

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Maple Court Nursing Home
Centre ID:	0062
Centre address:	Devlin Road Castlepollard, Mullingar, Co. Westmeath
Telephone number:	044 966 2919
Email address:	caroday@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Maple Court Nursing Home Ltd
Person authorised to act on behalf of the provider:	Thomas Ryan
Person in charge:	Caroline Day
Date of inspection:	26 March 2013
Time inspection took place:	Start: 09:15 hrs Completion: 17:45 hrs
Lead inspector:	Sonia McCague
Support inspector(s):	Damien Woods
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	18 + 2 in hospital
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring 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.

Overall, inspectors had concerns that the management, governance, medical provision and staffing arrangements found on this inspection did not promote the wellbeing of residents or deliver safe and appropriate care to dependent persons.

Significant improvements were required in the following outcomes:

- Outcome 1: Statement of Purpose
- Outcome 3: Suitable Person in Charge
- Outcome 7: Health and Safety and Risk Management
- Outcome 8: Medication Management
- Outcome 9: Notification of Incidents
- Outcome 11: Health and Social Care Needs
- Outcome 12: Safe and Suitable Premises
- Outcome 18: Suitable staffing

The findings from this inspection are reported below and outlined in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007

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*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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

Action(s) required from previous inspection:

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

Inspection findings

The action required from the previous inspection was implemented. However, the statement of purpose did not include Maple Court Nursing Home Ltd as the registered provider and had not been kept under review or updated to reflect changes in management, the organisational structure and whole time equivalent staffing levels.

Outcome 3

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge at the time of granting registration of this designated centre on 14 June 2011 has since left this post and Caroline Day, the operational manager was appointed as the person in charge from 27 January 2012. Further changes within the management included the retirement of a senior clinical nurse and changes within the organisational structure. Management changes will be considered by the Chief Inspector on receipt of a completed notification, an updated statement of purpose and response to the action plan following this inspection.

The person in charge is a registered general nurse with the required experience in the area of nursing older people. Caroline Day is also the nominated person in charge for another designated centre, St Colmcilles Nursing Home, located in Kells, Co. Meath. She was rostered to attend both centres for a period each day (Monday to Friday) and arrived to Maple Court Nursing Home in the afternoon as rostered.

Inspectors were not satisfied that the person in charge was sufficiently engaged in the governance, operational management and administration of this designated centre on a regular and consistent basis as the overall findings on inspection did not demonstrate good management and governance arrangements to meet the care and welfare of residents.

This was relayed to the person in charge at the feedback meeting who demonstrated a willingness and commitment to meeting the regulatory requirements in line with the Regulations and the Authority's Standards. A fit person interview is to be completed with the nominated person in charge.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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

Action(s) required from previous inspection:

Put in place a policy on and procedures for the prevention, detection and response to abuse.

Inspection findings

The action required from the previous inspection was implemented. However, measures to protect residents from being harmed required improvements and are reported in Outcomes 7, 11 and 18.

A policy on and procedures for the prevention, detection and response to abuse was in place supported by a staff training programme in Elder Abuse aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Staff who spoke with inspectors were aware of types and signs of abuse and who to report an allegation suspected or confirmed abuse to. The Authority was informed prior to the inspection of an allegation of psychological abuse. On inspection inspectors reviewed associated records maintained, that included the investigation, discussions and action taken by the person in charge and parties involved. Inspectors were satisfied that appropriate action was taken and recommendations to be implemented.

A copy detailing current insurance cover for 21 residents was available in the centre.

An action for this outcome is not included in the action plan as the requirement of suitable and sufficient care to maintain residents' welfare and wellbeing having regard to the nature and extent of residents' dependency and needs including a high standard of

evidence-based nursing practice and appropriate medical care of residents' choice or acceptable to the person is reported throughout the report and in other outcomes.

Risk assessments that had not been completed to determine and provide the most appropriate solution to prevent falls is referenced in Outcome 7, 11 and staff who had had not received training in Elder Abuse in accordance with the centres policy is included in the action plan for Outcome 18.

Outcome 7

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

Action(s) required from previous inspection:

Ensure that the risk management policy covers the precautions in place to control the risk of self-harm.

Provide training for staff in the moving and handling of residents.

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Provide suitable training for staff in fire prevention.

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.

Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

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.

Inspection findings

The actions within the provider's response from the previous inspection were partly implemented. However, further improvements were required.

Procedures were in place regarding health and safety. However, some improvements were required to ensure that the centres risk management policies were fully implemented and all areas of risk including clinical and operational risks were identified and controlled.

Improvements were also required in the management of risk associated with incidents and accidents and fall prevention, and to ensure that all staff received mandatory and relevant training.

