

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Maryfield Nursing Home
Centre ID:	0064
Centre address:	Old Lucan Road Chapelizod Co Dublin 24
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Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	The Frances Taylor Foundation Ltd
Person in charge:	Sr. Marie Flynn Jan Kiely (Appointed to replace Sr. Marie Flynn at end of March 2010)
Date of inspection:	4 March and 5 March 2010
Time inspection took place:	4 March Start: 09:00 hrs Complete: 17:30 hrs 5 March Start: 09:30 hrs Complete: 18:00 hrs
Lead inspector:	Finbarr Colfer
Support inspector(s):	Carol Grogan
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Registration inspections are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration

renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

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About the centre

Description of services and premises

Maryfield Nursing Home provides 54 residential places for older people, including residents with dementia related conditions. It is situated in a complex with eight independent living chalets and 32 apartments for older people. The chalets and apartments are not part of the residential centre, but their residents do participate in activities and can avail of meals there.

The entrance opens into a spacious reception area. A corridor directly back from reception leads to a large chapel, which is used by residents and members of the public. A large dining room is across from the chapel. The kitchen area is at the top end of the dining room and a seating and activities area at the bottom. The administration area is to the left of reception. This has offices for the person in charge, the administrator, the human resources manager and accounts staff.

The centre has 52 single rooms and one double room divided in three units over three levels. There were three lifts to access the different levels. St Bridget's unit is on the ground floor and lower ground floor to the rear of the building, St. Anne's Unit and Lourdes Unit are on the ground and first floor. Each level of the units has a sitting room. There is an activities room on the first level in St. Anne's ward and another with a pool table and library area adjacent to St. Bridget's unit, 11 bedrooms have an en suite toilet, wash hand basin and shower and 41 bedrooms have an en suite toilet and wash hand basin. There is one double room, and it has an en suite toilet, wash hand basin and shower. The centre has seven additional toilets and five assisted bathrooms. The centre also has a visitor's overnight room.

Location

The centre is located in a residential area close to Chapelizod village centre in Dublin 20.

Date centre was first established:	1974
Number of residents on the date of inspection	51

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	15	14	12

Management structure

Maryfield Nursing Home is one of two centres owned by the provider, the Frances Taylor Foundation Ltd, a company operated by the Poor Servants of the Mother of God, a religious order of nuns. The designated contact person is Sr. Margaret Cashman. The Person in Charge is the Director of Nursing, Sr. Marie Flynn, and she reports to Sr. Margaret Cashman. Sr. Marie Flynn is to retire at the end of March 2010, and her replacement Jan Kiely, is working alongside her until then. The administrator, Nicholas Walsh, and the Human Resources Manager, Maura McCarthy also report to the Provider. The human resources manager also works in the provider's other centre. Kitchen, laundry and household staff report to the human resources manager, and nurses and care assistants report to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1 plus the new person in charge due to take over from beginning of April 2010	3	9	3	2 Laundry 3 Cleaning	2	3 (Administrator, HR Manager, Activities Worker)

Summary of findings from this inspection

This was an announced registration inspection, and the centre's first inspection by the Health Information and Quality Authority. The provider had applied for registration under the Health Act, 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. This registration inspection took place over two days.

Inspectors met with residents, relatives, and staff members. They also met with the provider, the person in charge, the administrator and the human resources manager. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Separate fit person interviews were carried out with the provider and the incoming person in charge, both of whom had completed the fit person self assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documents.

Inspectors found that the provider and the person in charge were committed to the provision of good quality services to older people. Inspectors found evidence of good practice across all domains. The health and well being of residents was provided for in a person-centred way. Staff were knowledgeable about the needs of residents, including those with dementia, and provided care in a respectful and sensitive manner. Staff promoted social interaction and inclusion amongst residents, and residents could participate in a range of formal and informal activities which made their day interesting. The provider had taken measures to ensure the safety of residents, staff and visitors.

