing difficulties, specific medical conditions, those presenting challenging behaviour and being restrained.

Comprehensive up-to-date nursing assessments were in place.

A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, manual handling and pain assessments. These assessments were being used to inform and develop the care plans.

Inspectors noted that care plans were in place for all identified issues. Some care plans were detailed, person centred and guided care. Other care plans required improvements as they contained insufficient detail and information to guide staff in the care of the residents such as residents with a specific medical condition and those presenting with challenging behaviour. Inspectors noted that wound care documentation and wound assessment had improved. The wound assessment was being updated at the change of each dressing and progress of the wound could be clearly tracked.

Inspectors reviewed the files of residents with weight loss and swallowing difficulties. An up-to-date nutritional assessment was completed, monthly weights were being recorded and residents had been assessed by the SALT and dietician. Nutritional supplements were prescribed by the GP and were being administered.
Fifteen staff had received training on the use of thickening agents, staff spoken to were knowledgeable and had a heightened awareness regarding the use of thickening agents.

Inspectors noted that residents seated in specialised chairs had appropriate foot rests. Further seating assessments had been carried out by the occupational therapist (OT) and the person in charge told inspectors that a new chair was on order for one resident.

Inspectors noted that the care plans for residents displaying behaviour that challenged still did not provide staff with sufficient detail to guide the delivery of care. Behaviour monitoring charts were not in use to help identify and manage the triggers to behaviour that challenged. Twenty five staff members had attended training on managing behaviour that challenged in February 2012. Staff spoken to told inspectors that they had found the training beneficial and were now using alternative therapies for some residents to calm and diffuse situations. The person in charge told inspectors that updating the care plans to reflect these alternatives was now a priority.

Inspectors looked at the medication prescribing charts. Inspectors noted that while many sedatives were prescribed as PRN many residents were routinely administered these PRN sedatives at night. Throughout the morning, inspectors observed that many residents appeared sleepy. The person in charge told inspectors that she had discussed the need to review the use of sedation with the GP’s but that this review had not yet taken place. She told inspectors that she intended to schedule this review as a priority.

While records relating to the use of restraints were in place practice regarding restraint was not in line with evidenced based practice. The person in charge told inspectors that she was working towards implementing the national policy on the use of restraint. Restraints including bedrails, table tops secured to chairs, lap belts and chemical restraint were still in use. Risk assessments for the use of restraint were contained in each residents file but some were either not completed while others were only partially completed. There was no evidence provided of alternative measures taken or considered. Care plans were in place for the use of restraint which detailed the observation and release times required. The person in charge had attended a training day on the national policy on restraint on 3 March 2012 and she was scheduled to complete the ‘Train the trainer’ course on 15 March 2012. She told inspectors that she planned on training all staff in house following her own training. The person in charge had held an information meeting with relatives in February 2012 to discuss the national policy on restraint and showed a copy of the letter sent to other relatives who were unable to attend. Staff confirmed that an in house discussion on the use of restraint had been facilitated by an external consultancy group during February 2012.

Inspectors noted nursing staff were not using specific times (24 hour clock) in the daily nursing notes contrary to An Bord Altrainais guidelines.

Blood sugar levels were now consistently recorded for diabetic residents.
The inspectors reviewed the register of incidents and accidents and the file of a resident who had recently fallen. A post falls assessment had been completed for this resident following a fall.

2. Action required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

This action was partially addressed.

Inspectors reviewed the updated risk register and policy. The specified risks as outlined in the Regulations such as the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm were now included.

Risks associated with manual handling, use of equipment, slips, trip’s and falls and specific risks for areas such as the kitchen and sluice room were not included. The person in charge showed inspectors the recently developed health and safety checklist which she had designed to assist in identifying all risks throughout the centre. She told inspectors that she had intended completing an audit of risks with the maintenance person the day following the inspection.

3. Action required from previous inspection:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

This action was addressed.

There were many improvements noted to the provision of meaningful activities. During the inspection there were two staff dedicated to the provision of activities. The activities coordinator from the second Western Alzheimer’s centre was also in attendance. She told inspectors that she attended Maryfield one day a week and gave support and guidance on the provision of activities. The daily activities programme was displayed in the day room. Many new activity ideas had been implemented and inspectors noted a variety of activities taking place throughout the day. Some residents were availing of a weekly mini bus trip to local areas of interest. On the day of inspection, a number of residents visited a local religious abbey. One member of staff had attended a Sonas training programme (therapeutic programme specifically for persons with dementia), she told inspectors that residents appeared to enjoy the sessions. Staff showed inspectors the colourful rummage boxes which
they were developing and inspectors observed some residents enjoying the sensory aprons which had been provided. Staff told inspectors that some residents liked to fold clothes and put socks in pairs, inspectors observed this taking place. Other activities noted during the day included arts and crafts and the making of St. Patrick's Day badges. Inspectors noted staff spending one to one time with many residents, chatting, reading and going for walks both inside and outside the building. The PAL assessment had been completed for all residents to ensure meaningful activities were developed to meet the individual needs of residents. An activities folder had been developed for each resident which contained detailed life histories as well as resident's interests/ hobbies and photographs. An individual activity plan and daily participation chart was maintained in each folder.

