

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maryborough Nursing Home
Centre ID:	OSV-0004451
Centre address:	Maryborough Hill, Douglas, Cork.
Telephone number:	021 489 1586
Email address:	office@maryboroughnh.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maryborough Nursing Home Limited
Provider Nominee:	Vivienne O'Gorman
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	1

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 May 2017 09:30	23 May 2017 17:30
24 May 2017 09:15	24 May 2017 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. Documentation to support the renewal application had been submitted in keeping with requirements. Current registration is due to expire on the 3 September 2017. As part of the inspection the inspector met with a number of residents, the person in charge, relatives and visitors, persons participating in management and numerous other staff members. The inspector observed care practices and reviewed all governance arrangements to inform this application. Clinical and operational documentation was reviewed, including policies, procedures, risk assessments, reports, residents' files and training records.

There had been no change to the governance and ownership arrangements of this

service since the previous registration renewal. The provider representative continued in the role as person in charge and was in attendance at the centre throughout the inspection. The centre was well presented with facilities and resources appropriate to the needs of the resident profile. The provider described arrangements in place to assess and review the quality of service and provided information on planned improvements as referenced in the centre's quality review. A clearly defined management structure was in place. A suitably qualified person had been appointed with responsibility for deputising for the person in charge. The provider understood the statutory responsibilities associated with the dual role held, of both person in charge and service provider. The provider demonstrated a responsive approach to regulation and a commitment to continuous improvement in the delivery of service.

The inspector met with a number of relatives and residents during the inspection and all commented positively on their experience of care at the centre. The attitude and approach by staff and management was complimented with reference to the 'patience' and 'kindness' shown. Numerous residents were seen to visit the centre throughout the two day inspection.

The premises and grounds were well presented throughout, and all fittings and equipment were clean and well maintained. A review of care plans confirmed that appropriate resources were in place to provide effective care that met the individual needs of residents. Nursing care was found to be evidence-based and supported by relevant assessments. Residents had access to appropriate health care facilities and services. The culture of care at the centre encouraged residents to maintain their independence, where possible, and residents were seen to be able to exercise choice in relation to how they spent their time in the course of the day.

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 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:

Effective systems of governance were in place. There had been no change to the ownership of the centre since the last inspection. The service was privately provided and had been in place for over twenty five years. Appropriate governance arrangements were in place, the service provider also fulfilled the role of person in charge. Care was directed through the provider whose management team was supported by three senior nurses, one of whom had been appointed as a person participating in management since the previous inspection. All members of management were available throughout the inspection and each demonstrated effective accountability in their areas of responsibility. Responsibilities were appropriately delegated, a senior nurse was nominated for appointed duties in relation to training or medicines management, for example.

The service continued to be well maintained and resources were allocated to improvements and developments on an ongoing basis. Throughout the inspection the provider demonstrated an understanding of the statutory duties and responsibilities associated with delivering a residential care service. Members of management articulated their commitment to a culture of care that was person centred, and a management of care that was focussed on improvement. This commitment was demonstrated in the quality management systems that had been implemented to assess, review and identify areas for improvement. In keeping with regulatory requirements, quality reviews were undertaken annually. These reviews reflected the analysis of quality data in relation to key areas of care such as falls, wounds and the occurrence of infection. Improvement initiatives, around training and the environment for example, were seen to be incorporated as part of a continual improvement action plan from year to year. Consultation with residents was also evident and quality data was collected on resident and relative feedback through surveys and questionnaires.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no change to the role of person in charge since the last inspection. The person in charge was appropriately qualified and experienced in keeping with statutory requirements. Throughout the course of the inspection, the person in charge demonstrated a comprehensive understanding of the statutory duties associated with the role and a professional approach to the responsibilities of managing the centre.

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:

Documentation required in relation to the registration process was available. Additional information requested in relation to the inspection process was readily provided and easily accessible. Effective systems around the maintenance and organisation of records and documentation were in evidence. Staff demonstrated a working knowledge of the

electronic recording system, appropriate to their role and grade. Records reviewed were orderly, accurate and current.