The centre had a health and safety statement on display in the centre. Records reviewed included a health and safety review undertaken by the person in charge on 15 February 2013 which identified the following needs:

- to identify a Health and Safety Representative for Maple Court
- clarify roles and responsibilities of Safety Representatives more in the safety statement
- to increase/improve the frequency of health and safety meetings
- reschedule training due as previously scheduled training was cancelled due to unforeseen circumstances.

These matters remained outstanding at the time of this inspection.

Training records provided and reviewed by inspectors showed the following:

- not all rostered staff were included in the training records
- four of the 33 rostered staff (one care attendant, one administrative staff and two house hold members) had received training in health and safety in May 2011
- some rostered staff did not have a record for manual handling training.

Policies and procedures were available on operational and clinical risk management that included procedures to follow for identified risks including clinical risks resulting in harm to any persons. However, inspectors found little evidence that the risk management policies and procedures were implemented in practice having reviewed records of recurrent incidents that resulted in harm and injury to residents including recurrent transfers of residents to hospital.

Some staff demonstrated an awareness and understanding of the procedure to follow in the event of the fire alarm event and were able to describe equipment available for use in an emergency. However, not all staff could explain what to do in the event of an emergency and training records reviewed showed that not all staff had received fire safety training and training in fire evacuation drills. Records indicated that some staff had not received fire safety/fire evacuation drill training since 2011. Since this inspection the Person in Charge has informed the Authority that Fire safety training was to be provided week beginning 8 April 2013.

The cleaners' trolley stocked with detergents was seen in the corridor unattended on a number of occasions during the inspection, posing a risk to residents and obstructing the means of access.

The provider and person in charge had put in place adequate controls to monitor all visitors entering the building. A visitors' book was maintained and completed daily and access and egress from the centre was controlled.

Outcome 8

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

References:

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

Action(s) required from previous inspection:

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.

Inspection findings

The action required from the previous inspection was implemented. However, further improvements were required in relation to the overall management of medication. Medication management practices found were not in accordance with professional guidelines and policy documents as follows:

- Prescriptive medication was unsigned by the prescriber in medication kardex and recorded as administered to residents by staff nurses for up to three weeks.
- Medication records showed that staff nurses administered an antibiotic four times daily to one resident for over 12 days, 15 March 2013 to 26 March 2013, using a faxed prescription. This fax order was transcribed into the medication prescription kardex/sheet by an unidentified author and did not include a discontinuation date or GP signature.
- Administration records were incomplete and did not indicate or include comments as to why prescribed medications were not administered to residents as prescribed.
- Comments and rationale in medication administration records referencing "r" refusal to have prescribed medication was not recorded.
- Medications were not administered as prescribed. In the sample reviewed, one resident's medication administration records showed that double the prescribed dose of night sedation was administered on occasion. This was also confirmed in the controlled medications register.
- Maximum dose over a 24 hour period was not documented in all cases where medications were prescribed regularly in addition to PRN (as required).
- Hand-written entries to hold prescribed medication was not dated or signed by the GP or person giving/prescribing the directive.

- Changes of medication doses and frequency including the stop and discontinued date or date of recommencement were not recorded as required to include the date, signature of the person altering the prescription and reason for same.
- Discrepancies in records within the controlled medications records were found and highlighted to the person in charge on inspection.
- Medications were not stored securely during the morning administration round as the medication trolley was found unattended and unlocked on corridors with residents blister packs containing tablets and the nurse in charges keys on top of the trolley while the nurse was within rooms with residents.

These practices do not meet professional guidelines in medication management and increase the risk of compromising resident safety. The medication management policies, procedures and practices require significant improvement. Training records provided indicate the most recent medication management training was provided in June 2009 and attended by two nurses.

Outcome 9

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Records available of incidents and accidents occurring within the centre were reviewed by inspectors. Inspectors found that all notifiable incidents (serious injuries) occurring in the designated centre had not been submitted to the Chief Inspector as required.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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

Action(s) required from previous inspection:

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 three-monthly intervals.

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

Inspection findings

The actions required from the previous inspection were incomplete and improvements required are restated and included in the action plan at the end of this report.

Inspectors found that timely access to medical services was not provided, medical records were incomplete and evidence of medical reviews as required was not evident for all residents following identified changes in condition and accidents/incidents to ensure appropriate health care and support to achieve and enjoy the best possible health. In the resident records reviewed, inspectors found little evidence that the resident's right to refuse treatment was appropriately considered, managed and documented and/or that these matters were brought to the attention of the resident's medical practitioner. Medical records were illegible in parts or incomplete following

reviews referred to in the nursing records. Nursing entries and recorded interpretation of medical views conflicted when implied treatment/management for one resident following a facial injury and bruising was followed up by the Person in charge. Inspectors requested that this matter be addressed immediately.