Suitable space to carry out activities with residents was still an issue as most activities took place in the dayroom which was crowded and noisy at times.

4. **Action required from previous inspection:**

Ensure that the culture, practice and procedures reflect a person-centred approach to care of all residents.

Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtine; is varied and takes account of any special dietary requirements; and is consistent with each resident's individual needs.

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

This action was addressed.

Inspectors did not observe any instance of resident's privacy and dignity being compromised during the inspection.

The inspectors spoke with the catering staff member on duty. She told the inspectors that there was now a choice of menu provided each day. She said that she was planning a monthly menu but this had not yet been documented. She told inspectors that she had introduced new dishes to the menu and that many residents liked them. She explained that when she introduced a new dish she allowed residents to sample them to see if they liked them. She was knowledgeable regarding resident's food likes, dislikes and special dietary requirements. A folder containing each resident's dietary needs was now maintained in the kitchen.

The inspectors observed the dining experience. The menu was displayed in large print on the white board. Inspectors noted that residents were offered a choice of drinks and second helpings were offered to some residents. Residents were seated at rectangular tables seating up to six residents, staff and residents engaged well and chatted over dinner. Staff were observed to sit beside residents who required
assistance while discreetly assisting and reminding others to eat. Inspectors noted that the presentation, colour and texture of modified consistency diets had improved.

Inspectors noted that a new reception desk was provided to the front entrance area. The administrator worked from this area providing additional supervision to the front door entrance area. A project involving the local secondary transition year students had commenced, they visited the centre one day a week which involved painting a wall mural at the reception entrance area.

5. **Action required from previous inspection:**

Provide adequate sitting, recreational and dining space separate to the residents’ private accommodation.

Provide suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents’ own private rooms.

This action was not addressed.

Inspectors met with the operations manager who advised that the original plan to provide a large 10 bed extension to the building would no longer be going ahead as negotiations regarding the acquisition of additional land had broken down. He informed inspectors that they would now be going ahead with a smaller extension in order to meet the Regulations and Standards. He showed inspectors the proposed plans which included office accommodation, visitors’ room, therapy room, wheelchair accessible toilet, three additional residents toilets and staff facilities. He told inspectors that the plans would be submitted to the Authority for approval and that the planned extension was exempt from planning permission. He stated that they intended to go ahead with the project shortly and that material for the project had already been purchased.

6. **Action required from previous inspection:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Keep the statement of purpose under review.

This action was addressed but required further updating.

The statement of purpose had been updated and submitted following the last inspection but the operations manager told inspectors that he wished to make further updates to reflect the provision of the minibus service for residents.
7. **Action required from previous inspection:**

Ensure that an appropriately qualified registered nurse is on duty and in charge of the designated centre at all times, and maintain a record to this effect.

This action was partially addressed.

The operations manager told inspectors that the post of CNM/deputy person in charge had been recently advertised in the local newspapers and that the closing date for applications was the 23 March 2012. He told inspectors that there had been a number of enquires to date and that he was hoping to have a person in the post by June 2012.

On the morning of the inspection the person in charge was not available and one of the nurses on duty had been designated responsibility in her absence.

8. **Action required from previous inspection:**

Agree a contract with each resident within one month of admission to the designated centre.

Ensure each resident’s contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

This action was addressed.

Inspectors reviewed a sample of resident’s files and noted that signed contracts of care were in place. The contracts of care included the details of the services to be provided for that resident and the fees to be charged. The person in charge and administrator confirmed that a contract of care was now in place for all residents.

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**Report compiled by:**

Mary Costelloe

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

14 March 2012
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<th>Date of previous inspection:</th>
<th>Type of inspection:</th>
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<td>11 August 2009</td>
<td></td>
</tr>
<tr>
<td>4 February 2010</td>
<td></td>
</tr>
<tr>
<td>1 and 2 February 2011</td>
<td></td>
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<tr>
<td>18 May 2011</td>
<td></td>
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<tr>
<td>30 August 2011</td>
<td></td>
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<tr>
<td>17 January 2012</td>
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- Registration
- Scheduled
- Follow-up inspection
- Announced
- Unannounced
Provider’s response to inspection report *

<table>
<thead>
<tr>
<th>Centre</th>
<th>Maryfield Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0359</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13 March 2012</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 April 2012</td>
</tr>
</tbody>
</table>

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:

Inspectors had serious concerns regarding unsafe medication management practices as already detailed in the immediate action plan and in the body of this report.

