

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maple Court Nursing Home
Centre ID:	OSV-0000062
Centre address:	Dublin Road, Castlepollard, Mullingar, Westmeath.
Telephone number:	044 966 2919
Email address:	tomryan01@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maple Court Nursing Home Limited
Provider Nominee:	Thomas Ryan
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	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 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 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 July 2015 09:00 To: 02 July 2015 15:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

The purpose of this inspection was to monitor regulatory compliance following a change in the person in charge, receipt of unsolicited information and notification of significant events. This inspection was unannounced and took place over one day.

The person in charge and the staff team were available in the centre to facilitate the inspection process and attend feedback at the end of the inspection. Additional staff such as the administrator and a deputy to the person in charge who were not rostered for duty on the day of inspection arrived on duty to assist the person in charge and staff team.

The centre is registered for 21 residents. On the day of the inspection the inspector was informed that there were 20 residents in the centre, and that one resident was

attending a hospital appointment elsewhere and had left earlier that morning.

As part of the inspection the inspector met and spoke with residents, relatives/visitors, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

Notification of incidents and unsolicited information received by the Authority since the last inspection was followed up on at this inspection.

The person in charge, deputy clinical nurse managers and administrator responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and were keen to meet regulatory requirements.

Overall, the inspector was satisfied that reasonable systems and appropriate measures were in place to manage and govern this centre, however, significant improvement was required in relation to medication management, staffing levels and handover arrangements in the morning, and staff training and supervision as outlined in the body of the report and in the action plan for response.

The environment was clean, warm and reasonably well maintained. However, the atmosphere was busy and noisy at the commencement of the inspection while staff responded to calls and while residents were assisted, responded to and supported by the staff team.

Recommendations were made by the inspector to improve corridor and bedroom paint colour, orientation notices of bedroom doors and bed linen.

Staff were knowledgeable regarding resident's needs, likes and dislikes, and residents were complimentary of staff and in general expressed satisfaction with the care and services provided.

Other areas of non compliance included the management of complaints and risks which are discussed in the body of the report and outlined in the action plan at the end of this report for the provider and person in charges' response.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Staff were familiar with the statement of purpose and function, and reviews and changes in relation to the Person in charge of the designated centre were updated and communicated to the Authority accordingly.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Management systems were in place to monitor the delivery and governance of care services. The overall quality of care and experience of the residents was reviewed, audited and developed on an ongoing basis.

Resources were in place to support services; however, the inspector judged that there was insufficient staffing resources available at the commencement of this inspection, which is reported in outcome 18 action plan. The inspector noted that the staffing skill mix resource had changed since previous inspections.

Available staff on duty included one nurse and three care attendants along with the household and the catering staff member. Entry to the centre was delayed and some residents seeking assistance were requested by staff to wait until other tasks were undertaken and were found not to be consistently responded to in the timely manner.

As a result of inspector's observations that included the time required by the nurse to administer medication over the two hour period, while answering and responding to support staff and resident queries and answer telephone calls, the inspector found the staffing resource arrangement available and rostered to be insufficient which was communicated to the person in charge on her arrival later in the morning. The person in charge acknowledged the inspector's findings and made arrangements to have additional staff hours put in place each morning. The roster was to be amended to reflect this. This finding is reported under outcome 18 action.

There was a clearly defined management structure that identified the lines of authority and accountability. Regular management meetings were confirmed.

There was evidence of consultation with residents and their representatives.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in full, however, the person in charge and administrator

assured the inspector that the residents guide was updated to reflect current management arrangements following a change in the person in charge in 2014.

An agreed written contract which included details of the services to be provided for residents' and the overall fees to be charged, signed by the resident/representative and person nominated on behalf of the provider was available to reflect arrangements in place.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A change in the centre's person in charge had occurred in quarter four of 2014.

The current person in charge is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge on a full time basis and worked in this centre on a part time basis as she had responsibility for two designated centres operated by the provider. The person in charge had a deputy to assume responsibility of the designated centre in her absence and who arrived to the centre to assist in the inspection.

