

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Maple Court Nursing Home
<b>Centre ID:</b>	ORG-0000062
<b>Centre address:</b>	Dublin Road, Castlepollard, Mullingar, Westmeath.
<b>Telephone number:</b>	044 966 2919
<b>Email address:</b>	caroday@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Maple Court Nursing Home Limited
<b>Provider Nominee:</b>	Thomas Ryan
<b>Person in charge:</b>	Elizabeth Caroline Day
<b>Lead inspector:</b>	John Farrelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	0

## 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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 November 2013 08:00 To: 20 November 2013 15:30

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

Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The person in charge who completed the provider self-assessment tool had judged the centre moderately non-compliant in relation to end-of-life care and minor non-compliant in the area of food and nutrition. The provider had identified actions in their self-assessment to ensure compliance.

On the day of inspection the inspector judged the centre to have a minor non-compliance in the area of food and nutrition and to be compliant in the area of end-of-life care 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 was reflected in the outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

The inspector found that residents' end-of-life needs were well managed with good access to specialist palliative care services. Care planning was in place as required and relatives were facilitated to be with their loved one. The policy on end-of-life care was comprehensive, staff were trained in same and practical information was provided to relatives of deceased residents on services available to them.

Overall, the food and nutritional needs of residents were met and there was access to medical and allied health services residents. However, access to medical services during the day was limited for some residents, resulting in the inappropriate use of out-of-hours services. The food provided to residents was appetising and nourishing. Nursing and clinical documentation was of an acceptable standard. Residents and relatives were satisfied with the service provided.

These matters are discussed further in the report and in the Action Plan at the end of the 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.**

**Outcome 11: Health and Social Care Needs**

*Each residents 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 residents 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.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Medical care for some residents was sporadic. There was a lack of availability of medical care during the day resulting in nurses availing of out-of-hours services for some residents. Some medical interventions were not documented in the medical notes. The person in charge advised that new procedures were being planned and would be put in place within one month.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge had identified via self-assessment that some further improvements were required to reflect practice which they proposed to document to ensure a more detailed integrated end-of-life policy was in place and understood by staff. The inspection evidenced that end-of-life care was person centred and respected the values and preferences of each individual resident. There was a suite of policies in place based on the Irish Hospice Foundation approach. The policies had been reviewed in September 2013 and staff had signed to evidence that they had read and understood the policy. Staff had attended training on 30 September 2013.

There was one resident in the centre currently receiving active palliative care. This care was provided to a high standard. There was good access to the local palliative care team, medical care and clergy. There was a care plan in place and put into practice to ensure the resident was comfortable and pain free. A dedicated carer was allocated to ensure all care was provided. A discreet spiral sign was in place to ensure staff were aware that a resident was receiving palliative care.

In the last two years of the 11 residents who passed away, three received end-of-life care within the centre while eight were transferred to an acute hospital.

On admission residents wishes are documented. Documentation evidenced that when a resident's condition deteriorated an end-of-life care plan was put in place following a meeting between the resident, relatives and nursing staff. The care plans and problem identification sheet recorded the expressed preferences and needs of the resident and were drawn up in consultation with the resident and/or their family members. Residents had good access to the local palliative care team as and when required and recommendations from the palliative team had been recorded in detail and had been implemented by the staff.

The majority of residents resided in single rooms and the person in charge stated that, whenever possible, a single room was facilitated to residents for end-of-life care. Where required, relatives were facilitated to stay overnight and be with the resident when they were dying.

Training records and the provider self-assessment indicated that staff had received

specific training in end-of-life care. Staff spoken with had a good understanding of the policy on end-of-life care and related practices. Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported. The centre had a small private oratory. Mass takes place on a monthly basis if a priest is available. When a resident passes away the rosary is said in the day room by staff and residents.

There was a protocol for the return of personal possessions. The inspector saw that following the death of a resident staff used a well crafted canvas bag to return personal possessions.