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

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>In response to the feedback received from the Health Information and Quality Authority (the Authority) on 13 March, 2012, the medication management practices were immediately changed. The action plan which was submitted to the Authority on 14 March, 2012 has been completed.</td>
<td>Completed</td>
</tr>
<tr>
<td>All nursing staff have been trained in an Board Altranais online medication management self evaluation.</td>
<td>Completed on 23 March 2012</td>
</tr>
<tr>
<td>Staff are signed up to the HSE-CNME Medication Management training programme. One staff nurse attended on 5 April, 2012. A further five members of staff are attending the HSE Medication Management training in the CNME Galway on the 11 April 2012.</td>
<td>Commenced on 5 April 2012 - 11 April 2012 and ongoing</td>
</tr>
<tr>
<td>The pharmacist delivered training to nursing staff on the following areas;</td>
<td>Completed</td>
</tr>
<tr>
<td>- management of constipation on 3 April 2012</td>
<td></td>
</tr>
<tr>
<td>- antiepileptic medications 27 March 2012</td>
<td></td>
</tr>
<tr>
<td>- psychotropic drugs 20 March 2012</td>
<td></td>
</tr>
<tr>
<td>- pain management 31 March 2012</td>
<td></td>
</tr>
<tr>
<td>- medication management symptoms 31 March 2012</td>
<td></td>
</tr>
<tr>
<td>- medication management systems, crushing and procedures 31 January 2012</td>
<td></td>
</tr>
<tr>
<td>An audit was undertaken by the nursing home pharmacist on the 15th of March, 2012. Identified areas have been addressed by the Director of Nursing and by nursing staff. Staff have been educated in relation to the incidents. The director of nursing is actively checking the Kardexes and Medication administration records. The pharmacist is conducting audits bi-monthly to identify any areas of improvement.</td>
<td>Completed and ongoing</td>
</tr>
<tr>
<td>The pharmacist conducted in addition to the training mentioned above a workshop on psychotropic medications. Using a multidisciplinary approach chemical restraints were reduced for six residents. A copy of this action was sent to the Authority on 30 March 2012. Residents receiving antiseizure medications have been reviewed. All residents with a risk of seizures have been identified. A prevention of seizure care plan, seizure activity log and protocol have been developed for all residents at risk of seizures.</td>
<td>Completed</td>
</tr>
<tr>
<td>The pharmacist and director of nursing are actively reviewing the Kardex and MAR from a risk management prospective to</td>
<td>Completed and weekly review</td>
</tr>
<tr>
<td></td>
<td>31 May 2012 Rrsearch being</td>
</tr>
<tr>
<td>determine if it can be modified to further reduce potential medication errors.</td>
<td>undertaken by pharmacy</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Nutritional supplements have now been locked away. The nurse holds access to the locked cupboard.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

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

Care plans required improvements as they contained insufficient detail and information to guide staff in the care of the residents such as residents with a specific medical condition and those presenting with challenging behaviour.

While some records relating to the use of restraints were in place practice regarding restraint was not in line with the national policy.

Nursing staff were still not using specific times (24 hour clock) when documenting the daily nursing notes contrary to An Bord Altrainais guidelines.

#### Action required:

Set out each resident’s needs in an individual care plan developed and agreed with the resident.

#### Action required:

Provide a high standard of evidence-based nursing practice.

#### Action required:

Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident’s health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

#### Reference:

- Health Act, 2007
- Regulation 8: Assessment and Care Plan
- Regulation 9: Health Care
- Regulation 25: Medical Records
- Standard 10: Assessment
- Standard 11: The Resident’s Care Plan
- Standard 13: Healthcare

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

| Timescale: |  |
Provider’s response:

A workshop has been completed by staff in behaviour that challenges. All staff are continually being updated with this training.

Each resident has a key to me and PAL activities assessment completed. A summary sheet has been created to identify the residents’ likes and preferences for all staff to utilise where appropriate as a distraction technique during episodes of behaviour that challenges.

Where residents are displaying behaviour that challenges, the Cohen Mansfield Assessment tool will be used to identify possible triggers.

Care plans have commenced which identify triggers and guide the staff on therapeutic interventions and de-escalation techniques.

Restraint management:
The director of nursing attended the train the trainer course on minimal use of restraint 15 March 2012.

A residents/representative meeting was held on 22 February 2012 to outline the revised policy on the reduction of restraints in Maryfield.

The action plan for the restraint management commenced on 4 April 2012. Each resident’s relative/representative was consulted by the director of nursing. A Multidisciplinary meeting was held on 5 April 2012 to assess the need for restraint usage.

All equipment has been inspected to ensure that it meets the requirements and measurements of side rails documented. An internal inspection was undertaken on 5 April 2012 using a multidisciplinary approach to assess each resident while in bed. This was to identify individual risks. Actions/risks identified were corrected immediately.