Inspectors identified a number of areas that required significant improvement that the provider needed to undertake to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. These included:

- strengthening the fire precautions by completing the conditions set out in the fire safety statement and having more regular fire drills
- introducing a process for deciding staffing levels and skill-mix based on the assessed needs of residents and the size and layout of the centre, with particular attention to staff skill-mix at night.
- reviewing the medication management arrangements to improve the safety of residents and to reduce the risk of drug error
- improving the safety of residents by storing cleaning chemicals securely and locking doors to hazardous areas of the building

- ensuring that staff files contain all the documentation to ensure the recruitment of staff that can provide care in a safe and effective manner, and to meet the requirements of the regulations.

Improvements were also required in the management of restraint. These improvements and other recommendations are discussed in the body of the report and are included in the Action Plan at the end of the report.

Residents' and relatives' comments

Residents

Inspectors received six completed questionnaires from residents, interviewed residents, and met with other residents during the course of the inspection.

Residents said that they thought the centre provided a good service. They were complimentary about the meals. All residents said that their clothes were well cared for and that the laundry service was good.

When speaking about staff, one resident said that they were 'most helpful, kind and pleasant' while another resident said that the staff were 'caring and warm'. A resident said that staff were 'well trained in caring for residents and another said "I appreciate having somebody to call on day and night".

Residents said that they felt safe in the centre. A number of residents spoke about the call bells, saying that they were able to get help any time they needed it. One resident said that it was important to her that she lived where she 'could feel safe and where residents can still be independent'.

When asked about what they enjoyed doing during the day, residents spoke about a range of activities including reading, exercises, bingo, table quiz, art and spending time in the garden during fine weather.

Relatives

Completed questionnaires were received from eight relatives and inspectors interviewed four relatives.

Relatives said that they felt welcome in the centre and that it had a 'lovely homely atmosphere'. They said that they were offered refreshments when they visited, and one relative told inspectors that she had been invited to have Christmas dinner with her family member. A relative said that she sometimes joined in the activities with her family member.

Relatives said that staff treated residents with respect and courtesy, and described them as 'kind', 'helpful' and 'wonderful'. A relative said that staff had 'great patience with all residents, while others commented on how well the staff knew their family members.

When speaking about the care of her family member, a relative commented that there is 'always someone around to watch out for my dad who wanders quite a bit'. Another said that her family member initially put herself at risk by not accepting her physical limitations and had tried to be too independent, but that the staff were 'there for her and didn't get cross with her', and helped her to understand the importance of safety. A relative said that staff encouraged her family member to be involved in activities and tried to 'cheer her up when she is feeling down'. Another said that the staff were able to recognise signs of distress and anxiety and helped her father to cope with it.

Relatives told inspectors about residents' healthcare, and all said that there was good general practitioner (GP) cover. One relative said that her family member's medication was reviewed regularly by her GP. Another relative told inspectors that their family member saw her GP regularly and also saw the physiotherapist and a chiropodist. A relative told an inspector about a time when her mother had to go to hospital during the night. The person in charge made all the arrangements, accompanied her mother, and stayed with her during the night.

Relatives were complimentary of the activities that were available to residents and included physiotherapy exercises, card games, meeting with friends for a chat in the sitting rooms and trips to the theatre.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

There was evidence of good leadership. The person in charge, the administrator and the human resources manager had undertaken a significant amount of work to ensure that they met the requirements of the regulations and standards including the development of a statement of purpose and a Residents' Guide. Inspectors reviewed the statement of purpose and found that it reflected the services provided in the centre. Care had been taken to ensure that the information provided in both documents was written in plain language and easily understood. The person in charge had informed all staff of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. An inspector reviewed the minutes of two recent meetings with staff to discuss the standards and help staff to prepare for inspection visits.

The provider and person in charge had prioritised the prevention of elder abuse. Training had been provided to all staff in 2008 and a further training session had been provided in 2009 which was attended by 10 staff members. The inspector saw the training plan and three further training sessions were included for 2010. Staff were able to explain to inspectors what elder abuse was and what their responsibilities were if they suspected abuse.

