

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Maryfield Nursing Home |
| Centre ID: | OSV-0000359 |
| Centre address: | Farnablake East, Athenry, Galway. |
| Telephone number: | 091 844 833 |
| Email address: | maryfield1@gmail.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | West of Ireland Alzheimers Foundation |
| Provider Nominee: | Patrick Holmes |
| Lead inspector: | Mary McCann |
| Support inspector(s): | Marie Matthews |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 20 |
| Number of vacancies on the date of inspection: | 2 |

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: 11 May 2016 16:00 To: 11 May 2016 21:30

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

| Outcome | Our Judgment |
|---|-------------------------|
| Outcome 02: Governance and Management | 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 | Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 11: Health and Social Care Needs | Substantially Compliant |
| Outcome 13: Complaints procedures | Substantially Compliant |
| Outcome 14: End of Life Care | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

Maryfield Nursing Home is located approximately one kilometre outside the town of Athenry, Co. Galway. It is a single-storey building and is registered with the Health Information and Quality Authority (HIQA) to provide care to 22 residents. It provides long-term and respite care to residents with dementia. This was the sixth inspection of this centre. The previous inspection was completed in August 2015. Nine actions were documented following the August 2015 inspection. Inspectors found on this inspection there was adequate staff on duty to meet the assessed needs of residents and the care and welfare of residents was protected. As part of this inspection, inspectors met with residents and staff, observed practices and reviewed documentation such as care plans, medical records, referrals for allied healthcare services, accident logs, policies and procedures and staff files.

On the day of inspection there were 20 residents accommodated in the centre. Some residents were unable to converse with inspectors, while others chatted to the inspectors about the day-to-day service provided and stated that they "liked living in

the centre" and "were well looked after". Unsolicited receipt of information regarding inadequate staffing levels and care and welfare of residents had been received by HIQA. This information, notifications received since the last inspection and actions detailed in the action plan following the previous inspection were reviewed during this inspection. The unsolicited information received was not substantiated on review at this inspection.

Inspectors outlined the evidence found on inspection that supported their findings to the provider, nursing staff and the administrator at the end of the inspection. The actions required 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 are detailed in the action plan at the end of this report.

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 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):

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

Findings:

There was no formalised clinical auditing system in place at the time of the previous inspection in August 2015. A varied auditing programme to include wound care, falls, and nutritional care had been put in place. An annual review of the safety and quality of care provided for 2015 has been completed and submitted to HIQA.

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:

The designated centre was adequately insured against accidents or injury to residents,

staff and visitors.

While the majority of records relating to residents were reasonably well maintained in the centre, some records were incomplete and were not maintained in a manner so as to ensure completeness and accuracy. For example, there were gaps in assessments and duplication of care plans. Some care plans were out of date but not discontinued. This meant that it was difficult to see which was current documentation. Staff on duty explained that they were in the process of reviewing all care plans.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
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.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge has resigned from her post since the previous inspection. The provider informed the inspectors that he was in the process of recruiting a new person in charge. Appropriate arrangements were in place for the management of the centre in the absence of a person in charge. An experienced nurse was deputising with support from the provider and the Health Service Executive (HSE).

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
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.

Theme:
Safe care and support

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

Findings:

Inspectors noted at the time of the previous inspection chemical restraint was prescribed for some residents as a form of managing some forms of behaviour that challenge. This required review to ensure restraint was used as a last resort and all alternatives trialled first. This action had been addressed.

Inspectors found on this inspection that the use of p.r.n. psychotropic medicines (a medicine only taken as the need arises) had been reviewed for all residents. The pharmacist provided training to all nursing staff on 11 September 2015 on the administration of the use of p.r.n. psychotropic medicines. A revised procedure is now in place where a robust assessment looking at the responsive behaviour of residents is completed and analysed by nursing and medical staff prior to the use of p.r.n. medicines. In conjunction with this assessment a pain assessment is completed to rule out whether pain may be a contributing factor to the responsive behaviour. The policy on p.r.n. medicines has been reviewed to reflect this process. A monitoring form has been enacted to monitor the effectiveness of any p.r.n. medicines administered.

The only restraint measures in place at the time of this inspection were bedrails. At the time of the previous inspection there was limited evidence of multidisciplinary involvement in relation to the use of bedrails. This had been addressed. The general practitioner (GP), resident, next of kin, and other allied healthcare professionals are consulted with regarding the use of bedrails. Alternatives that were tried prior to the use of bedrails were documented in the files reviewed.

Judgment:

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):

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

Findings:

At the time of the last inspection the following required review:

bed pan or urinal washer was out of order,
sink in sluice room had rust in some parts,
an inadequate supply of warm water throughout the centre.

These actions were addressed.

Additionally bumpers that covered bed rails located on residents beds were dirty. All bumpers on beds were removed and laundered. In order to ensure that bumpers are kept hygienic, a schedule has been put in place to have bumpers laundered on a weekly basis or more often if necessary.

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

Findings:
At the time of the previous inspection all healthcare risks identified did not have a corresponding care plan to guide staff in the delivery of safe care. This related to falls management. This action had been partially addressed.

All care plans had been reviewed since the last inspection. Falls prevention measures were detailed in care plans reviewed. Access to allied healthcare professionals including dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life was available. A physiotherapist attended the centre one day per week.

Inspectors noted some residents were supported in their chairs with pillows. There was no evidence available that these residents had been seen by an occupational therapist and that these pillows were appropriate supports to aid seating.

Residents were facilitated to keep their own GP on admission to the centre if this was their choice. There was evidence in the medical files of access to the GP.

Judgment:
Substantially Compliant

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:

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| Person-centred care and support |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors reviewed the complaints register. One complaint was documented for 2016. While all complaints previous to this had been well documented and records showed that the provider had ensured that complaints were responded to and addressed in a timely manner, no records were available for the complaint recorded in 2016. The administrator and the provider informed the inspectors that a full investigation had been carried out and the complainant was satisfied with the outcome of the complaint. They stated that the records were available at their sister centre as the person in charge of the sister centre had investigated the complaint. The provider confirmed that he would ensure that these documents would be placed on the complaint file at Maryfield Nursing Home.</p> |
| <p>Judgment: Substantially Compliant</p> |

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| <p><i>Outcome 14: End of Life Care</i> <i>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.</i></p> |
| <p>Theme: Person-centred care and support</p> |
| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Staff informed the inspectors that they provided end-of-life care in conjunction with the community palliative care services and the support of the GP. Each resident had their end-of-life preferences recorded and an end-of-life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs and reflected resident's wishes and preferred pathway at end of life. Where specific instructions with regard to wishes around resuscitation had been discussed with the resident and or their relatives these were documented, however inspectors reviewed one plan that had not been reviewed since April 2015. Staff had attended training in End of Life Care.</p> |
| <p>Judgment: Compliant</p> |

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| <p><i>Outcome 16: Residents' Rights, Dignity and Consultation</i> <i>Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving</i></p> |
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visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

Quarterly resident meetings were held with residents. The last meeting was attended by 13 residents on the 22 March 2016. Minutes of these meetings supported that residents were involved in discussing activities, food and their views of the service provided. An independent advocate and some residents' representatives were available to the centre.

A quarterly newsletter is completed to update residents and relatives with any proposed changes to the service provided and seeking comments from residents and relatives. Residents' privacy and dignity were respected.

A range of activities were available, including crafts, cards, exercise class and going for walks. A comprehensive social care history was obtained and an activity attendance record was available for each resident.

There were no restrictions on visitors and residents could meet visitors in private.

Inspectors observed that staff chatted with residents as they met them throughout the centre checking with them as to their welfare. Inspectors found that staff knew residents well and were familiar with their care needs, routines and patterns of behaviour.

Judgment:

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):

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

Findings:

This action had been addressed. All staff had received training in relation in behaviour and psychological symptoms and signs of dementia in October 2015.

Nursing staff had also undertaken training on the utilisation of the ABC tool to identify and document triggers to responsive behaviour.

Training in infection control was carried out for all staff in November 2015.

With regard to the direct delivery of care to residents, inspectors found there were two nurses on duty each day until 17:00hrs. There were six care staff up to 15:00hrs and four care staff on duty in the evening up to 22:00hrs. In addition there was catering , cleaning, laundry and administration staff and an activity co-ordinator. One nurse and one carer were on night duty.

Inspectors observed that staff delivered care in a respectful and timely manner. On the day of inspection inspectors found there were appropriate staff numbers to meet the needs of residents. A planned and actual staff roster was in place, with any changes clearly indicated. When staff were on leave they were replaced by regular part-time staff.

Confirmation of up-to-date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available.

Judgment:

Compliant

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:

Mary McCann
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

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| Centre name: | Maryfield Nursing Home |
| Centre ID: | OSV-0000359 |
| Date of inspection: | 11/05/2016 |
| Date of response: | 06/07/2016 |

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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

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

Some records were incomplete and were not maintained in a manner so as to ensure completeness and accuracy.

For example, there were gaps in assessments and duplication of care plans.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All outstanding assessments have been completed and duplicated records have been removed from care plans.

Proposed Timescale: 05/07/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some residents were supported in their chairs with pillows. There was no evidence available that these residents had been seen by an occupational therapist and that these pillows were appropriate supports to aid seating.

2. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

An Occupational Therapist has been engaged and assessments are commencing on residents on Wednesday, 6th July 2016. All assessments will be completed within two weeks of this date. Actions from the assessments will be discussed with residents / their representatives with a view to their implementation.

Proposed Timescale: 31/07/2016

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:

No records were available for the complaint recorded in 2016.

3. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Records have been updated detailing the outcome of complaint recorded in 2016. Staff have re-familiarised themselves with complaints procedure to ensure that records are fully completed in future.

Proposed Timescale: 05/07/2016