The person in charge told the inspector she met with the person nominated on behalf of the provider on a weekly basis and was satisfied with the support systems in place.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities. She, along with the deputy, were engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated that they were committed to providing good quality outcomes for the resident group.

Residents and relatives were familiar with the person in charge and deputy, and were complimentary of both and the staff team.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome was not inspected in full, for example, monetary transactions undertaken between and on behalf of residents were not examined.

Records listed in schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) were available and a sample of records were reviewed on this inspection.

Records including the statement of purpose, previous inspection reports, directory of residents, emergency procedures, and clinical documents along with records related to residents care and staff recruitment and rostering were inspected and found to be maintained in substantial compliance with the regulations.

The designated centre had written operational policies referenced in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Schedule 5 policies and procedures were made available and the inspector reviewed a number of policies which included responding to emergencies and risk management policies and procedures, management of complaints, the prevention, detection and response to abuse, medication management, use of restraint and end of life care and found that they reflected practice within this centre. The majority of policies were issued and approved by the previous person in charge and were required to be reviewed and approved by the current person in charge.

A review of staff files found adequate systems in place for recruitment, selection and appraisal of staff, and the files reviewed were completed in accordance with schedule 2.

General and clinical records were found to be reasonably well maintained and updated. Residents could access their records on request and were satisfied with the

arrangements in place.
Judgment: Substantially Compliant

<i>Outcome 06: Absence of the Person in charge</i> <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i>
Theme: Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The provider and person in charge were aware of their responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge and have demonstrated this previously. There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge and an absence for more than 28 days was not expected.
Judgment: Compliant

<i>Outcome 07: Safeguarding and Safety</i> <i>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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Measures to protect residents being harmed or suffering abuse were in place and demonstrated.

A policy on, and procedures for the prevention, detection and response to abuse was in place which was to be reviewed and updated.

Staff had received training in adult protection and safeguarding residents to protect them from harm and abuse, however, all staff members had not received training in accordance with the centre's policy which is reported in action plan 18.

Staff who spoke with the inspector knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no active incidents and allegations of abuse under investigation.

Training on adult protection and prevention of elder abuse was monitored and there were systems in place to protect vulnerable residents. Staff were confident that residents and relatives would disclose abuse or concerns.

Residents who communicated to and with the inspector said they felt safe and able to report any concerns.

Efforts were being made to identify and alleviate the underlying causes of some residents' behaviour that was challenging and arrangements were in place to inform and support staff practice. A professional from the psychiatry of later life was attending the centre on the day of the inspection to assess and support residents needs.

There were no physical restraints in use. Where chemical restraint was previously used it was as a last resort for the shortest duration. Attempts were made to ensure practice and measures in use were in line with the national policy on restraint. There was evidence that alternative least restrictive measures were used at the time of the inspection.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures relating to health and safety, and risk management.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Suitable procedures and arrangements were found in relation to the prevention and control of healthcare associated infections. Records and staff feedback in relation to the management of an outbreak of infection earlier in the year demonstrated policies and appropriate procedures were maintained. However, training records provided showed all staff members had not received training in infection control.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Health and safety audits were maintained and recorded.

Staff meetings were maintained to discuss audit and monitoring findings. Audits of resident dependency levels, incidents, falls, wounds, pressure ulcers, behaviour, weight loss, medication and restraint use were maintained which demonstrated a strategic approach to monitoring resident changing needs, and to mitigate identified risk and an overall reduction of likely incidents and events. However, the inspector found some risks which had not been identified by the centre's processes as outlined in outcomes within this report.