The safety of residents, staff and visitors was also prioritised. There was a safety statement which was dated 2009, and was being reviewed for 2010. A risk analysis had been carried out on all areas of work, and directions provided on the management of those risks. Fire training was regularly provided to all staff. The human resources manager monitored attendance and ensured all staff completed this training. The fire evacuation plan and evacuation notices were posted throughout the centre. Staff were able to tell inspectors about their responsibilities in the event of a fire. Inspectors read the servicing records and confirmed that fire alarms and fire equipment were serviced regularly. The centre had an emergency plan which included arrangements for residents if they were unable to re-enter the building.

The human resources manager and the administrator were diligent in safety management. The inspector reviewed records of their monthly safety checks. The safety check on 17 December 2010 stated that the electric cable on a floor cleaning machine was frayed. The cable had been replaced and the record stated that cleaning staff were asked to prevent cables getting caught in doors. An inspector asked a cleaning staff member about safety measures and she said that she needed to ensure that electric cables did not get caught in closed doors.

An inspector reviewed the accident and incident reports. Accidents and incidents and the actions taken in response to them were recorded in detail on an accident form, and a summary was kept in an Accident Log book.

The complaints procedure had been reviewed in December 2009, and it provided residents and visitors with clear information about the complaints process. Any complaints that were not resolved to the satisfaction of the complainant could be appealed to the chairperson of the Board of Directors. The contact details of an independent advocate were also provided. The procedure invited those making complaints to have someone to support them if they wished. The contact details of the Health Information and Quality Authority were also provided at the end of the procedure. An inspector reviewed the complaints log, and noted that concerns and complaints were recorded, giving the details of the issues, and the responses of staff.

The person in charge stated that staff did not manage residents' finances as they were managed by family or friends. Residents could store valuables or personal money in a safe in the nurses' office. This was recorded and signed in a log book.

The finances of the centre were audited annually by an external company. The administrator provided a copy of the most recent audited accounts. The provider had valid insurance cover, which included indemnity for the property of residents up to €1,000. All residents had a contract of care.

Some improvements required

The policies and procedures manual had been provided by an external agency, and included all of the policies required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Staff knew about the policies and were able to tell inspectors where the policies were kept. However, some of the policies such as the communications policy and the residents' personal property policy had not been adapted to reflect practice in the centre. There was also inconsistency in the signing and dating of policies and procedures. For example, the end of life policy and the retention of records policy were dated but not signed or localised.

There was no ongoing process for auditing such areas as falls, or complaints, and using the information to identify trends, learn from the information, prevent any further risk to residents and improve their quality of life and safety.

The person in charge maintained an up-to-date directory of residents. However, the directory did not contain some items required by the regulations, namely the telephone number for the resident's GP and the name and address of any referral agency.

Significant improvements required

Inspectors were concerned about the process for determining staffing levels at night-time. The administrator told inspectors that staffing levels were benchmarked against reports from other agencies, and that these indicated a resident - staff ratio that was higher than the average. There was no process for deciding staffing levels based on the assessed needs of residents and the size and layout of the centre. Inspectors found that the current staffing mix and levels at night did not ensure the safety of residents. Only one nurse was on-duty at night-time for all residents in a three-storey centre, assisted by three care assistants. In the past, that nurse could call on one of the religious sisters for assistance if needed. However, from the end of March, this will no longer be possible. Also, St. Bridget's Unit had only one care assistant on-duty covering two floors.

The provider needed to take further measures to strengthen fire precautions. A competent person had provided a fire safety statement, but it contained a number of conditions to be met by the provider. Some of these conditions were still outstanding. Only one fire drill had been carried out in 2009, and one had been carried out so far in 2010. The human resources manager told inspectors that the conditions on the fire safety statement were in the process of completion, and that there were plans for more regular fire drills in 2010.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors found evidence of good practice in the quality of service. There was a sociable atmosphere and inspectors saw residents chatting in small groups throughout the day. Staff members had good relationships with residents and treated them with tenderness and respect.

Residents had an interesting and varied day with opportunities to participate in a range of meaningful and appropriate activities. The activities worker had completed a survey with residents and was trying out a number of new activities. She kept a log of all activities, the participants and what the outcome of the activity had been. Inspectors spoke with the activities worker and reviewed the survey results and the activities log. Activities were organised based on the survey results and included bingo, arts and crafts, table quizzes, exercises, and cinema afternoons. She also provided quieter sessions to more dependent residents such as hand massage and relaxation. She had worked with one resident to produce a booklet of the resident's life story with photographs and text. She said that the resident enjoyed it so much that she had started the project with two other residents. On the first day, inspectors saw a very lively table quiz. A resident told inspectors that she met friends in the downstairs sitting room for a game of pool most afternoons.

Inspectors saw staff welcoming visitors offering them tea or coffee and biscuits. They were invited to participate in any activities, and one resident told an inspector that her sister could join her for dinner anytime she wished. Some people from the local community attended mass in the centre, and were invited to join residents for a cup of tea after mass. The person in charge saw this as one of the ways the nursing home promoted links with the local community.

Mealtimes were enjoyable, social occasions for residents. The dining room was spacious and organised in a welcoming and attractive manner. The tables could each accommodate four diners, and had a table cloth, condiments and disposable napkins folded in every drinking glass. Staff were allocated responsibility for up to four tables during meal times. The menu was provided on a large blackboard, and staff told residents what was on the menu. Each resident had a choice of two starters. There was a choice of three dishes for the main meal. Fresh vegetables were served on a separate platter at each table and residents could help themselves. Staff offered

sauces, gravy and second helpings to residents. There was a choice of four desserts, with tea or coffee. Some residents required pureed food. The food portions were presented separately on the plate, and looked appetising. Residents with special diets were catered for. The first lunch sitting was for residents who required additional support to eat. An inspector observed staff sitting beside residents while assisting them. It was unrushed, and staff chatted with residents as they ate. Inspectors joined residents for the second lunch sitting. Some residents from the independent living apartments and chalets were also present. Residents chatted with each other throughout the meal. After lunch, many residents went to a large seating area at the end of the dining room and sat in groups talking with each other over a glass of wine.

Inspectors saw snacks and drinks being offered to residents throughout the day. In the morning, residents were offered soup, served on a small individual tray with napkins, salt and pepper and a small plate of biscuits. Residents could have tea or coffee and biscuits at any time. Water and juices were offered to residents regularly.

Residents were supported to practice their religious beliefs. The person in charge told inspectors that all of the current residents were Roman Catholic. However, they have had residents of other denominations in the past, and arrangements had been made for ministers from those denominations to visit those residents.

Some improvements required

The staff had a lot of informal knowledge about residents, but much of this was not recorded and had not been used to plan service improvement. For example, the quality of food and food preferences were discussed at residents' meetings and the chef was able to tell the inspector about residents' dietary requirements and preferences. The chef also met with residents regularly to get their feedback on meals but did not have a record of this, and could not demonstrate how this information and information from the residents' meetings was used in menu planning. Relatives were invited to the residents' meetings, but did not attend. There was no other formal way to gather the views of relatives, such as questionnaires or a relatives' forum.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The nursing staff used a range of recognised assessments to plan the nursing care of residents. The information was recorded in a person-centred manner, referring to the resident throughout by their preferred name.

Inspectors reviewed residents' medical records. Residents had ready access to GP services, and were supported to retain their own GP where this was possible. Residents' files contained a record of the regular full review of each resident's medication. The review was conducted at least every three months and more often if required. Inspectors also found that residents had access to a range of peripatetic services including dietician, community psychiatric nurse and opticians. A chartered physiotherapist provided support on a voluntary basis three times a week. One resident told inspectors that she had needed her glasses changed and the staff had arranged it for her. One of the resident's files recorded visits by the resident to the dietician, and a follow up visit to the centre by the dietician. The dietician's recommendations were reflected in the resident's care plan.

The person in charge had ensured that nurses and care assistants had a good knowledge of the needs of people with dementia. Nurses and care assistants had been sent on dementia care training. Nurses had developed planned, individual interventions for residents with dementia, so that they were not isolated but were included in the life of the centre as much as possible. An inspector and one of the nurses reviewed the care plan of one resident who had been diagnosed with dementia. It contained a range of assessments including a mental health assessment and behaviour management interventions. The resident had a daily routine which kept the day structured but interesting for her, and helped prevent any behaviour issues arising. Inspectors observed care assistants helping this resident, and they did so in a patient and caring manner. They were able to tell an inspector about the resident's daily routine, and how it helped her 'to have a good day'. Another resident explained to an inspector that she sometimes got very forgetful and was getting confused more often. She said that staff were easy to talk to, helped her and tried different things to stimulate her such as exercises.