Following the initial review and preliminary assessments, nine residents have been identified for restraint (side rail) reduction. Six low-low beds are in use which has reduced side rail usage. Additional alternatives have been ordered on 6 April 2012 such as crash mats, floor alarms, and v-pillows.

Risk assessments, care plans for restraint management have commenced. The remainder of the risk assessments and care plans will be carried out over the next two weeks to identify the

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<tr>
<td></td>
<td></td>
<td>Commenced use of Cohen Mansfield 5 April 2012</td>
<td>Commenced and ongoing</td>
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individual risks and control measures to be implemented for each resident.

Documentation:
All nursing staff have read the recording *Clinical Practice Guidance to Nurses and Midwives* from An Board Altranais. The director of nursing is conducting spot checks on the residents’ record.

| Completed |

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

All risks throughout the centre had not been identified such as risks associated with manual handling, use of equipment, slips, trip’s and falls and specific risks for areas such as the kitchen and sluice room.

**Action required:**

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**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:**

**Provider’s response:**

A review of the layout, cleaning and storage, and waste management practices arrangements within the sluice room were reviewed by the director of nursing, administration, maintenance and domestic staff for the purpose of risk management. The waste management practices have been revised to incorporate a more resident centred approach to the disposal of resident personal care items.

The practice of disposing of resident incontinence wear within the sluice room has ceased and resident incontinence wear is now double bagged, and disposed of by direct care staff following each resident care duty within the outside waste disposal compound. This has ensured that resident’s personal waste is disposed of correctly and has also assisted Maryfield Nursing Home to ensure that staff are practicing best manual handling

| Completed and ongoing |
practices in relation to the removal of resident personal waste from the home.

A review of the risks within the kitchen and associated with catering equipment shall be undertaken by the director of nursing, administration, maintenance and kitchen staff on 16 April 2012. This review shall also incorporate staff welfare with regards to manual handling practices within the kitchen area.

A review of the risk register shall be completed by the director of nursing to ensure the changes implemented in relation to staff practices manual handling, use of equipment, slips, trips and falls and risks identified within the sluice room and kitchen are reflected within Maryfield Nursing Home and Care Centre.

A three day manual handling course will take place in Maryfield on the 20, 25 and 27 of April and will incorporate both resident and non resident handling.

The equipment facilitator will attend Maryfield in the coming weeks to undertake a comprehensive reassessment of all equipment in use. This will be undertaken in conjunction with staff members.

16 April 2012
17 April 2012
20, 25 and 27 April 2012
27.4.2012

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

No additional communal space had been provided for residents. A space suitable for residents to meet visitors in private had not been provided.

**Action required:**

Provide adequate sitting, recreational and dining space separate to the residents’ private accommodation.

**Action required:**

Provide suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

**Action required:**

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

**Reference:**

Health Act, 2007
Regulation 19: Premises
Please state the actions you have taken or are planning to take with timescales:  

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
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<tr>
<td>A directors meeting was held on Monday 2 April, 2012 to address the proposed plans for the extension of resident communal areas for Maryfield Nursing Home. Plans for same have been submitted the Chief Inspector. The initial plans have been amended following feedback from the Authority and resubmitted on 10 April 2012. Minutes of this meeting are available upon request. The new extension will include an office for the director of nursing, therapy/treatment room, visitors’ room, visitors/wheelchair accessible toilet, changing facilities for catering staff, extra male/female toilets, Staff canteen, storage space, new staff entrance and communal space. The next directors’ meeting is scheduled for the 30 April 2012.</td>
<td>30 April 2012</td>
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</table>

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

The statement of purpose had been updated and submitted following the last inspection but further updates were required to reflect the provision of the minibus service for residents.

Action required:

Update the statement of purpose to describe the facilities and services which are provided for residents.

Reference:

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

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

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<th>Provider’s response:</th>
<th>Timescale:</th>
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<tr>
<td>The Statement of Purpose and Function has been updated to include the provision the minibus service for residents to include the facility of the service each Tuesday and forwarded to the Authority.</td>
<td>Completed</td>
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</table>
These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
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<tbody>
<tr>
<td>Standard 25: Physical Environment</td>
<td>As noted at the registration inspection there was no separate treatment room with facilities for clinical examinations and therapy.</td>
</tr>
<tr>
<td>Standard 25: Physical Environment</td>
<td>As noted at the registration inspection there was no wheelchair accessible toilet facilities for use by visitors.</td>
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</table>

**Any comments the provider may wish to make:**

**Provider’s response:**

The management of Maryfield Nursing Home are fully committed to the ongoing development within our home to meet the standards required by the Authority. We are continually striving to establish the highest standards of person centred care to ensure our residents health and happiness.

**Provider’s name:** John Grant  
**Date:** 11 April 2012