



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Maryfield Nursing Home
Name of provider:	West of Ireland Alzheimer Foundation
Address of centre:	Farnablake East, Athenry, Galway
Type of inspection:	Unannounced
Date of inspection:	09 October 2024
Centre ID:	OSV-0000359
Fieldwork ID:	MON-0044416

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Maryfield Nursing Home is a designated centre that provides long term and respite care for 23 male or female residents who have dementia or a related condition. The centre is located in a rural setting approximately two kilometres from the town of Athenry and 25 kilometres from Galway city. The centre is purpose built. It is single storey and residents' accommodation is provided in 11 single and six double rooms. There is adequate sitting and dining space to accommodate all residents in comfort. A safe garden area is also available. The environment has been enhanced by the use of dementia friendly features that include signage, good levels of natural lighting and a homelike layout.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 October 2024	09:15hrs to 17:15hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

This was a well-run centre where the rights of residents were promoted and where residents were observed enjoying a good quality of life. The centre was a dementia specific unit and all residents admitted had a diagnosis of dementia. The inspector observed person-centered care, and from the observations made it was evident that the staff knew the residents care needs. The observation and interaction observed between residents and staff was positive, engaging, patient and kind.

There was a high value placed on social interaction and activities in the centre. Staff spoken with displayed knowledge of the importance of social engagement with residents. The inspector observed multiple one-to-one and small group activities occurring on the day. One wall of the communal sitting room displayed photographs of residents enjoying the outdoors, picking berries and planting flowers. The photographs of the residents on display showed that enjoyment and fun was had. On the morning of the inspection, residents were observed moving between their bedrooms and the communal spaces without restriction. While corridors were narrow, they were kept clear of clutter. The staff were seen to greet each resident by name. There was an obvious, familiar and comfortable rapport between residents and staff, and a relaxed atmosphere was evident.

On a walk of the premises, the inspector observed that the premises were clean. Ongoing maintenance works and redecoration of the premises was in progress. The inspector noted that damaged flooring in resident bedrooms had been repaired since the last inspection. However, the inspector observed that communal toilet and shower facilities were used to store equipment such as multiple commode chairs and mobility aids. This impacted on the accessibility to the communal bathroom. The inspector also noted some fire safety concerns on the walk around of the centre. For example, in the afternoon, residents who had returned to bed had their bedroom doors held open with bedside lockers and armchairs. This practice could compromise the function of the doors to contain the spread of smoke and fire in the event of a fire emergency. This was discussed with the provider at the feedback meeting, and a commitment was given to address this practice with immediate effect.

The communal sitting room was observed to be a hub of activity throughout the day, with a member of staff assigned to supervise the room at all times. The dining experience was observed to be a social occasion for residents. Residents were complimentary about the food served. Staff were observed to engage with residents during meal times and when required, provided discreet assistance and support to residents. Residents had access to snacks and drinks, outside of regular mealtimes. The inspector observed that residents, where possible, were always offered choice. For examples, a choice of breakfast and tea-time was offered at the time of serving.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this report present the inspection findings in

relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. The inspector was assured that the provider was delivering appropriate direct care to residents. Overall, the inspector found that Maryfield Nursing home provided residents with quality, safe care in accordance with their needs and choices. The inspector found that the management and oversight of care planning documentation was not in full compliance with the regulations.

This was an unannounced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. West of Ireland Alzheimers Foundation is the registered provider of Maryfield Nursing Home. The centre was registered to accommodate 23 residents. On the day of inspection, there was 22 residents living in the centre, with one vacancy. The compliance plan submitted following the previous inspection had been implemented. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs.

The inspector reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Records reviewed by the inspector confirmed that staff training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and fire safety. Staff spoken with demonstrated excellent knowledge of the training received. For example, staff responses to what action to take in the event of the fire alarm sounding was clear and consistent. Staff confirmed that they had attended fire drills.

There was evidence of monthly management meetings to provide governance and oversight of the service. The quality and safety of direct care delivered to residents was monitored through a range of audits. However, the inspector found that the oversight and management of care documentation was inadequate and did not meet with the requirements of the regulations. The inspector reviewed multiple resident care files and found that resident assessment and care plan documentation was not

always completed to ensure that residents needs were clearly communicated to all staff. For example, while residents had a detailed report of their care needs documented within a documented daily progress report, this information had not been fully processed and documented within their care plan. This incomplete documentation posed a risk that the residents needs were not appropriately assessed and that an appropriate care plan was not put in place. For example; a resident that had been admitted to the centre did not have a care plan in place for over eight days. The documentation completed on admission highlighted that the resident was a high falls risk and required a care plan to reduce the risk of falling.