The sample of resident records that was checked were complete and contained information as detailed in Schedule 3 of the regulations; these included care plans, assessments, medical notes and nursing records. Other records maintained by the centre, as specified by Schedule 4, were also in place; for example a log of complaints, and records of incidents or accidents and any related notifications. Most of these records were maintained electronically and were readily accessible for review.

Policies, procedures and guidelines in relation to risk management were current and contained the required items as specified in the regulations; these included fire procedures, emergency plans and records of fire-safety training and drills. Maintenance records for equipment including hoists, wheelchairs and fire-fighting equipment were available. Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

Relevant systems were in place at the centre to support the safety and protection of residents. These included provisions in relation to the general security of the premises and residents, as well as policies and procedures that reflected national policy and statutory requirements around safeguarding generally. The inspector spoke with members of staff who understood their duties of care and had received current training to support them in the prevention and recognition of abuse. A nominated member of staff had designated responsibility for reporting any such incidents. Procedures for recording and investigating were in place.

The inspector spoke with residents and visitors, all of whom remarked positively on their sense of safety and security at the centre. This feedback was also reflected in questionnaires and surveys that were reviewed. Systems to protect residents included

an electronically controlled entry point and a signed register of visitors. Residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise. The centre implemented robust policies and procedures around recruitment and employment; these ensured that the necessary security vetting was in place for all new staff, or volunteers, before they commenced their role.

The policy and procedure on managing responsive behaviours, and dementia related care, had been reviewed in January 2017. All staff had received relevant training in this area. The inspector reviewed the behavioural care plan for a resident with a member of nursing staff, who was able to explain clearly the assessments and reviews that had been undertaken. This information indicated that appropriate consideration was given to the possibility of underlying conditions in the management of behaviours and that situation-specific strategies were developed and revised in light of changing circumstances. Where residents had restraints such as bed-rails in place, their use was monitored, and subject to assessment and review, in relation to both the requirement and safety of continued use. Documentation, such as consent forms, were completed as appropriate and signed copies were available for reference.

Policies on the management of resident finances and property were in place. There were appropriate processes to ensure the safe storage and return of personal belongings. Residents had secure storage provided in their rooms. Appropriate arrangements were in place for the security and control of monies belonging to residents. Receipts for expenditure were retained and transactions were signed for, and witnessed by, a second signatory. The inspector reviewed a sample of balances that reconciled with the recorded information. However, where the centre directly managed the finances of a resident, practice required review in order to comply with the relevant guidance by the department of social protection.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

Appropriate action had been taken to address issues identified on the previous inspection. There was a designated area for use as a hairdressing facility that was appropriately equipped and risk assessed. The fire alarm panel was accessible. Evacuation plans were easy to read and clearly identified the location of nearest exits. A risk management policy was in place that referenced the specific areas of risk identified

in the regulations. There was a comprehensive risk register that identified environmental risks, and also outlined related control protocols. Risk assessments in relation to individual residents were managed separately on personal care plans. There was a current safety statement dated May 2017. An emergency plan was in place, along with associated policies and procedures around evacuation. Contact information was provided for the nominated individuals who held specific responsibilities in the event of an emergency.

The fire-safety register demonstrated that daily, weekly and monthly checks took place to ensure effective fire-safety precautions. Fire drills were conducted regularly in keeping with statutory requirements. Records of these drills included information on participants and the duration of the evacuation. Regular fire-safety training was provided, most recently in March 2017. A review of the training matrix indicated that all staff were up-to-date on this subject. Suitable fire-fighting equipment was available throughout the centre. Documentation was in place that confirmed equipment was regularly serviced and maintained. Alarms and emergency lighting were regularly tested. Adequate measures were in place to prevent accidents throughout the premises. Grab-rails had been fitted in toilets and showers. There were hand-rails along corridors. Call-bells were fitted in all rooms, where required. Emergency exits were clearly marked and unobstructed. Routine health and safety monitoring took place, documentation on one of these recorded checks of call-bells and the maintenance of nebulisers. A record of incidents and accidents was maintained electronically; a review of these entries indicated that relevant information on the circumstances, impact and outcome of events were recorded. The person in charge explained that where learning was identified, it was communicated to staff through meetings and revised protocols. As outlined in its statement of purpose, the centre operated a no-smoking policy in the building.