Inspectors reviewed accident and incidents records, nursing and medical notes following events involving residents. It was not evident from the recordings and reports that appropriate measures were taken to inform relevant parties or monitoring put in place to protect residents from being harmed as a number of recurrent accidents had occurred, and appropriate action and review of resident following falls was not taken or recorded to mitigate the risk of reoccurrence, despite being highlighted and recorded by night staff. Accident records showed that the GP was not always notified of recurrent falls/accidents. On the day of the inspection inspectors noted that three of the 18 residents in the centre sustained injuries following recent falls.

Assessments were incomplete and not maintained appropriately. For example, one resident identified at 8.10am on 22 March 2013 to have a significantly high pain score (7 out of 10) had no further recorded evidence of assessment, evaluation or review and the medication administration record showed analgesia had not been administered as prescribed and not reviewed accordingly. During the course of the inspection this resident was calling out much of the day and on examination of the medication records inspectors found that prescribed pain relieving medication had not been administered as prescribed, the call bell was not positioned beside/near the resident in bed to support and facilitate summoning staff assistance.

Care plans reviewed were not person-centred or specific to the individual's current needs and there was no evidence in some that reviews were undertaken to include the resident or their relatives. Identified needs of residents were not specified or captured in residents care plans to inform interventions and aid evaluation of care and services provided. Inspectors reviewed a sample of residents' care plans and noted that clinical and risk assessments were not carried out as required for residents who had recurrent incidents of behaviour that challenged staff and impacted on other resident such as shouting throughout the night and accidents of recurrent falls. Inspectors also noted that clinical assessments were not reviewed following changing needs of residents and recorded recommendations by the nursing team. Care plans were not updated to reflect changing circumstances or needs which did not enable appropriate evaluation to promote positive outcomes. Appropriate arrangements were not in place to ensure protective measures were made available and put in place, or to demonstrate that adequate precautions/measures were taken to minimise or prevent reoccurrence. There was insufficient recorded evidence of any investigation or learning from serious and recurring incidents. All incidents whereby residents sustained serious injuries were not notified to the Chief Inspector as required.

Adequate supervision of staff with responsibility for the delivery and maintenance of care practices to residents was not in place. Suitable and safe arrangements or means of communication were not in place to ensure all staff were updated and informed of

the changing and current needs of residents. Some staff were not familiar with residents changing circumstances or needs and were unsure of the total number of residents in the centre. One nurse was on duty from 8am as rostered. It was apparent to inspectors that the nurse was busy administering medication up to 11am and unable to interact with inspectors or supervise practices carried out by care attendant and support staff to ensure appropriate care and practices were delivered as required. The nurse confirmed to inspectors that she had not had a break all morning which was highlighted to the person in charge in the afternoon and when another nurse had come on duty.

Inspectors noted that staff reported to the nurse on duty when going on break. However, they also noted that staff had no means of communication between each other during the course of the day and were heard calling out staff names along corridors as unsure of staff members whereabouts.

Since the inspection the person in charge informed the Authority that an additional nurse has been put in place five days each week. The provision of medical services and governance arrangements require significant improvement to ensure safe and sufficient systems and practices are put in place to provide safe, timely and appropriate health care to dependent residents within this centre.

Access to physiotherapy, chiropody, occupational therapy was reported as available. However, access to a Tissue Viability Nurse/Specialist for residents in the centre was limited which impacted on positive outcomes for residents.

Outcome 12

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

Action(s) required from previous inspection:

Keep all parts of the designated centre clean and suitably decorated.

Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Provide and maintain external grounds which are suitable for, and safe for use by residents.

Inspection findings

A detailed inspection of the premises was not included on this visit. However, the actions required from the previous inspection were followed up.

Actions required from the previous inspection were partly addressed. Inspectors found the centre to be clean and suitably decorated. However, a sheltered area in the enclosed courtyard was not in place as indicated in the provider's response to the previous inspection.

Inspectors also noted that the windowpane in the fire exit door near room six was cracked, floor covering on the corridor to the left of the nurses' station was worn in parts and the door bell was not releasing causing a constant ring until attended by a staff member.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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

Action(s) required from previous inspection:

Maintain a documented record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Inspection findings

The action required from the previous inspection was implemented. A documented record of complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied was maintained. One recent complaint was being dealt in with by the person in charge and yet to be completed.

Recommendation were also made regarding two recording practices were made by inspectors and to be considered by the person in charge.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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

Action(s) required from previous inspection:

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.

Inspection findings

The action taken in the provider's response to the previous inspection finding was implemented. However, inspectors were not satisfied with the staffing skill mix and lack of supervision of staff delivering direct/personal care to dependent residents.