The centre had localised policies on managing behaviour that challenges, intimate care, managing falls and use of restraint. All staff members had to complete and sign a form giving a brief explanation of each policy and outlining their responsibilities.

Some improvements required

All residents had a care plan, and the care plans were computer based. Inspectors reviewed the care plans for four residents. Nurses used a range of recognised assessments to plan the care provided to these residents, including falls risk assessments, continence, nutrition, oral cavity, pressure sore and dependency level assessments. The assessments and the goal plans had been reviewed regularly, at least every three months and more often when required. However, the care plans focused on nursing problems. Nurses and care assistants were able to tell inspectors about the social and personal needs of residents but these were not reflected in the care plans. The residents and their representatives were not involved in the development or review of the care plans, and did not have access to them.

The arrangements for the use of restraint measures were inadequate. Inspectors reviewed the restraint policy and the restraint records for two residents. The policy provided clear direction to staff on the use of restraint. The residents' files contained a restraint consent form and records were kept of when restraint had been used and the duration of its use. However, the restraint form did not provide adequate information on the specific reasons for restraint or direction on the duration that the restraint should be used. Records were kept of the use of restraint; however, there was no record in the files of a review of restraint measures. In one resident's file, the use of restraint ceased without any explanation or recorded review. The nurse could not find the restraint records for another resident

Significant improvements required

Inspectors identified a number of issues in the medication management process which could compromise the safe administration of medication and increase the risk of drug error. Inspectors reviewed the medication management policies and joined a nurse on her medication round. Some residents were self medicating, but there was no process to review their capacity to do so safely. Controlled drugs (medication that require special measures to ensure safety) were checked weekly rather than at the handover of each shift. Some residents used crushed medications but these had not been prescribed by their GP or reviewed by the pharmacist. The specific times for the administration of some medication were not recorded on the prescription sheets or the administration charts. The GP had not specified the maximum dosage for PRN (as required) medication on the prescription sheets.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was a homely place and the décor was domestic, with warm colours and paintings on walls throughout the centre. There were plenty of communal seating areas which were nicely furnished, with a variety of armchairs and sofas. One seating area at the end of the dining room had large panoramic windows looking over a river. This room had a piano and a large screen television. Residents told inspectors that this area was used for activities such as the cinema afternoons and the exercise programmes. Some residents showed inspectors their bedrooms. The rooms were well furnished, spacious and some of the residents had brought their own furniture from home. The centre had a twin bedroom for use by relatives who wished to be near residents when they were sick or dying.

There was an ongoing process for refurbishment and modernisation. The administrator showed an inspector the improvements that had been made in the previous three years, and they included the installation of new windows in previously dark corridors and the provision of large bay windows in the smaller sitting rooms to allow for more natural light. All of the windows at the front of the building had been replaced. Bedrooms had been reduced from twin to single rooms. A secure garden had been installed, which could be accessed easily and safely by all residents. The administrator told inspectors of refurbishment plans for the coming year which included the installation of windows in the remaining dark corridors, the replacement of windows to the rear of the centre and the replacements of soffits and fascia. There were plans to replace the boilers at a future date. An inspector reviewed the budget for 2010, and an amount had been allocated for this refurbishment work.

Each residential unit had a kitchenette containing a kettle, toaster, microwave, fridge, sink and cupboards. These were available for use by residents and by visitors. One relative told inspectors that she appreciated that facility and used it to make tea and snacks for herself and her mother.

The provider had ensured that residents had access to appropriate sanitary services. Hot water was available throughout the day, moderated by thermostatic controls. Most bedrooms had en suite showers, toilets and wash hand basins. There were additional communal toilets and bathrooms. Residents had sufficient access to assisted baths. There were five assisted baths available for use by residents.

The kitchen was spacious, clean and bright. It was well equipped and was well-stocked with fresh and frozen vegetables, fresh fruit, bread, milk and meats. The chef kept records of the dietary requirements of each resident, and these were updated regularly.

The laundry was spacious, clean and well laid out, with plenty of work top space and areas to segregate soiled laundry and store clean laundry. There were two commercial washing machines and dryers. Laundry workers told an inspector how they managed residents' personal laundry, including delicate items and ironing clothes. They also washed all bed linen and towels. The laundry workers had recently completed infection control refresher training and were able to tell the inspector about measures they had in place to prevent cross infection in the laundry. The sluice rooms were well equipped with stainless steel sinks and storage areas for bedpans. They also had wash hand basins and paper towel dispensers.

The provider and person in charge had taken measures to control the risk of infection. Alcohol gel, gloves and aprons were available on trolleys in each unit. A high level of cleanliness was maintained throughout the building. External training on cleaning and infection control had been provided to household staff and they were able to tell inspectors about the measures they took to control the risk of infection, such as the use of specific mops and cleaning clothes for designated areas of the centre

A range of assistive equipment and fittings were provided to meet the needs of residents, including grab rails in all corridors and bathroom areas, hoists and wheelchairs. All rooms had a call bell and in addition, each resident had the option of a call bell pendant which they could carry with them.

The provider ensured that assistive equipment and all other equipment was kept in good working order and serviced regularly. Inspectors viewed the contracts for the servicing and maintenance of plumbing and electrics and all assistive equipment. Inspectors reviewed the service logs which included servicing of the call bell system on 15 January 2010, the laundry equipment on 16 February 2010 and assistive equipment on 19 March 2009. The centre had sufficient storage areas for equipment and supplies. These were well organised and managed. Each bedroom had storage space for residents, including a locked cabinet for any personal valuables.

Precautions had been taken to ensure that there was power in the event of a breakdown in electricity supply. The administrator showed an inspector the standby electricity generator which had a 48 hour capacity. In the event of a prolonged breakdown in electricity supply, the standby time could be extended by refilling the oil tank.

Some improvements required

Although there were sufficient showers and five accessible baths, all of the showers were raised off the floor. Residents with mobility problems did not have the option of an accessible shower.

The cleaning of bedpans and infection control measures could be strengthened by the provision of a bedpan washer in the sluice rooms.

Significant improvements required

The safety of residents, particularly confused residents was compromised because cleaning chemicals were not stored securely and hazardous areas were not locked. Inspectors saw cleaning chemicals being stored in an unlocked press in a sluice room and on open shelves in toilets. The doors to the boiler room and the electric plant rooms were unlocked.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The person in charge had established a number of effective communication systems for staff. Inspectors reviewed the minutes of staff meetings. These included a nursing staff meeting held on 3 December 2010. Some of the topics discussed included the number of long shifts worked by nurses, some staff management issues, and training for three nurses who were to be supported to undertake FETAC Level 6 training in gerontology. Meetings for all staff were held on 8 January 2010 and 25 February 2010 to discuss the *National Quality Standards for Residential Care Settings for Older People in Ireland* and assist staff to prepare for visits by the Health Information and Quality Authority's (the Authority) inspectors. The minutes of a kitchen staff meeting on 12 February 2010 and a general staff meeting on 12 January 2010 were also reviewed. The human resources manager had established a Staff Information and Consultation Group with representatives of all grades of staff to share information on the strategic development of the centre. A meeting had been held in November 2009 and the items discussed included 'Fair Deal' funding, engaging with a new pharmacy service, the introduction of staff performance reviews and feedback from the residents' meeting.

The person in charge had established a residents' committee which agreed to meet every six months. An inspector reviewed the minutes from the 6 November 2009. The meeting was attended by fourteen residents and one relative. They were asked to discuss the service under a number of headings including activities, quality of care, staff, food, the Health and Information Quality Authority and the nomination of a residents' representative to meet regularly with the management team. Residents were told that inspectors would be visiting the centre and they were encouraged to speak with inspectors and to tell them what it was like to live in the centre.

Residents had easy access to television and radio, and residents told inspectors that they could have their choice of newspaper delivered to their room each morning.

Some improvements required

Residents' records were kept securely, ensuring that confidentiality was maintained. However, records were kept in a number of different locations and important information was not readily accessible. While reviewing residents' files, an inspector found some information in the nurses' station on the first floor and other information relating to the current status of residents in the basement of the building. The person in charge said that information had been stored in the basement because of space constraints in the nurses' station.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Residents, relatives and staff agreed that staff were available in sufficient numbers and with the skills and competencies required to meet residents' needs. Two teams delivered care during the day, each led by a staff nurse. Each care assistant was assigned to support five residents every day. A third nurse was assigned to the development and review of care plans. Nine care assistants were on-duty from 8.00 am, and six care assistants from 2.00 pm until 8.00 pm. Staffing levels were regularly reviewed, and the administrator informed inspectors that the shifts had been changed recently so that two staff members now commenced work at 7.00 am.

Inspectors were satisfied that the person in charge and the nursing staff were clear about their purpose and responsibilities. Nurses were clear about their supervisory responsibilities for care staff and inspectors observed continuous communication between care staff and nurses. All staff that inspectors spoke with were aware of the *National Quality Standards for Residential Care Settings for Older People in Ireland 2009* and Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Staff told inspectors that they enjoyed their work and identified the positive atmosphere and their relationship with residents as a key aspect of their job satisfaction. Residents also said that they had a good relationship with staff and knew many of the staff by name. Low staff turnover was evident.

An inspector reviewed the training records which confirmed a good commitment to staff education and continuous professional development. The human resources manager had developed a training plan and training had been provided based on the identified needs of residents and the service. Nurses' training included dementia care, caring for the elderly, mental health, medication management and venapuncture. Twenty three care assistants were trained to Further Education and Training Awards Council (FETAC) Level 5 or higher and six were currently engaged in FETAC Level 5 training. Three staff nurses were being funded to undertake FETAC Level 6 training in gerontology.

The human resources manager had recently introduced a performance review process and had provided training sessions for staff. There was a robust probation period for all staff and they received an appraisal at regular intervals during the probation period. Inspectors spoke with staff who were informed and clear about the probation period and performance review system. An inspector reviewed the staff files and found documentary evidence of the timely and effective management of performance issues. There was a policy in place to respond to staff absences and any long term leave.

There were staff facilities which were adequate to meet the needs of staff and included lockers, shower, toilet and dining facilities.

Some improvements required

While there was an induction programme for staff, and staff were supervised and mentored, there was no documentary evidence of the areas covered during the induction or a sign off by staff when the induction was completed.

Significant improvements required

Staff files were reviewed and some did not have the required three references on file.

Report compiled by:

Finbarr Colfer

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

22 March 2010

Provider's response to inspection report

Centre:	Maryfield Nursing Home
Centre ID:	0064
Date of inspection:	4 March and 5 March 2010
Date of response:	13 April 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

The provider needed to take further measures to strengthen fire precautions by completing the conditions set out in the fire safety statement and having more regular fire drills.

Action required:

Conduct fire drills and practices at suitable intervals, that ensure the persons working at the designated centre and, insofar as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life; and provide to the Chief written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Reference:

Health Act, 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All conditions set out in the fire safety statement have been completed. A letter verifying this was signed by our fire safety engineering consultants and forwarded to the Authority on 30 March 2010.</p> <p>We plan to conduct fire drills on a six monthly basis from the date of our last fire drill on 2 March 2010.</p>	<p>30/03/2010</p>

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no process for deciding staffing levels based on the assessed needs of residents and the size and layout of the centre. Inspectors found that the current staffing mix and levels at night did not ensure the safety of residents.</p>	
<p>Action required:</p> <p>Ensure that at all times the numbers of staff and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The current process of deciding staffing levels is based on resident dependency levels and industry norms (Age Action Ireland: A Fair Price for Care Report 2006). Until 31 March 10, the Director of Nursing was resident in the Nursing Home and was available on night duty when necessary. In light of this change and as part of a continual review and reassessment of staffing levels we have decided to increase nursing levels on nights, are currently in the process of recruiting additional staff nurses.</p>	<p>21/06/2010</p>

3. The provider has failed to comply with a regulatory requirement in the following respect:

A number of issues were identified with the medication management process which could compromise the safe administration of medication. For example:

- some residents were self medicating, but there was no process to review their capacity to do so safely
- controlled drugs (medication that require special measures to ensure safety) were checked weekly rather than at the handover of each shift
- some residents used crushed medications but these had not been prescribed by their GP or reviewed by the pharmacist
- the specific times for the administration of some medication were not recorded on the prescription sheets or the administration charts
- the GP had not specified the maximum dosage for PRN medication on the prescription sheets.