The inspector found that the health and safety of residents, visitors and staff was promoted in this centre. However, reasonable measures were not in place to prevent accidents in the centre and within the grounds, the inspector found that the hairdressing room was used as a smoke room (three residents smoked). The ventilation was inadequate; the room did not have protective equipment such as a smoke apron and did not contain any ashtrays within to extinguish cigarettes safely. The inspector saw a significant number of cigarette butts outside from the window of the hairdresser room. The person in charge was informed that these arrangements were unsuitable and posed a risk to all residents and persons within the centre.

Training in moving and handling of residents, infection control, CPR and fire safety formed part of the training programme, however, training records provided showed some staff members had not received mandatory training in fire safety and evacuation procedures and a number of existing staff had not received refresher training in manual handling and prevention of elder abuse.

An incident of an unexplained absence in September 2014 occurred that had resulted in a review of procedures in place and implementation of a missing person drill, however, no further training or simulated missing person drills were maintained.

Since the inspection the person in charge communicated and confirmed dates for training in manual handling on 13.07.2015, missing person and evacuation training for 16.07.2015 and elder abuse training for 17.07.2015.

A fire safety register and associated service records were maintained. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced 15 June 2015. Means of escape and fire exits were unobstructed and emergency exits were clearly identified. Each resident had a

personal emergency evacuation plan, and staff who spoke with the inspector were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm.

Maintenance requests were being responded to during the inspection having been logged and reported.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to medication management including practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

Systems were in place for the safe storage of medicines, including controlled drugs, however, the handling and dispensing of medication required improvement as on the day of inspection medication had been dispensed and seen left unattended in one residents bedroom while the resident was seen to be asleep.

In addition, on inspection of the medicine trolley the inspector found medication dispensed which was unidentified in a container. On enquiry, the nurse on duty who was involved in the administration of medication told the inspector that she had seen the medication in the trolley earlier in the week and could not identify the medication or explain the rationale for it being kept. These practices were not in accordance with current professional guidelines and legislation.

According to the training record, all staff nurses had not completed training in medication management and some rostered nurses were not included in the record of training maintained.

A system was in place to monitor, audit and deal with medication management and errors, in accordance with the policy to inform learning and improvement in practices. Medication prescriptions and stock audits were carried out by a pharmacist and management team, and medication reviews undertaken included communication to, with and from the GP.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents' health care needs were met through timely access to GP services and appropriate treatment and therapies. Arrangements were in place to facilitate residents with appropriate access to medical and healthcare services when required.

Residents and staff were complimentary of the current healthcare arrangements. Residents had reasonable access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

There were processes in place to ensure that when residents were assessed prior to

admission and on admission, and when being transferred or discharged to and from the centre. Relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place.

The use of restraint was in line with the national policy guidelines. Consultation with residents and representatives was evident in the sample of records reviewed.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable for its stated purpose and in the main met residents' individual and collective needs in a comfortable and homely way.

The premises and grounds were reasonably well maintained, clean, and warm and had suitable furniture, fittings and support equipment for the current resident group.

Residents had access to a safe and enclosed outdoor courtyard that had colourful flower arrangements planted and some garden furniture.

Resident's bedrooms could accommodate furniture and equipment to support their preferences and needs/choices. The inspector discussed the lack of colour schemes (walls and bedding) in resident bedrooms which the person in charge acknowledged. The introduction and use of various paint colours, personal photos and memorabilia to enhance and personalize resident's bedrooms was to be reviewed and initiated.

In addition, a review of the workplace equipment/systems that generated high levels of intense noise was required as the volume of the door bell, telephone ring and call bell system detracted from a homely environment.

Bedrooms doors were found to left in an open position and were seen held open with chairs or waste bins which may compromise resident's privacy and dignity and pose a risk to their health and safety in the event of a fire or smoke migration.

Bed linen also required replacement as the sheets and bedclothes in used and in storage was faded and worn.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the management of complaints. A record of complaints, investigations, responses and outcomes was maintained.

The inspector was informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon.

There were no active complaints being investigated at the time of inspection and there was one recorded complaint since the last inspection (27 August 2014).