The premises were well maintained and decorated. The inspector spoke with household staff who were able to describe a regular programme of both routine and deep cleaning throughout the centre. Practices in place that protected against cross contamination included the use of a colour coded cleaning system. Staff received regular training in the prevention and control of infection. Staff spoken with understood infection control practices and members of staff were seen to routinely use personal protective equipment. Sanitising hand-gel was readily accessible and used by staff. An external service provided a laundering facility for bed linen. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored.

Judgment:

Compliant

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:

Areas for improvement identified on the previous inspection had been addressed; the sample of documentation reviewed on this inspection was complete and in keeping with requirements. The centre nominated a senior staff nurse with responsibility for the monitoring and review of all processes in relation to the ordering, receipt and storage of medicines. The inspector discussed these processes with the relevant staff member who summarised the monthly routine, around checks and reconciliations on the orders and returns of medicines. Practice was discussed in relation to recording medication errors and the disposal of unused or out-of-date medicines. Documentation was in place that demonstrated input and advice, as appropriate, by the pharmacy service provider. The medication management review for April 2017 was available for reference. This documentation indicated that, as well as a review of the medicines for each resident, information was also recorded on the review of specific categories of medicine, such as psychotropic and night sedation, for example. At the time of the inspection no residents were responsible for administering their own medicines.

Policies on the ordering, prescribing, storing and administration of medicines were in place. Relevant training was available to nursing staff and records indicated that these staff undertook updated training on a regular basis. A member of nursing staff demonstrated the processes in place for the management of controlled drugs that were safe and in keeping with guidelines and legislation. Where medicines were refrigerated, the temperature of storage was recorded, and monitored, and this information was recorded. Medicines, such as eye-drops and ointments, had the dates of opening recorded on the product.

An inspector observed a round of medicines administration and noted that nursing staff followed appropriate protocols in relation to hand-hygiene and the security of medicines throughout. Prescription sheets contained the required biographical information of residents, including a current photograph. A sample of prescription records was reviewed. All medicines were signed off by the prescriber. Where PRN (as required) medicines were prescribed, relevant maximum daily dosages were also recorded and signed. Residents who required their medicines to be crushed prior to administration had this practice appropriately authorised by the prescriber. Administration sheets included compliance aids to assist staff in identifying medicines. A signature bank of administering nurses was in place.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: A record of incidents and accidents that happened at the centre was maintained and, where the circumstances of the event required notification to the Chief Inspector, these were submitted in keeping with requirements. Quarterly reports were also returned as per the regulations.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 11: Health and Social Care Needs</i> <i>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.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: This outcome had been assessed as compliant on the last monitoring inspection in March 2016. There had been no substantive change to the care planning system since that time and records continued to be maintained electronically. The system provided access to relevant information on daily nursing notes, assessments and review, and care plans for specific needs. The information on the care plans reviewed was seen to correspond to the circumstances of the individual resident. The plans indicated that comprehensive information was recorded about the circumstances of the resident at time of admission, including relevant information on medicines and any diagnosed condition. There was evidence that comprehensive nursing assessments were completed on admission. Relevant validated assessment tools were used to assess needs around nutrition, skin integrity and cognitive function, for example. Consultation records with residents and their relatives were maintained. Residents were supported to keep the services of the general practitioner, or pharmacist, that they had used in the community.</p> <p>The inspector reviewed several plans of care and all had been reviewed with updated assessments as necessary. Plans of care were in place across a range of individual needs that included communication, social and recreational needs, family interactions, pain assessment and management, nutrition and dietary management, mobility,</p>

continence and hygiene, for example. The services of relevant health care professionals, in relation to issues such as dysphagia (swallowing difficulties), dietary needs and mobility issues were readily accessible. Records indicated a regular review by a general practitioner (GP). The services of a physiotherapist were available by appointment. Community mental health services were accessible and consultancy services in psychiatry and gerontology were available on referral. Where residents were transferred between services, or discharged, a record of correspondence in this regard was maintained.

The information assessed indicated that residents' health and wellbeing continued to be maintained by a high standard of care. The care plans reviewed were monitored in keeping with regulatory requirements and reflected regular attendance and review by a general practitioner (GP) on a routine, or as required basis. Staff and management had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

Judgment:

Compliant

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a comprehensive policy on end-of-life care, that had been reviewed in February 2017, and that provided relevant guidance on the emotional, psychological and physical aspects of resident care at this time. The policy also provided guidance on procedural matters in relation to the administration and documentation of circumstances around death. The policy referenced arrangements for the provision of pastoral care, in keeping with expressed religious preferences. The arrangements in place, as summarised by management, were in keeping with the requirements of the resident profile of the centre at time of inspection. The centre demonstrated a proactive approach to the gathering and review of information on residents' expressed wishes in relation to their preferences for care. Management were committed to developing the understanding of staff in relation to these needs and preferences. End-of-life care training was a mandatory component of the ongoing programme of training at the centre and all staff had received this training. A senior staff nurse held designated responsibility for communication and consultation with residents and families around advanced care planning. This role was supported by appropriate training, such as the 'Let me Decide' programme. The inspector reviewed planning processes with this

member of management and noted that a multidisciplinary approach was undertaken in considering information, to include consultation with a medical practitioner and the resident, where possible. The process acknowledged that decisions made in relation to end-of-life care were determined by the clinical presentation that prevails in the absence of residents being able to make a decision on their own behalf. The centre had meaningful access to the support and services of a palliative care team.

Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. Privacy was provided and facilities were available that allowed relatives of residents to stay overnight at the centre, if necessary. On this inspection staff spoken with demonstrated an understanding of the principles that underpinned the centre's approach to end-of-life care, and also an individual commitment to those principles of dignity and respect for the wishes and preferences of residents at the end of their lives.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The dining area was spacious and bright, with natural light from large windows. Tables were easily accessible and laid for individuals and small groups. Settings included napkins, flowers and the usual condiments, as well as specialised utensils appropriate to the needs of residents. Residents had choice around where they took their meals, with many taking breakfast in their room and some going to the dining area. Meals were served at reasonable times and the inspector noted that residents could take a late breakfast if they wished. Mealtimes were observed to be sociable and interactive, with residents and members of staff communicating easily and frequently. Menus were available that offered choice and this choice was also available where residents might require the consistency of their meal modified. The inspector noted that the meals offered were nutritious and appetising. Snacks and refreshment, such as tea, biscuits, water and drinks were available, accessible and offered throughout the day.

Relevant policies and procedures were in place that provided directions to staff on the monitoring of resident needs and circumstances around nutrition and hydration. The service was supported by access to allied healthcare for both speech and language

therapy, and dietetics. Management confirmed that training in relation to food and nutrition, and the management of dysphagia (swallowing issues), was part of the regular training programme for all staff. Training in this area had last been delivered in February 2017. Residents assessed as requiring a modified diet had individualised diet plans. This information was accessible for reference by catering staff in the kitchen. Communication between staff at handover was an opportunity for any changes in needs to be discussed. Catering staff confirmed that nursing staff updated the recorded information for individuals when necessary. Staff had access to guidance that illustrated the various modifications in food and fluid consistency that individual residents might require. Staff were seen to be familiar with, and responsive to, the individual requirements and preferences of residents. Kitchen staff had received training in keeping with their duties. Kitchen facilities and equipment were suitable to the design and layout of the premises. Staff appropriately utilised personal protective equipment, such as hairnets and aprons. Good practice was observed in relation to hygiene care, and the safe preparation and storage of food. Environmental reports were in place that indicated the service was in keeping with regulatory requirements and subject to regular assessment.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving 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):

No actions were required from the previous inspection.

Findings:

The centre had resources and systems in place to support consultation with residents. There was a policy on the provision of information. A residents' guide and the statement of purpose provided information about the service provided. Management explained that all residents and their families had a pre-admission consultation when information about the centre was provided. Regular resident committee meetings took place, usually every two months. Minutes of these were available for reference that recorded a regular attendance by residents. The meeting was usually facilitated by the independent advocate. Information on access to the advocate was on display in communal areas and management confirmed that the advocate also attended the centre to meet with residents individually. Residents were supported to vote and attend polling stations where possible. Religious ceremonies took place at the centre and access to pastoral

care was arranged as required. Residents and relatives completed satisfaction surveys at least annually. A sample of these was reviewed, along with a number of questionnaires that had been completed in response to the inspection process. These questionnaires indicated that the centre provided a very good standard of care and that there were opportunities to take part in the plans and decisions about day-to-day life in the centre. This feedback was further echoed by those relatives and residents who met and spoke with the inspector in the course of the inspection.

Resources to support interaction and engagement at the centre included a regular programme of activities. A nominated member of staff was mainly responsible for managing the activity programme, though all staff were involved to varying degrees in the development of interactions. The inspector spoke with this staff member who explained how the mood and energy levels of residents were assessed daily and how activities were arranged to suit the individual preferences and abilities of each resident, either in group sessions or on one-to-one. The range of activities and past times included sensory hand massage, art therapy and knitting as well as regular music, word association games and discussions about current events on the paper and in the news. The centre provided a dedicated activities space where there were games, props and facilities, such as an exercise bike. There was regular access to a hairdresser and a well equipped salon was available for use. Residents also had unrestricted access to a large, secure patio area with seating, potted flowers and raised herb planters.

There were no restrictive visiting arrangements and, on the days of inspection, a good number of visitors were observed spending time with residents in all areas of the centre. Residents could receive visitors in either their room or in the communal areas; a reserved area was also available for meetings in private as required. Residents' rooms were nicely decorated, and homely, with personal photographs, belongings and memorabilia. Staff were seen to observe routine courtesies in their communication and exchanges with residents and were seen to habitually knock on a room doors before entering. Residents could lock their rooms for privacy if they so wished. The centre had one twin room that had screening in place to protect the privacy of residents. Staff were seen to take time to explain any care interventions to residents, such as when assisting with meals or mobilising. Residents and relatives spoken with complimented staff on their attention and care.

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):

Findings:

Staffing levels were both consistent with the assessed needs of the resident profile, and in keeping with the design and layout of the premises. Management had appropriately appointed an additional nursing resource to support the centre during the days of inspection. The person in charge was supported by senior nursing staff. Systems of supervision and delegation were in place. The person in charge conducted regular appraisals of all staff. Senior nursing staff were nominated to areas of responsibility, such as medication management, care plan reviews and the advanced care planning process, for example. A qualified nurse was on duty at all times. Communication systems were in place that included daily handover meetings and regular staff meetings.

The inspector attended a handover meeting. The information communicated was relevant to the individual residents and ensured that staff were made aware of changing needs and preferences. Nursing and care staff had responsibility for nominated residents, these responsibilities were regularly rotated to ensure that all staff had a comprehensive awareness of the overall resident profile. Discussions with staff, and a review of the training matrix, confirmed that staff received regularly updated training in the required mandatory areas. The centre provided an additional programme of training to all staff on areas such as infection control, end-of-life care, wound care, dysphagia and dementia related care. Management articulated an appreciation of staff value and invested appropriately in relevant training. Nursing staff were supported to attend training and symposia on relevant areas such as medicines management and regulatory requirements. Policies and procedures were available in hard copy and also accessible electronically. Signature records were in place that demonstrated staff familiarised themselves with relevant guidance and discussions with staff indicated that they were aware of their duties and responsibilities in relation to the safety and welfare of all residents.

Robust recruitment practices were in place that reflected relevant policies and procedures. Security vetting was in place for all staff before taking up their appointment. An induction process was in place and staff were mentored and supervised as appropriate to their role. A sample of staff files was reviewed and all the relevant documentation was in place as required by Schedule 2 of the regulations.

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:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Maryborough Nursing Home
Centre ID:	OSV-0004451
Date of inspection:	23 & 24/05/2017
Date of response:	19/07/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Where the centre directly managed the finances of a resident, practice required review in order to comply with the relevant guidance of the department of social protection.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

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

We have reviewed our policy and practices around resident's finances to comply with the relevant guidance of the department of social protection.
There will be a separate client account as per regulations.

Proposed Timescale: 30/08/2017