While a sample of staff files was found to be satisfactory, not all staff files were inspected and training records provided did not include all rostered staff.

Inspectors reviewed the roster which reflected the staff on duty. On arrival to the centre at 9.35am, the nurse was busy and engaged in medication administration up to 11am. Care staff were assisting residents with personal and direct care needs. The nurse was unable to adequately supervise or confirm the delivery of direct care being undertaken by care staff.

Overall, inspectors formed the view that the management, governance and staffing arrangements were inadequate to promote and deliver safe and appropriate care to dependent residents. Inspectors had concerns that the number and skill mix of staff on duty and available to residents was not sufficient to resident numbers and dependency levels/needs. Resident Staff skill mix was not in accordance with best practice guidelines to meet residents' individual and collective needs, dependency levels and size and layout of the designated centre. Since this inspection the person in charge confirmed that action to address this matter was taken and that an additional nurse and administrative staff member has been put in place. The person in charge also confirmed that all staff have been informed and a memo has been displayed outlining that additional staff can be provided when this need is identified by staff and requested.

Inspectors were not satisfied that all staff were appropriately supervised and competent to provide care in accordance with contemporary evidence based nursing as previously reported in Outcome 11. Staff were unsure about how to respond to queries and emergency events, and not up to date with all residents needs.

Staff shifts commenced at various times of the day and handover communications were not provided on arrival for duty. For example, care staff delivering care to residents at 8am did not receive a report/handover until 9.10am and another care staff member who started at 10am had not received handover at the commencement of the shift and on return from annual leave. Some staff on duty attributed handover arrangements to their inability to confirm resident numbers and describe residents' current status. Delayed handover and reporting arrangements may compromise dependent residents with changing needs. For example, not all staff were aware that one resident who previously had ability to stand and weight bear with assistance of a sit to stand hoist now required a full body hoist for transfers.

In the sample of resident records reviewed, inspector noted that medical/nursing records were not maintained in accordance with professional guidelines and requirements.

Evidence of professional registration for two rostered nurses was not available. Nurses had not maintained medication and clinical records in accordance with professional standards and national guidelines. Staff and training records confirmed that the person in charge delivered a lot of the training. Inspectors did not review the content of training listed as carried out.

Training tailored to meet professional guidelines and residents' needs was not evident in resident records or in some practices observed by inspectors. Some care practices and resident records did not demonstrate that staff had sufficient education and training to enable them to provide care in accordance with contemporary evidence based practice. Areas that required improvement included falls prevention, evaluation and management, assessments and evaluation of decisions regarding pain management, restraint and provision of equipment/enablers, infection control and continence/catheter care and management of continence aids/products. Examples of deficiencies in these areas

including the inappropriate item used to support one resident's urine drainage bag to the frame at the side of the bed were provided to the person in charge during feedback.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

17 April 2013

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report *

Centre Name:	Maple Court Nursing Home
Centre ID:	0062
Date of inspection:	26 March 2013
Date of response:	5 June 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not include Maple Court Nursing Home Ltd as the registered provider and had not been kept under review or updated to reflect changes in management, the organisational structure and whole time equivalent staffing levels.

Action required:

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

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

Action required:	
Make a copy of the statement of purpose available on request to residents.	
Action required:	
Keep the statement of purpose under review.	
Action required:	
Make a copy of the statement of purpose available to the Chief Inspector.	
Action required:	
Notify the Chief Inspector in writing before changes are made to the statement of purpose which affect the purpose and function of the centre.	
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:	Timescale:
<p>Provider's response:</p> <p>The Statement of Purpose now includes Maple Court Nursing Home Ltd as the registered provider. A statement of Purpose will be forwarded on to the Chief Inspector. Notification was sent to the Chief Inspector about the resignation of the Deputy PIC on the 27th December 2013 via email (Appendix 1). In future, as part of the Quality management plan; the Statement of Purpose will be reviewed every 3 months or sooner if a change occurs to the purpose and function of the centre. Copies of the Statement of Purpose remains available to all our Residents and are also available in the reception area of the centre. The Chief Inspector will be notified in writing before any changes are made to the Statement of Purpose which will affect the purpose and function of the centre.</p>	10 May 2013