The person in charge was informed by the inspector that the Authority had received unsolicited information that included concerns in relation to medication administration and management, which was also found on this inspection, and that included an inadequate response by staff to issues of dissatisfaction expressed by visitors. The person in charge was the nominated complaints officer agreed to follow up on this matter and to put in place arrangements to record and evaluate all issues of concern and expressions of dissatisfaction regarding care and services to provide an opportunity for learning and improvement.

The complaints procedure was displayed in the entrance to the centre and an appeals process formed part of the policy.

Residents that spoke with the inspector during the inspection felt supported in raising issues and were satisfied with arrangements in place.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place.

As reference in outcome 2, the morning staffing levels required improvement as the number and skill mix of staff on duty and available to residents during the inspection was insufficient to activity levels, resident numbers and dependency levels/needs.

While staff were seen supporting, assisting or supervising residents according to their role and responsibilities, at the commencement of the inspection some residents call bells were not being attended to in a timely manner. The handover arrangements required review as staff commenced working and attending to residents prior to a complete and adequate communication handover. This practice may compromise residents and staff and was as a result of different shift patterns and staff rostered to commence duty at various intervals.

A record of staff training was maintained to demonstrate the provision and facilitation of mandatory and relevant training of staff. As referenced in previous outcomes (7, 8 and 9) all staff had not received or completed mandatory and relevant training to undertake the role and responsibilities pertinent to their position and all rostered staff members were not included in the training matrix record. A full analysis and review of training needs relevant to all staff members was required.

Policies on recruitment procedures were available. In the sample of staff files reviewed

the inspector found substantial compliance when examined against the requirements of schedule 2 records. However, as previously outlined, training records for all staff were not available.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Maple Court Nursing Home
Centre ID:	OSV-0000062
Date of inspection:	02/07/2015
Date of response:	30/07/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Reasonable measures were not in place to prevent accidents in the centre and within the grounds,

The hairdressing room was being used as a smoke room. The ventilation in the hairdressing room was inadequate, the protective equipment such as appropriate fire prevention equipment was not available in the room and ashtrays were not available or

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

provided within this room to enable residents to extinguish cigarettes safely.

A large number of cigarette butts were seen outside from the window of the hairdresser room.

Training records showed that some staff members had not received mandatory training in fire safety and evacuation procedures.

1. Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

1. The ventilation system has being reviewed and an alternative fan being put in place. Completion date: - 27/08/2015:
2. A fire prevention apron is in place in the smoking room- Completed
3. Closed Ashtray in situ in the smoking room-Completed
4. Notice displayed in smoking room ensuring no further cigarette butts are placed outside smoking room window.- Completed
5. Fire Safety and evacuation training is scheduled for 27/08/2015
6. All staff notified and informed it is a compulsory training- completed

Proposed Timescale: 27/08/2015

Theme:

Safe care and support

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

An incident of an unexplained absence in September 2014 occurred that had resulted in a review of procedures in place and implementation of a missing person drill, however, no further training or simulated missing person drills were maintained.

2. Action Required:

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

Missing Person drill and evacuation was organised and took place on 16/07/2015
A further drill is scheduled for 16/10/2015

Proposed Timescale: 16/07/2015

Theme:

Safe care and support

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

Staff members had not received mandatory training in fire safety and evacuation procedures.

3. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

- 1.Fire Safety and evacuation training scheduled for 27/08/2015
- 2.In – house fire drill took place on 16/07/2015
- 3.All staff notified and informed it is a compulsory training.- completed
- 4.Plans of evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques are situated in emergency folder. All staff aware of same – Completed
- 5.Notice displayed in smoking room outlining the procedure to follow in the event that clothing catches fire. Copy of same in smoking & emergency procedures policy – completed

Proposed Timescale: 27/08/2015

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Prescription medication had been dispensed and was seen left unattended in one resident's bedroom while the resident was asleep.

4. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

- 1.Medicament competency audit on-going with all staff nurses.
- 2.Notice displayed on medication trolley reminding all staff to ensure no medication is left un attended
- 3.All Staff Nurses reminded to adhere to Medication Policy.

Proposed Timescale: 31/08/2015

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector found medication dispensed that was unidentified in a container stored in the medicine trolley.

The nurse on duty and involved in the administration of medication could not identify the medication or explain the rationale for it being as found.

Storage practices were not in accordance with current professional guidelines and legislation.

5. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Notice displayed on medication trolley reminding all staff to ensure no medication is left unattended.- completed

Medication competency audit on-going with all staff nurses completion date: 31/08/2015

medication management policy – in house training scheduled for 21/08/2015

Awaiting a further training date from pharmacist

Proposed Timescale: 31/08/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

A review of the workplace equipment/systems that generated high levels of intense noise was required as the volume of the door bell, telephone ring and call bell system detracted from a homely environment.

Bedrooms doors were found to left in an open position and were seen held open with chairs or waste bins which may compromise resident's privacy and dignity and pose a risk to their health and safety in the event of a fire or smoke migration.

The provision of various paint colours, personal photos and memorabilia to enhance and personalize resident's bedrooms was to be facilitated.

6. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- 1.All doors are being reviewed to slow down closing to reduce bang noise Completion date: 30/11/2015
- 2.CPF on duty from 8 am to alleviate noise levels by promptly answering bells / door / and phone
- 3.All staff informed not to hold doors open with chairs or bins. Notice displayed to this effect. Completed
- 4.Ongoing observation of same is being carried out.-Ongoing
- 5.Painter informed to ensure various paint colours are used- ongoing
- 6.Letter sent out to families on 29/07/2015 with the permission of the residents inviting families to bring in personal photos and memorabilia to enhance and personalise their family members room.

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The person in charge agreed to put in place arrangements to record and evaluate all issues of concern and expressions of dissatisfaction regarding care and services to provide an opportunity for learning and improvement.

7. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Complaints / comments form in situ in front of the complaints folder enabling staff to enter any concerns / comments / complaints – Template attached
All Staff made aware of the necessity of documenting dissatisfied comments/ concerns from Residents and/or family

Proposed Timescale: 15/07/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Staffing levels and skill mix of staff on duty and available to residents during the morning of the inspection was insufficient to activity levels, resident numbers and dependency levels/needs.

8. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Care Practice Facilitator hours increase and are now commencing duty at 8am from day following inspection.

Proposed Timescale: 30/07/2015

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The handover arrangements were inadequate as staff commenced working and attending to residents prior to a complete and adequate communication handover.

This practice may compromise residents and staff who commenced working at various intervals.

9. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

All staff informed to ensure

1. Staff coming on duty read and sign the handover at the beginning of each shift.
2. Staff nurse reiterates the written handover to ensure all change in care is highlighted and understood by all staff at the beginning of each shift.

Proposed Timescale: 30/07/2015

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All staff had not received or completed mandatory and relevant training to undertake the role and responsibilities pertinent to their position.

Staff members had not received training in infection control, fire safety and evacuation procedures, moving and handling residents, prevention, detection and response to abuse, medication management and training relevant to meet each resident's needs.

A full analysis and review of training needs relevant to all staff members was required and all rostered staff members were not included in the training record maintained.

10. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All rostered Staff are now included in the Training register

The following training dates are confirmed and all staff are informed they are compulsory training:

Infection control is scheduled for 03/09/2015

Fire safety and Evacuation procedures, 27/08/2015

Moving and handling took place on 13/06/2015 a further training date scheduled for 30th September.

Prevention, detection and response to abuse took place on 17/07/2015 and further training scheduled for 11/09/2015

medication management policy – in house training scheduled for 21/08/2015

All staff informed that failing to attend compulsory training will result in being removed from the Roster.

Training register updated and displayed for all staff – see same attached

Proposed Timescale: Ongoing

Proposed Timescale:

