

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Maple Court Nursing Home
<b>Centre ID:</b>	OSV-0000062
<b>Centre address:</b>	Dublin Road, Castlepollard, Mullingar, Westmeath.
<b>Telephone number:</b>	044 966 2919
<b>Email address:</b>	tomryan01@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Maple Court Nursing Home Limited
<b>Provider Nominee:</b>	Thomas Ryan
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with 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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 01 April 2016 09:30 To: 01 April 2016 13:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

The purpose of this inspection was to monitor ongoing regulatory compliance. This inspection was unannounced and triggered by a notification received of the absence of a key person participating in the management of this centre.

This centre was last inspected by the Health Information and Quality Authority (HIQA) on the 2 July 2015 following a change in the person in charge. The person in charge of this centre also has responsibility for another centre and an action required from the last inspection included to ensure adequate staffing and skill mix.

The centre is registered to accommodate 21 residents who require nursing care. On the day of the inspection there were 21 residents residing in the centre, one resident left to attend an out-patient appointment and there were no vacancies.

The matters arising from the last inspection were followed up. While the inspector found examples of improvements and good practice in the centre, all actions related to fire safety risk and staff training had not been completed. Improvement was also required in the maintenance and management of records and data. Nursing assessments and care planning also required improvement.

The findings are outlined within the body of the report and in the action plan at the end for response by the provider and person in charge.

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

**Findings:**  
The risk management policy had been reviewed and approved by the person in charge since the last inspection. The inspector found that the health and safety of residents, visitors and staff was promoted. However actions to mitigate the risk of accidents associated with the smoking arrangements had not been fully completed. Plans to address this risk were described and an update provided when completed.

On arrival to the centre the inspector found a strong odour of tobacco or smoke. On examination, the inspector observed a resident smoking in the hairdressing room, as on the last inspection. The door to this room was held in an open position by the wedge throughout the inspection. The inspector confirmed with staff that this arrangement was routine and that the room served a dual purpose. Three residents used this room as a smoke room while others used it as the hairdressing room. Due to the arrangements of the door held open the smoke migrated onto the corridor impacting on others in the centre. Staff told the inspector that residents preferred or needed the door to be held open for supervision or to support those who needed assistance when smoking.

The person in charge was aware that these arrangements were not suitable and posed a risk to residents and persons within the centre. The person in charge informed the inspector of a plan to reconfigure two rooms to create a dedicated smoke room with the vision panel and mechanical ventilation. She followed up with a subsequent email as evidence of the provider nominee's commitment to address this matter in the near future.

Since the last inspection and as indicated in the action plan response, cigarette receptacles and a protective apron for those who smoke was made available to mitigated identified risks.

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

improvements.

Since the inspection staff training in manual handling, falls management, infection control, fire safety, recognising and responding to elder abuse and missing person drills had been provided to staff. Fire safety training and simulated evacuation had been completed by up to 73% of staff.

A programme of training was planned to include refresher training to existing staff and include staff recently recruited. However, gaps in mandatory training were found in fire safety training and evacuation, and cardiopulmonary resuscitation (CPR) that included both staff working in the centre on the previous inspection as well as those recruited since. Staff training deficiencies are reported in the action plan of outcome 18.

**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):**

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

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. From the last inspection improvements were required in the handling and dispensing of medication, which had been addressed.

Practices and procedures in relation to the ordering, prescribing, dispensing and administration of medicines to residents were found to be in accordance with the policy and reflective of professional guidelines. Safe systems were in place for the storage of medicines, including controlled drugs. Changes in the dispensed medicine by the pharmacy had occurred since the last inspection to improve practice.

Arrangements were described that involved the pharmacist, General practitioner (GP) and person in charge or clinical nurse manager in medication reviews. A system to monitor, audit and review medication management arrangements and errors, in accordance with the policy was described. Action taken on foot of an error noted in an audit demonstrated that the arrangements in place informed learning, appraised nurse performance and improved practices to safeguard residents.

Medication prescribed for residents by the GP was reviewed on a regular basis. A system of auditing records of prescriptions, administration records and stock were carried out by the management team. The nursing team and residents were supported by the pharmacist to promote safe practices.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were no required actions from the previous inspection. However, areas for improvements were identified on this inspection in relation to:

- the recording of clinical practice in accordance with national and professional guidelines and
- the completion of accurate assessments to inform residents' care plans.

There were two residents requiring wound treatment and pressure ulcer care at the time of this inspection. Pressure relieving devices and access to professionals with specialist knowledge was available to promote healing. However, the inspector found that improvements were required in relation to the recording of the clinical practice related to the assessment and management of their care.

A comprehensive assessment of each resident's needs and status could not be determined by the clinical records maintained. Records were incomplete in parts following care delivered. In the records reviewed, the wound assessment records did not accurately describe individual wounds or sites, the measurement or size of each site, the grade or appearance of each.

The arrangements described and found in relation to the management of photographic data and the data controller required improvement. Photographs were shown to the inspector on a device. However, they had not been downloaded or printed at the time to identify the individual resident and site to each photo. A measurement aid had not been used in the photographs seen on the camera to inform a complete assessment of the wound or ulcerated area.

The policy and procedures in relation to wound care and pressure ulcer management required review and updating to reflect best practice guidelines and ensure data protection. Staff training was required to promote best practise in wound care and

pressure ulcer prevention and management.

As a result of an incomplete assessments and classification of wounds or pressure ulcers, care plans were not sufficiently maintained or detailed to guide care or inform an evaluation of wound care provided.

The mobility needs, and care plan of a resident was also reviewed by the inspector. The inspector confirmed and read that following an assessment of the resident's mobility needs, a plan to have three staff to aid transfers and mobility was required. However, the provision of three staff was not available to the resident at all times. For example at night or while on outings where there was a maximum of two staff.

This care plan was unable to be delivered based on the assessment of need reported by staff and recorded. The person in charge acknowledged this finding and told the inspector that a review to include a physiotherapist and or an occupational therapist would be arranged. Since the inspection the person in charge has confirmed that a review to determine the appropriate number of staff and aids required was completed. The care plan was revised supported with the required resources.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The actions required from the last inspection were addressed and were to be reviewed on an ongoing basis.

Since the previous inspection some improvements had been made to reduce the noise levels and enhance the environment with colour. Families and residents were encouraged to personalise bedrooms with individual items or photographs and were offered to choose a colour of paint for their bedroom decor. Some examples of this improvement were found.

The previous inspection found bedroom doors held open with items of furniture. This had been addressed to maintain residents' privacy and dignity.

Linen had been purchased to improve the appearance and quality of bed clothing.

**Judgment:**

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:**

Person-centred care and support

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

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

**Findings:**

Measures were put in place to address the required action of the last inspection. A revised template to include all relevant details was recorded to evaluate all issues of concern or an expression of dissatisfaction was available. Staff were informed and aware of the revised template.

The complaint and communication policies had been reviewed and updated by the person in charge since the last inspection. There were no reported or recorded complaints since the previous inspection.

An arrangement to have an advocacy group meet with the resident group was planned. The person in charge said the aim of this meeting was to raise resident and staff awareness in relation to the availability and role of advocates and offer support to residents.

**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):**

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

**Findings:**

The person in charge of this centre also has responsibility for governance and management of another centre. This was an unannounced inspection triggered by a notification received of the absence of a key person participating in the management of this centre.

On arrival to the centre at 09:45hrs the inspector found six members of staff on duty for 21 residents. One resident had left the centre earlier to attend a planned out-patient appointment and there were no vacant places available.

The nurse on duty was administering medicines to residents while three care assistants supported and responded to residents' needs. A housekeeping staff and a catering member of staff were also on duty. The person in charge and two other staff members that included an activity co-ordinator and administrator arrived soon after the commencement of the inspection. A roster was available to include and detail all staff working in the centre.