Outcome 3: Suitable person in charge

The provider is failing to comply with a regulatory requirement in the following respect:	
<p>The overall findings on inspection did not demonstrate good management and governance arrangements to meet the care and welfare of residents.</p> <p>Inspectors were not satisfied that the Person in charge was sufficiently engaged in the governance, operational management and administration of the designated centres on a regular and consistent basis.</p>	
Action required:	
<p>Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.</p>	
Action required:	
<p>The provider shall ensure that the person in charge is engaged in the governance, operational management and administration of the designated centres on a regular and consistent basis.</p>	
Reference:	
<p>Health Act, 2007 Regulation 15: Person in Charge Standard 27: Operational Management</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Please clarify page 4 paragraph 1 under Inspection findings, as to what changes within the organisation structure have occurred apart from the resignation of the Deputy PIC, which the Authority were informed about. The person in charge has been currently PIC in Maple Court and St. Colmcilles Nursing Homes since January 2012. In June 2012 there was an inspection over 2 days, there were no action required following that inspection. Since the inspection on March 26th 2013, there is an additional 40 hours of staff nursing hours to the centre, which allows for the increased supervision of the delivery of care to the Resident. The PIC has also devised a Quality and Safety Risk management committee (Please see Appendix 2). Please see enclosed Quality & Safety Management Plan and risk assessments regarding</p>	<p>30th June 2013</p>

governance, Operational management and administration. Following on from the meeting held on the 13th May, a plan will be provided to the Chief Inspector within the next month regarding the Management and Governance arrangements.	30th June 2013
The PIC on the next roster will work 2 full days in Maple Court Home and 2 full days in St. Colmcilles Nursing Home and 1 day between the 2 designated centres, a roster will be forwarded to you upon completion.	1st July 2013

Theme: Safe care and support

Outcome 7: Health and safety and risk management

<p>The provider and person in charge are failing to comply with a regulatory requirement in the following respect:</p> <p>Health and Safety recommendations identified following a review undertaken by the person in charge 15 February 2013 were outstanding.</p> <p>The centres risk management policies were not fully implemented and all areas of risk including clinical and operational risks were not identified and controlled.</p> <p>The management of risk associated with incidents and accidents and fall prevention were not adequate.</p> <p>All staff had not received mandatory and relevant training.</p> <p>Inspectors found little evidence of risk management policies and procedures implemented in practice having reviewed records of recurrent incidents that resulted in harm and injury to residents including recurrent transfers of residents to hospital.</p> <p>Not all staff could explain what to do in the event of an emergency and training records reviewed showed that not all staff had received fire safety training and training in fire evacuation drills. Records indicated that some staff had not received fire safety/fire evacuation drill training since 2011.</p> <p>The cleaners' trolley stocked with detergents was seen in the corridor unattended on a number of occasions during the inspection, posing a risk to residents and obstructing the means of access.</p>
<p>Action required:</p> <p>Implement operational policies and procedures relating to the health and safety.</p>

<p>Action required:</p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p>
<p>Action required:</p> <p>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.</p>
<p>Action required:</p> <p>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.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>
<p>Action required:</p> <p>Put in place an emergency plan for responding to emergencies.</p>
<p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</p>
<p>Action required:</p> <p>Provide safe floor covering.</p>
<p>Action required:</p> <p>Provide training for staff in the moving and handling of residents.</p>
<p>Action required:</p> <p>Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.</p>

Action required:	
Provide adequate means of escape in the event of fire.	
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:	
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.	
Reference:	
Health Act, 2007 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	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The recommendations following H & S review has now been completed. The H & S representative is appointed and training is scheduled for 20th June, the H & S Rep will organise a fortnightly meeting with the rest of the H& S committee, the Roles and responsibilities have been completed, and this will be reflected in the H& S Statement. Health & Safety Training is scheduled for 20th & 27th June 2013. Handover time for the Carers now commences at 0800 each morning and at 14.30 at the commencement of the Carers late shift, the carer commencing duty at 10.00 receives handover with the 10.00 am Nurse. Falls Risk management is now included in the Quality & Safety programme with the controlled measures attached. The risk management policy now includes a root cause analysis procedure and the clinical risk policy has also been revised.	completed 29/04/13 June 27th 2013 completed 29th March 2013 completed January 2012

There is an emergency plan in place for responding to emergencies (Please see Appendix 3).	on going 24/06/13
The floor that was cracked at the Nurses station is now repaired.	completed 15th May 2013
Moving & Handling Training: was provided for in January 2013 Please see attached list of staff who attended, there is also further training scheduled for June 24th 2013 as per training plan Appendix 4.	completed 11/04/13
Fire Training was held on the 11th April 2013 which included the arrangement for evacuation and the use of fire evacuation sheets, also as part of the quality assurance programme it will include monthly fire drills. All Residents who require evacuation sheets are in place currently, the record of Residents who require evacuation sheets is audited every 3/12 and is located on the H & S notice board at the nurses' station (appendix 5)	completed 11th April 2013
There are arrangements in place for the evacuation of Residents in the case of fire (Please see Appendix 3).	completed

Outcome 8: Medication management

The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

Medication management practices found were not in accordance with professional guidelines and policy documents as follows:

- Prescriptive medication was unsigned by the GP in medication kardex and recorded as administered to residents by staff nurses for up to three weeks.
- Medication records showed that staff nurses administered an antibiotic four times daily to one resident for over 12 days (15 March 2013 to 26 March 2013) using a fax prescription from the GP. This fax order was transcribed into the medication prescription kardex/sheet by an unidentified author and did not include a discontinuation date or GP signature.
- Administration records were incomplete and did not indicate or include comments as to why prescribed medications were not administered to residents as prescribed.
- Comments and rationale in medication administration records referencing "r" refusal to have prescribed medication was not recorded.
- Medications were not administered as prescribed. In the sample reviewed, one resident's medication administration records showed that double the prescribed dose of night sedation was administered on occasion. This was also confirmed in the controlled medications register.
- Maximum dose over a 24 hour period was not documented in all cases where

<p>medications were prescribed regularly in addition to PRN (as required).</p> <ul style="list-style-type: none"> ▪ Handwritten entries to hold prescribed medication was not dated or signed by the GP or person giving/prescribing the directive. ▪ Changes of medication doses and frequency including the stop and discontinued date or date of recommencement were not recorded as required to include the date, signature of the person altering the prescription and reason for same. ▪ Discrepancies in records within the controlled medications records were found and highlighted to the person in charge on inspection. ▪ Medications were not stored securely during the morning administration round as the medication trolley was found unattended and unlocked on corridors with residents blister packs containing tablets and the nurse in charges keys on top of the trolley while the nurse was within rooms with residents. <p>These practices do not meet professional guidelines in medication management and increase the risk of compromising resident safety. The medication management policies, procedures and practices require significant improvement. Training records provided indicate the most recent medication management training was provided in June 2009 and attended by two nurses.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Action required:</p> <p>Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling of medicines and ensure staff are familiar with such procedures and policies.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The PIC since the inspection had a discussion with all the staff nurses of Maple Court Nursing Home, where each Staff Nurse was counselled and reminded of each of the policies that are</p>	<p>on going 25/04/13</p>

<p>included in the medication management plan . The purpose of the counselling was to underpin the importance of adhering to An Bord Altranais guidelines. The PIC will have completed competency medication assessments with each staff nurse, completion date May 31st 2013. The policy now reflects the time of checking of DDA drugs see (Appendix 6).</p>	<p>May 31st 2013</p>
<p>As part of the ongoing Quality & Safety Management plan, the PIC will continue to assess the competency of each nurse regarding medication management, please see medication procedures and policies that are already in place, which were updated in April 2012 as forwarded on as part of previous inspection and updated in April 2013.</p>	<p>completed</p>
<p>Medication Management training for Nurses is occurring in Tullamore Regional Hospital.</p>	<p>14th June 2013</p>
<p>As part of ongoing quality & Safety management plan, the PIC will provide a roll out of all policies and procedures in Maple Court Nursing Home. Also in future training by internal or external trainers will include the relevant policy and procedures as part of the training session, so that the training provided is also centre specific.</p>	<p>December 2013</p>

Outcome 9: Notification of incidents

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>All notifiable incidents (serious injuries) occurring in the designated centre had not been submitted to the Chief Inspector as required.</p>	
<p>Action required:</p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>As the definition of "Serious Injury" has now been clarified to the PIC from an Inspector, if and when any future "serious injury" occurs to a Resident, the Chief Inspector will be notified without delay.</p>	<p>on going</p>
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Theme: Effective care and support

Outcome 11: Health and social care needs

The provider and person in charge is failing to comply with a regulatory requirement in the following respect:

Suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs was not provided.

A high standard of evidence-based nursing practice was not found.

Appropriate medical care by a medical practitioner of the residents' choice was not available.

Timely access to medical services was not provided, medical records were incomplete and evidence of medical reviews as required was not evident for all residents following identified changes in condition and accidents/incidents to ensure appropriate health care and support to achieve and enjoy the best possible health.

Resident records reviewed by inspectors showed little evidence that the resident's right to refuse treatment was appropriately considered, managed and documented and the matter brought to the attention of the resident's medical practitioner.

Medical records were illegible in parts or incomplete following reviews referred to in the nursing records.

Nursing entries recorded of interpretation of the GP's views conflicted when implied treatment/management when followed up by the Person in charge during inspection.

Assessments were incomplete and not maintained appropriately.

It was not evident from the recordings and reports in accident/incident reports that appropriate existing measures were reviewed, sufficient monitoring was put in place to protect residents from being harmed as a number of recurrent accidents occurred, and appropriate action and review of resident following falls was not evident to mitigate the risk of reoccurrence, despite being highlighted, requested and recorded by staff.

There was insufficient recorded evidence of any investigation or learning from serious and recurring incidents.

