



Report of an inspection of a Designated Centres for Older People

Name of designated centre:	Maryfield Nursing Home
Name of provider:	West of Ireland Alzheimers Foundation
Address of centre:	Farnablake East, Athenry, Galway
Type of inspection:	Announced
Date of inspection:	13 March 2018
Centre ID:	OSV-0000359
Fieldwork ID:	MON-0021148

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Maryfield Nursing Home is a designated centre that provides long term and respite care for 24 male or female residents who have dementia or a related condition. Day care for up to four people is also provided.

The centre is located in a rural setting approximately two kilometres from the town of Athenry and 25 kilometres from Galway city. The centre is purpose built. It is single storey and residents' accommodation is provided in 12 single and six double rooms. There is adequate sitting and dining space to accommodate all residents in comfort. A safe garden area is also available. The environment has been enhanced by the use of dementia friendly features that include signage, good levels of natural lighting and a homelike layout.

The following information outlines some additional data of this centre.

Current registration end date:	24/06/2018
Number of residents on the date of inspection:	21

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information and information submitted by the provider or person in charge since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre.
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 March 2018	10:00hrs to 18:00hrs	Gearoid Harrahill	Support
13 March 2018	10:00hrs to 18:00hrs	Geraldine Jolley	Lead

Views of people who use the service

During the inspection, the inspectors talked to four residents individually, to a group of residents and two family members. Five feedback questionnaires completed by residents and families were also reviewed.

Residents conveyed positive opinions about the service provided. The care and attention provided by staff and the welcoming atmosphere were areas that were particularly valued. Residents said the daily social activity was varied and gave them opportunities to talk together and meet friends who attended for day care. Staff were knowledgeable about dementia care and good information was provided on progress and changes in residents' care according to relatives. The open visiting arrangements were popular with family members.

There were two areas described in resident and relative feedback as needing improvement. These were the lack of a bus to take residents out which was a service that had been available previously, and more staff availability in the communal areas.

Capacity and capability

Inspectors observed that the governance, management and oversight of the service was good, but some improvements were required to ensure the service met regulatory requirements and improvements identified were addressed.

There was a clear governance structure with clear lines of authority and accountability. Since the previous inspection in June 2017, a new person in charge had been appointed and an annual review of the centre had been completed. The provider representative, present during the inspection was familiar with the layout of the building and had regular meetings with the person in charge to ensure appropriate oversight of the service.

The new person in charge, appointed in February 2018 was interviewed by inspectors about her role and responsibilities. She had the required experience and qualifications for the role. She was becoming familiar with centre and had introduced herself to the residents and their families.

The inspectors found that there was sufficient staff in a suitable skill mix available day and night to ensure the safe delivery of care in accordance with residents' needs. However, the deployment of staff required review when activities were underway to ensure that the activity was not disrupted if residents required

attention.

Staff records were complete and contained all the information described in Schedule 2 of the regulations. Assurance was given by the provider representative and person in charge that all staff including volunteers had vetting disclosures. There was a culture of staff training and development and training records confirmed that staff were provided with training on topics that included dementia care, managing responsive behaviours and palliative care. Training on the mandatory subjects of fire safety, moving and handling and protection of vulnerable adults was provided. However the method used to track dates of training and identify when staff were due to attend refresher sessions were not fully complete and could not confirm that all staff had training within the required time-lines.

There was good access to allied health professional staff. Physiotherapists were employed by the provider and other staff were available on referral to the Health Service Executive (HSE). Their input was noted to have had good outcomes for residents. Residents who had had falls for example had active rehabilitation programmes which had helped them retain their mobility. Other residents with weight loss problems had been reviewed and dietary changes had stabilised their weight with good outcomes for their overall health.

Residents, relatives and staff said they could raise any concerns and were confident that they would be listened to and that their concerns would be addressed. There was a complaints procedure prominently displayed in the reception area. The record of complaints included information on how the complaint was resolved and if the complainant was satisfied.

Volunteers were actively involved in the centre and they provided valuable social activities that included card playing, music, singing sessions and conversation which residents said they enjoyed and appreciated. The inspectors saw that volunteers were vetted appropriate to their role, and there was a written agreement that outlined their roles as required by the regulations.

Registration Regulation 4: Application for registration or renewal of registration

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge commenced her role in February 2018. She facilitated the inspection in a competent manner and provided information requested by inspectors. During interview she said that she had spent time getting to know residents, their families and the staff team. She conveyed good knowledge of her management role, the factors that impact on the health and well-being of older

people and the regulations that underpin designated centres.

Judgment: Compliant

Regulation 15: Staffing

While there was adequate numbers of staff on duty, with a good skill mix, some review was required to ensure that the deployment of staff based in the communal areas ensured that activities were not disrupted when residents needed attention or assistance.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had received training appropriate to their role and the needs of the residents. Some improvement was required in how staff training was recorded to ensure that all staff attended mandatory and refresher training within the appropriate time-frames.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had a contract of insurance in place for the designated centre and its residents.

Judgment: Compliant

Regulation 23: Governance and management

There was adequate resources and a clear management structure to ensure the centre delivered appropriate, safe and consistent care to residents. There was an annual review completed and this highlighted areas for improvement to be addressed in 2018.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care agreed with the provider which outlined the services provided and fees charged. A sample of contracts were viewed and some required review as the type of room to be occupied was not specified.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre maintained a statement of purpose which contained the required information about the centre and the service provided.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had been vetted, were appropriately supervised and there were agreements in place that described their roles.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had effective procedures to address complaints. The complaints procedure was on display and residents and their representatives said they were comfortable making a complaint and knew who to contact to do this.

Judgment: Compliant

Quality and safety

Residents' needs were met through good access to health care services, a social care programme that was interesting and reflective of their needs and premises that overall met their needs well. All residents had a care plan that described their care requirements and the interventions needed to ensure their health and well-being was assessed and promoted. Care plans were based on evidence based assessments and were enhanced by input from relatives where residents could not contribute their views due to their dementia needs. The inspectors noted that personal routines and who residents recognised was described and used to inform day to day practice. For example, where residents could undertake activities such as washing and dressing they were encouraged and supported to continue to do these activities.

There was good emphasis on health promotion. Staff were observed to prompt residents to walk from one area to another and to participate in conversations to enhance their engagement and stimulation in their day. Relatives said that staff were diligent about ensuring that residents admitted for respite care continued with the usual routines and normal level of activity.

The inspectors found that residents were provided with a good variety of food and drinks throughout the day. Snack foods were available outside of main meal times. Relatives were encouraged to help at meal times if they wished. Fluctuations in residents' weights were monitored and interventions put in place to prevent deterioration in health.

Staff were familiar with behaviour changes associated with dementia. The inspectors saw records that described how these had been addressed and deescalated. When extra staff input was required this was made available to ensure the safety of the resident and others in the centre. The provider representative was in discussions with community health services with a view to improving access to specialist advice as problems with access had arisen when residents admitted were not from the locality which had resulted in delays in resolving problems. The inspectors found that the use of restraint measures was low, and equipment such as low low beds and sensor mats, were used to reduce the incidence of restraint use.

End of life wishes, including religious or cultural observations, were described and staff supported residents appropriately to ensure that they were comfortable throughout this stage. Families were able to remain with loved ones in the centre and there was a room available to accommodate them. Specialist advice from the palliative care team was sought when required. Two members of staff were scheduled to attend training on palliative care interventions.

The medicine arrangements were reviewed and secure and safe storage arrangements were in place. Medicine management was audited regularly however where improvements were identified these had not been addressed fully. The last two audits identified where medicines were administered and not signed in every instance. A way of responding to this deficit had not yet been put in place to ensure safe practice.