The environment was calm and residents were seen to be responded to by staff in a timely manner. Staffing levels and skill mix were found to be adequate during this inspection.

Staff confirmed that staff shift patterns and handover arrangements had changed since the last inspection. This was reflected in the roster. Staff and residents told the inspector they were satisfied with the staffing arrangements in place.

The person in charge was satisfied with the staffing levels and skill mix available and told the inspector that the recruitment of additional staff was ongoing. Staff employed since the previous inspection reported a detailed induction and a reasonable level of supervision and facilitation by the person in charge following their commencement.

A plan and programme of training was outlined that operated between both centres managed by the person in charge. As referenced in outcome 8, training had been provided since the last inspection. However, gaps were found following a review of the training records available and in discussions with staff. This was acknowledged by the person in charge and staff on duty who had the plan of training dates arranged to address the gaps.

A record of mandatory and relevant training required by rostered staff working day and night duty was not available for some staff. As indicated in outcome 8, training in fire safety had not been completed by all staff, and CPR or first aid had not been completed or refreshed by relevant staff. Training specific to assessments, wound management and clinical recording was required based on the findings reported in outcome 11.

**Judgment:**

Non Compliant - Moderate

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## 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 report<sup>1</sup>

<b>Centre name:</b>	Maple Court Nursing Home
<b>Centre ID:</b>	OSV-0000062
<b>Date of inspection:</b>	01/04/2016
<b>Date of response:</b>	23/05/2016

#### 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 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:**

Smoking arrangements in the centre were not suitable and posed a risk to residents and persons within the centre.

**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

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

essential services or damage to property.

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

An alternative room with observation door is being constructed with the sole purpose as use for smoking room only.

Smoking apron and closed ashtrays are in place to reduce risk of injury to resident

**Proposed Timescale:** 08/06/2016

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

**Theme:**

Effective care and support

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

A comprehensive assessment of each resident's needs and status could not be determined by the records maintained.

Records were incomplete in parts such as wound assessments.

Entries by staff referring the reviewer to photographic evidence to inform the assessment were not available on file when followed up.

**2. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

All staff were reminded verbally and by notice displayed to ensure that wound assessments with measured photographs are completed in full and accurately reflected in care plans and placed in the residents file on the day by the nurse on duty.

**Proposed Timescale:** 23/05/2016

**Theme:**

Effective care and support

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

As a result of an incomplete assessments and classification of wound or pressure ulcers, care plans were not sufficiently maintained or detailed to guide care or inform an evaluation of service provided.

A prepared plan of care could not be provided to the resident at all times due to the provision of resources available.

**3. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

It was reiterated to all staff the importance of ensuring that all care plans are up to date reflecting the residents needs at all times.

**Proposed Timescale:** 23/05/2016

**Theme:**

Effective care and support

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

Improvements were required following this inspection in relation to:

- the recording of clinical practice in accordance with national and professional guidelines and
- the completion of accurate assessments to inform realistic care plans.

**4. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Wound management policy was updated. All staff were reminded of the importance of following good practice guidelines as outlined in our policy. Wound assessment chart was updated to include the measurements and photographs completed and filed in residents chart. See attached wound assessment form and updated wound policy

**Proposed Timescale:** 23/05/2016

**Outcome 18: Suitable Staffing****Theme:**

Workforce

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

Some rostered staff working day and night duty had not completed mandatory and relevant training that included fire safety, first aid and CPR.

Training specific to clinical assessments, wound management and clinical recording was required based on the findings on inspection.

**5. 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 staff informed of importance of good training attendance. All staff requested to attend all further trainings provided by Maple Court. Extra training supplied to facilitate staff. Please see attached training register.

Wound training took place in Maple Court on 06.05.2016.

PIC attend Wound Training in Royal College of Surgeons on 24.06.2016.

Staff Nurse training arranged for 26.05.2016.

Further wound training arranged for 30.05.2016.

Proposed Timescale: On Going

**Proposed Timescale:**