Resident's needs were not set out in an individual care plan developed and agreed with the resident.

Care plans were not person-centred or specific to the individual's current needs and there was no evidence in some that reviews were undertaken as changes occurred

Adequate supervision of staff with responsibility for the direct delivery and maintenance of care to residents was not in place.

Suitable and safe arrangements or means of communication between staff and at commencement of shifts was not in place.

Some staff were not familiar with residents changing circumstances or needs and were unsure of the total number of residents in the centre.

Access to a Tissue Viability Nurse/Specialist for residents in the centre was limited.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Provide a high standard of evidence based nursing practice.

Provide appropriate medical care by a medical practitioner of the residents' choice or acceptable to the residents.

Action required:

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

Make each resident's care plan available to each resident.

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

Revise each resident's care plan, after consultation with him/her.

Notify each resident of any review of his/her care plan.

<p>Action required:</p> <p>Facilitate all appropriate healthcare and support each resident on an individual basis to achieve and enjoy the best possible health.</p> <p>Facilitate the medical treatment that is recommended for each resident and agreed by him/her.</p> <p>Facilitate each resident's access to specialist services as required by each resident.</p> <p>Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.</p> <p>Maintain records of all health care referrals and follow-up appointments.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Regulation 9: Health Care Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare Standard 15: Medication Monitoring and Review Standard 17: Autonomy and Independence Standard 18: Routines and Expectations 	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>As of March 27th 2013, there is an extra 40 hours rostered for staff nurses to ensure adequate supervision of the delivery of care to all Residents in Maple Court Nursing Home.</p> <p>Each day the dependency of the Residents is completed by the PIC or her deputy to ascertain if there is a change in the dependency level using the modified barthel assessment, this tool also provides a guide to the hours required to caring for the Residents see (Appendix 7). On the day of the Inspection, Tuesday 26th March 2013, there were 2 Residents in hospital plus 1 empty bed; there were 18 Residents in Maple Court Nursing Home until 14.30. All staff have been informed via meetings, see attached policy that if and when workload</p>	<p>March 27th 2013 on going</p> <p>on going</p>

<p>increases or there is a change in dependency level, then extra staff can be called in.</p>	
<p>Hand-over now commences at 0800. Staff Nurse on duty will provide handover to staff arriving for duty after 0800.</p>	<p>completed 28th match</p>
<p>If a Resident refuses treatment a document has been devised to record same and a policy regarding same</p>	<p>on going</p>
<p>The Deputy PIC had attended a study day on 28th May re: documentation & care planning in Tullamore. More Staff Nurses are to attend to training re: Documentation & Care planning</p>	<p>15th April 2013</p>
<p>If a Residents dependency or needs changes, extra staff are called in (Appendix 8), one example a Resident was restless and needed closer supervision, so a carer was called in to supervise the Resident on March 20th.</p>	<p>28th May 2013</p>
<p>As discussed on the day of inspection, the Registered Provider has met with the GP prior to the inspection, the Registered Provider met with the GP again on the 3rd of April and a further meeting is scheduled for week commencing 7th May 2013, if there is no successful resolution achieved, medical care for the Residents of Maple Court by a medical practioner will be sought.</p>	<p>December 2013</p>
<p>Each Resident in Maple Court Nursing Home has in place an individual care plan in accordance with their needs. In future all reviews of care plans and the Residents needs will be discussed with the Resident or the appropriate person. Training on care-planning and documentation is scheduled for 24th May 2013, however some of the Residents careplans were discussed with Residents or family and signed by the Resident or appropriate person. It has been reiterated to all Staff Nurses to ensure that all care plans developed and agreed with the Resident and or appropriate other person, the Documentation Policy has also been reflected.</p>	<p>22nd May 2013</p>
<p>The PIC currently completes 3 monthly audits of care plans and as part of Quality & Safety programme, to ensure the Resident or the appropriate person is included in the review; the audit will now include the auditing that the Resident or the appropriate person were included in the review.</p>	<p>on going 24th May 2013</p>
	<p>on going</p>
	<p>July 2013</p>

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A sheltered area in the enclosed courtyard was not in place as indicated in the provider's response to the previous inspection report.</p> <p>The windowpane in the fire exit door near room six was cracked.</p> <p>Floor covering on the corridor to the left of the nurses' station was worn in parts.</p> <p>The front door bell was not releasing causing a constant ring until attended by a staff member.</p>	
<p>Action required:</p> <p>Ensure the premises are kept in a good state of repair externally and internally.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A sheltered area was provided, but the inspectors did not ask about this on the day. It was removed during the winter as a safety precaution, please see enclosed invoice which illustrates it was obtained as indicated in a previous inspection report. (appendix 9)</p> <p>The front door bell was renewed the day after the inspection, this occurred on the day of inspection.</p> <p>The window pane in the fire exit door will be replaced.</p> <p>Suitable floor covering for the crack on the expansion joint has been secured.</p>	<p>completed</p> <p>completed 27/03/13</p> <p>31/05/13</p> <p>15/05/13</p>

Theme: Workforce

Outcome 18: Suitable staffing

The provider and person in charge is failing to comply with a regulatory requirement in the following respect:

The management, governance and staffing arrangements were inadequate to promote and deliver safe and appropriate care to dependent residents.