The premises were home like and comfortable and residents had adequate private and communal space. The centre was in good decorative condition apart from some

minor paintwork damage to doors and radiators. Residents' bedrooms were appropriately furnished and were personalised with photographs and ornaments. Some residents had furnished their rooms according to their own preference and had taken in bed linen or items of furniture from home that they wished to keep. There was signage to help residents find facilities such as toilets and their bedrooms. These signs as well as handrails along corridors were noted to be highly visible and in good colour contrasts to aid people with memory or sensory difficulties.

There was ongoing investment in the centre and during 2017 three new single bedrooms with full ensuite facilities, a new laundry, cleaning room and sluice had been added. The laundry was noted to be well organised, clean and well ventilated. Residents' clothing was labelled, folded carefully and returned in separate laundry bins to ensure that items were returned to residents in good condition and were less likely to go missing.

There were some areas that required attention. Some bedroom doors did not close fully which could create risk in a fire situation. The cleaning and bed changing routines required review to ensure that trolleys and equipment left in hallways during the morning did not create obstruction. The provision of two showers/bath facilities to meet the needs of 21 residents is below the recommendation outlined in The National Standards for Residential Care Settings for Older People in Ireland (2016). This was noted to have no adverse impact for residents who told inspectors that they could have showers when they wished and there was never a delay in meeting their needs.

There was a risk management policy in place. The inspectors reviewed procedures in relation to fire safety, missing persons and accident/incident management. The fire safety arrangements were supported by yearly training sessions and staff could describe the actions they were expected to take in the event of fire. Practice evacuation drills took place twice a year and these were accompanied by reports that identified learning opportunities to ensure an efficient evacuation of residents. Personal evacuation plans were available in residents' care records. The inspectors formed the view that these should be more readily accessible to staff to avoid delay if an incident arose. A review of fire doors was needed as some did not close fully and would not effectively contain a fire. Some doors required review to ensure that they had the option of being held open but operated effectively in the event of fire

Residents had the option of keeping small amounts of money in the centre. There were secure arrangements for the safekeeping of money held on their behalf. Staff had training on adult protection and could describe indicators of abuse and how an incident would be reported and investigated.

Residents were facilitated to practice their religion, with weekly mass and communion held in the centre. There was a range of activities available and there was an appropriate number of designated activity staff to cater for residents who required direct one to one interaction or sensory interactions, as well as group sessions. Some activity staff worked late to ensure that residents who were more

active in the evenings had meaningful social opportunities. In discussion with the provider, inspectors were told that transport for day trips was being organised.

Staff were observed to speak to and assist residents in a friendly and respectful manner. Interactions reflected good principles of dementia-friendly engagement, including keeping questions simple, maintaining residents' attention and eye contact, and sitting at the resident's level when speaking or delivering care.

Regulation 10: Communication difficulties

Residents' communication needs were known by the staff who supported meaningful engagement, including an awareness of non-verbal communication approaches. Communication was described in care plans and kept under review on a regular basis and as the needs of residents changed.

Judgment: Compliant

Regulation 11: Visits

There were flexible visiting arrangements. A visitors' record was maintained. There was an area where residents could see their visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had space to store their belongings and clothing, including lockable storage. An inventory and labelling system was in place to reduce the risk of items going missing.

Judgment: Compliant

Regulation 13: End of life

Nurses conveyed appropriate knowledge of the factors that are important to residents and families at end of life. Care plans reviewed described residents' wishes and hopes as well as the spiritual care they would like at this time. Family members can stay with their loved ones and there is a visitor's room organised for

their comfort if they wish to stay overnight.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the needs of residents. It is home like and domestic in character. It's size and layout allowed residents to identify with small scale spaces which reflects good dementia design practice.

A review of how equipment and trolleys were stored during care and cleaning activities was needed to avoid impeding residents mobilising in the corridors. The sitting areas were also noted to be congested at times when residents were moving from one area to another and equipment was in use.

Judgment: Substantially compliant

Regulation 20: Information for residents

The information required to inform residents about the centre was in place. The provider had ensured that documents were accessible to residents. The complaints procedure and residents' guide were available in large font and pictorial format to assist residents with communication difficulties..

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of care records and care plans conveyed that essential information was provided by staff when residents moved from one facility to another. Information that described residents' care requirements was sought by staff from community professionals prior to admission to ensure that medication and suitable equipment was in place prior to residents' admissions.

Judgment: Compliant

Regulation 26: Risk management

Risk management required improvement to ensure the safety and well being of residents. reviews of falls in some instances did not describe a change in the mobility equipment required by residents. Personal emergency evacuation plans were not readily accessible for staff in an emergency and accident reports did not describe the full range of assessments to be undertaken following a falls incident to ensure that deterioration in health was detected promptly.

Judgment: Not compliant

Regulation 28: Fire precautions

Staff had attended training in fire safety and had attended fire drills. Fire fighting equipment, escape routes, the fire alarm system and emergency lighting was reviewed and tested on a regular basis.

Some review was required to ensure that doors that staff and residents wished to keep open could close automatically in an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored safely and staff were knowledgeable about the medicines in use. Some medication administration records were not fully complete and did not convey that medicines were administered as prescribed..

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There was a care plan completed for all residents. Consultation with residents and family members was recorded and the information was used to inform care plans and the actions of staff in relation to residents' preferred daily routines, choices and abilities. A "Key to Me" document provided additional information on residents' lifestyles to guide staff interventions and social care opportunities offered.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were assessed and outlined in care plans. Local doctors visited weekly and the provider employed a physiotherapist for a half day each week to undertake assessments and individual programmes with residents. Other primary care services and allied health professionals were available from the Health Service Executive

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia were assessed and good practice guidance was followed in the management of such behaviours to ensure the well being and safety of residents. Records described clearly the staff interventions, possible causes and how to prevent further episodes.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to ensure residents were protected from abuse and were safe in the centre. Training was provided to staff to guide them in recognising and responding to actual, alleged or suspected incidents of abuse. Staff spoken to knew their responsibilities in relation to ensuring residents were safe and protected.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' had the right to exercise choice and their feedback and input was sought in planning how the service was delivered. Residents' civil and religious rights were respected and residents were cared for and spoken to in a respectful and dignified manner. Recreational activities in the centre were suitable and adapted to the preferences and capacities of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maryfield Nursing Home OSV-0000359

Inspection ID: MON-0021148

Date of inspection: 13/03/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Revised the staffing allocation whereby a Care Assistant is allocated to the day room from 10.30am and allocated a Care Assistant in the pm shift to the Day room so that there is always at least two staff in the day room at all times to attend to Residents needing assistance and activities not disrupted.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Developed a new Matrix to reflect training dates and reflect mandatory training and refresher dates on the Matrix which will allow training to be organized within the appropriate time frames.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: A new updated Contract Of Care issued for the Residents outlining the fees charged and the type of room i.e single room/shared they will be occupying.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Linen trolley is stored outside the Laundry room which is at the end of the main corridor. Two large items of furniture which is a dresser unit and a piano relocated out of the sitting room area which now allows extra space in the room.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ol style="list-style-type: none"> 1. <ol style="list-style-type: none"> A. After a fall the falls risk assessment scale updated. B. Documented in the Care Plan and shared at report time with all staff. C. Referred to the Physiotherapist for assessment and documented the outcome in the care plan and share at the report time with staff. 2. a. Emergency Evacuation plan updated and completed in the Emergency box. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All doors checked, three doors from 1,6 and 9 had new ' Door closer brackets 'fitted to comply with regulation.</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Keep on agenda for staff meeting as a reminder of responsibility and refer to ABA guidelines. Introduced</p> <ol style="list-style-type: none">1. Weekly audit process for checking the medication signature.2. Staff sign off sheet to ensure all staff have read The Quarterly Pharmacy /Medication Audit Report.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20 April 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	20 April 2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	20 April 2018

Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that centre.	Substantially Compliant	Yellow	20 April 2018
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20 April 2018
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	20 April 2018