The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been resolved and closed.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that some of the management systems in place were not adequately monitored and were not effective. For example; the oversight of nursing documentation failed to recognise that the care planning documentation was incomplete and did not always guide the care.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of the contract of care for residents had been completed. The terms relating to the bedroom number and the number of occupants of the bedroom was clearly stated.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed and it contained accurate information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

Residents living in the centre received a high standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' wellbeing and independence was promoted.

Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following

admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were then used to develop an individualised care plan for each resident which addressed their individual health and social care needs. However, the inspector found that this process was not always followed which resulted in incomplete care assessment and a delay in the development of care plans. The inspector found that the documentation of resident care assessments and care planning was incomplete and did not provide guidance to staff in relation to the delivery of care for all residents. Daily progress notes were recorded and detailed the current health care status of all resident files reviewed.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health-care needs. Arrangements were in place for resident to access the expertise of health and social care professionals.

Resident's nutritional care needs were monitored. Care plans, once developed, contained adequate information to guide care. Residents' weights were monitored and all staff were familiar with the level of assistance each residents required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

Residents relatives attended meetings and contributed to the organisation of the service.

The premises was designed and laid out to meet the needs of residents. There were appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in Community Settings published by the Authority. The provider had taken action to ensure the physical environment supported effective infection prevention and control measures, and reduced the risk of cross infection. The centre was visibly clean on inspection. There were effective quality assurances processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained.

The provider had measures in place to ensure that the well-being of residents in the centre was promoted. The inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. The provider had adequate resources in place to ensure that residents engaged in activities that they enjoyed.

Safeguarding of residents was promoted through staff training, regular review by management of incidents that occurred, and the development of personal safeguarding care plans. Staff advised that there were no safeguarding concerns at the time of inspection.

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks, and refreshments were readily available. Menus were developed in consideration with residents individual likes, preferences and, where necessary, their specific dietary requirements. There was adequate numbers of staff available to assist residents with their meals.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included frequent measuring of weights and maintaining a food intake monitoring chart.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessment and care plan documentation were not always in place. Assessments of need were commenced and not always completed. When staff had recognised the need for a care plan to be developed based on an assessed need, this was not completed.

Judgment: Not compliant

Regulation 6: Health care

Residents were provided with timely access to medical professional services, as necessary. Arrangements were in place for residents to access general practitioner service.

Residents were provided with timely access to a range of health and social care professionals. This included physiotherapy, dietitian services, speech and language therapy and psychiatry of old age.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse

and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection. At the time of this inspection, there were no open safeguarding concerns in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that the privacy and dignity of residents was respected by staff. Throughout the day of inspection, the staff were observed to interact with residents in a caring, patient and respectful manner. Residents were not rushed.

Independent advocacy services were available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maryfield Nursing Home OSV-0000359

Inspection ID: MON-0044416

Date of inspection: 10/10/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The process for preparation and updating of care plans has been revised with responsibility now resting with each individual nurse to prepare care plans when undertaking an admission and updating care plans as required during their shifts. • Training on care planning and nursing documentation will be provided to ensure a care plan is developed when a need is identified. • An audit is being developed to ensure that care plans are prepared for each resident on admission or no later than 48 hours after admission, care plans are updated based on a need identified, and that care plans are reviewed and updated at intervals not greater than four months. 	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: <ul style="list-style-type: none"> • The process for preparation and updating of care plans has been revised with responsibility now resting with each individual nurse to prepare care plan when undertaking an admission and updating care plans as required during their shifts. • Training on care planning and nursing documentation will be provided to ensure a care plan is developed when a need is identified. • An audit is being developed to ensure that care plans are prepared for each resident on admission or no later than 48 hours after admission and that care plans are reviewed and 	

updated at intervals not greater than four months.

- Incomplete care plan documentation on the day of inspection has been completed.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	30/11/2024
Regulation 5(3)	The person in charge shall	Not Compliant	Orange	30/11/2024

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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