The nurse on duty was unable to adequately supervise or confirm the delivery of direct care being undertaken by care staff.

The number and skill mix of staff on duty and available to residents was not sufficient

Staff skill mix was not in accordance with best practice guidelines to meet residents' individual and collective needs, dependency levels and size and layout of the designated centre.

Handover and reporting arrangements compromised dependent residents. Evidence of professional registration for two rostered nurses (M.K and L.H) was not available.

Nurses had not maintained medication and clinical records in accordance with professional standards and national guidelines.

The provision of mandatory training for all staff was not evident/provided

Training of staff tailored to meet professional guidelines and residents' needs was not evident.

Care practices observed and documented in resident records did not demonstrate that staff had sufficient education and training to enable them to provide care in accordance with contemporary evidence based practice that included:

- falls prevention, evaluation and management
- assessment and evaluation of decisions regarding pain management
- restraint and provision of equipment/enablers
- infection control
- continence promotion, catheter care and management of continence aids/products.

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.

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.

Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Action required:

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

Supervise all staff members on an appropriate basis pertinent to their role.

Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

Make a copy of the Health Act 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended to all staff in the designated centre.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they have qualifications suitable to the work that they are to perform.

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they have the skills and experience necessary for such work.

Reference:

Health Act, 2007
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Standards 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>L.H registration was available on the day of inspection, M.K evidence of registration is enclosed see (Appendix 10), the PIC had requested evidence of registration from M.K via a registered letter see (appendix 11).</p> <p>The Staff Nurse on duty has previous experience working as a staff nurse with the care of the older person in Ireland, for 2 years prior to commencing in Maple Court Nursing Home. The Staff Nurse on duty on the day of the Inspection was also on duty on the day of the last inspection in June 2012, where she was accompanied by the inspector on the medication round, she was found to be adhering to medication management in June 2012.</p> <p>The 3 Care Assistants on duty on the morning of the inspection have all completed their Fetac Level 5 Health Care Assistant Certificate, prior to commencement of their employment in Maple Court Nursing Home with prior experience working in residential settings. Please see attached recruitment procedures (appendix 12).</p> <p>All members of Staff have been made aware on numerous occasions, if the workload increases, extra staff are to be made available see minutes of meetings, (appendix 13). There is a policy available since June 2008 and updated in February 2013 "Guidelines for staffing levels carers / nurses in Maple Court Nursing Home (appendix 8).</p> <p>All Staff have access to education and training to allow them to provide evidence based care please see attached training plan and updated register (appendix 14), also when there was norovirus outbreak, training was provided immediately to staff so as they were able to care and manage the norovirus outbreak.</p> <p>The Health Act 2007, Regulations 2009, the Health & Safety at work Act, Statement of Purpose and all policy & procedures have also been available to all staff in the staff room. Policy & Procedure and the standards are linked into the training sessions.</p>	<p>04/04/13</p> <p>ongoing</p> <p>completed</p> <p>ongoing</p> <p>ongoing</p> <p>completed November 2009</p>

<p>Medication Management training is scheduled for the 14th of June 2013, 4 staff Nurses received Medication Management Training from Boots in February 2010 please see attached attendance list (appendix 15).</p>	<p>14/06/13</p>
<p>Compliance of medication management for Residents will be included in the Resident Safety improvement programme</p>	<p>31/05/13</p>
<p>There is always an on duty in Maple Court Nursing Home, an appropriately qualified registered nurse on duty at all times. A planned and actual staff roster is always maintained the planned roster folder is located in the office.</p>	<p>ongoing</p>
<p>Please see updated training records (appendix 15) and the forthcoming training plan.</p>	
<p>Training was provided to staff in 2012 from</p> <ol style="list-style-type: none"> 1. Health Care training solutions – Fetac registered training company. 2. HSE continence advisor – Mairead Brannach who advocate best practice recommendations and evidence based Nursing 3. Abbott Nutrition - re nutrition 4. Sheq Training - Health & Safety 	<p>ongoing</p>
<p>There is already in place a recruitment procedure to ensure that all staff members employed in Maple Court Nursing Home have the documents as specified in schedule 2 of the regulations.</p>	<p>completed</p>