There was information on services available to support, relatives, residents and staff following the death of a resident.

### **Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Non Compliant - Minor

#### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

#### **Findings:**

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members had signed that they had read and understood the policy which had been reviewed in September 2013. An audit of nutrition, weight and fluids had taken place in February 2013.

There was access to medical and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. However, general medical care, for some residents was found to be sporadic with the result that the nurses availed of out-of-hours services more than was required in the normal course of events. This is further evidenced under Outcome 11.

Care assessment, planning, implementation and evaluation was of an acceptable standard. Residents were assessed on admission and reviewed on a three-monthly basis using validated assessment tools including one specific to food and nutrition. A baseline weight was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk.

Assessments reflected the residents' individual needs. Each need had a corresponding

problem identification sheet and care plan, which detailed the nursing care required. Assessments and care plans were reviewed by staff nurses every three months and amendments made intermittently as the residents needs changed.

Food and fluid record charts were maintained with exact food and fluid intakes documented in a timely manner. There were no residents on Percutaneous Endoscopic Gastrostomy (PEG) feed and/or subcutaneous fluid.

The inspector observed breakfast and lunch. The food provided was varied and was fortified where appropriate to meet particular nutritional needs. Meals served were hot and attractively presented. A menu was displayed in the dining room showing the choices available and individual preferences were readily accommodated. Care staff also spoke with residents and documented their meal preferences in advance and passed same on to catering staff.

Nursing and care staff monitored the meal times closely. Second helpings were offered. While the majority of residents were independent, residents who required assistance received this in a sensitive and appropriate manner.

Breakfast was a relaxed affair with most residents receiving breakfast in bed or sitting out in a chair in their room from 8am to 9.30am. Residents were offered choices of tea, coffee, juices, toast, cereals, porridge and a boiled egg.

Lunchtime commenced at 1pm. The dining room tables were set with all required condiments, cutlery and crockery to meet the residents' individual needs. The size of the dining room was adequate but limited. Residents requiring modified consistency meals, such as pureed, had the same choice as other residents and could clearly identify what they were eating as each food group was presented separately on their plate. The quality of the food was good and the quantities reflected the residents' individual dietary requirements. All residents spoken to were complimentary of the food provided.

Evening meals were served at 5.30pm with a further supper at 8pm. Drinks and snacks were readily available throughout the day.

The kitchen was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. Residents stated that they could request additional snacks or drinks if they were feeling hungry. There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and special diets. The inspector spoke to the cook who was knowledgeable about special diets and food fortification options for individual residents. There was a four week rolling menu which had been reviewed by a dietician. Residents were enabled to feedback on the menu and catering via the residents committee/forum. Residents personal likes and dislikes were recorded and updated on a regular basis.

Staff had received training in relation to food and nutrition on 23 October 2013 and demonstrated and articulated good knowledge of how to provide optimal care for residents.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

John Farrelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Maple Court Nursing Home
Centre ID:	ORG-0000062
Date of inspection:	20/11/2013
Date of response:	29/11/2013

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Medical care for some residents required improvement. The inspector noted that medical care was not always available during the day or when required by nursing staff. Some medical interventions were not documented in the medical notes of the resident.

**Action Required:**

Under Regulation 6 (3) (c) you are required to: Provide appropriate medical care by a medical practitioner of the residents choice or acceptable to the residents.

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

The present GP is retiring on the 6th December 2013. The medical care of the residents is being transferred to the Medical Doctors in Castlepollard surgery. The 19 residents are satisfied with this proposal and have received written information regarding this change. The Gs who will be providing the medical care for the 19 residents in Maple Court will visit the Nursing Home on a weekly basis and in-between

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

for emergency situations. Communication with The GPs will be via telephone and email.

On the 18th of December 2013, the GPs will be meeting with the residents and their families, if appropriate to discuss each of the residents medical treatment and future treatment.

**Proposed Timescale:** 06/12/2013