Action required:

Introduce appropriate and suitable practices and written operational policies relating to the administration of medicines for residents who self medicate.

Action required:

Introduce appropriate and suitable practices and written operational policies relating to the storage and management of controlled drugs.

Action required:

Introduce appropriate and suitable practices and written operational policies relating to the administration of crushed medication.

Action required:

Introduce appropriate and suitable practices and written operational policies relating to the specific times for the administration of prescribed medications.

Action required:

Introduce appropriate and suitable practices and written operational policies relating to the administration of PRN (as required) medicines, including the maximum dose within a given time period.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>We are currently looking at a self medicating competency assessment for residents.</p> <p>Controlled drugs are now checked at the beginning of each shift and documented.</p> <p>The GP does prescribe the crushing of medication for certain residents, although this is not indicated on prescription but in medical notes. The crushing of medication will now be documented on prescription forms for clarity.</p> <p>GP to record specific times and maximum dosage for PRN (as required) medications on prescription charts.</p>	<p>30/04/2010</p> <p>Completed</p> <p>Completed</p> <p>Immediately</p>

4. The provider has failed to comply with a regulatory requirement in the following respect:

The safety of residents, particularly confused residents was compromised because cleaning chemicals were not stored securely and hazardous areas of the centre were not locked.

Action required:

Put precautions in place to control the risks identified.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Cleaning chemicals were now stored securely in locked storage rooms. Only cleaning staff and supervisors have keys to these rooms.</p>	<p>12/03/2010</p>

5. The provider is failing to comply with a regulatory requirement in the following respect:

Staff files were reviewed and some did not have the required three references on file.

Action required:

Obtain in respect of all staff the information and documents specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

Provider's response:

Three references have been supplied for staff that commenced employment from 1 July 2009. All remaining staff have been made aware of the situation and are currently furnishing the remaining references. Three references will be in place for all staff by 31 May 2010.

31/05/2010

6. The provider is failing to comply with a regulatory requirement in the following respect:

There was no process for auditing such areas as the medication management process, falls or complaints, and for using the information to identify trends, learn from the information and improve the quality of life and safety of residents.

Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals, and improving the quality of care provided at, and the quality of life of residents in the designated centre.

Reference:

Health Act, 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life.
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A medication audit was carried out on 15 February 2010, as part of Boot's pharmacy service to the nursing home quarterly medication audits will be carried out. From April 2010 monthly audits will be carried out on falls, complaints, infection control and any other areas required, all actions identified will be implemented.</p> <p>We acknowledge that the care plans are too clinical and need to be more resident focused. We are therefore updating all assessments and care plans to make them more resident focused.</p> <p>We are currently reviewing our restraints consent form to include the reason for restraint, type of restraint used and the duration of restraint. If restraint is used it will be reviewed after a determined period. All documentation relating to the use of restraint and its review will be placed in the relevant resident's file. All residents who are in need of any form of restraint will have the relevant forms in their file.</p>	<p>30 /4/2010</p> <p>31/7/2010</p> <p>30/4/2010</p>

Any comments the provider may wish to make:

Provider's response:

We would like to thank inspectors for the courteous manner in which the inspection was conducted; there was minimal disruption to residents, staff and the delivery of service over the two days and for this we are appreciative.

We would also like to express our thanks for the constructive feedback which we received and will welcome recommendations that will improve the quality of life and wellbeing of residents in Maryfield.

In addition, we would like to refer to the National Treatment Purchase Fund and the need for NTPF to recognise the cost implications of many of the recommendations made by the Authority.

Provider's name: Sr. Margaret Cashman

Date: 12 April 2010