



# 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:	Announced
Date of inspection:	27 February 2024
Centre ID:	OSV-0000359
Fieldwork ID:	MON-0042610

## 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 24 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 12 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:	21
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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
Tuesday 27 February 2024	09:15hrs to 16:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

The inspector found that residents were content living in the designated centre and that they received a high standard of direct care. This was a dementia specific unit. Throughout the day of inspection the inspector observed a relaxed, homely and welcoming atmosphere. Staff interactions with residents were observed to be kind, friendly and gentle.

Residents were provided with good opportunities for social engagement. There was a high value placed on social interaction and activities in the centre. Residents were cared for by a team of staff who were knowledgeable about their needs, routines and personal preferences. When asked about the staff, one resident stated that the staff are "like mothers to us". The resident then stated that the staff are "decent and kind". The inspector spent time observing residents in the communal day room in the centre. Residents appeared relaxed and comfortable in their environment. The inspector observed multiple one-to-one and small group activities. In the afternoon, the inspector observed a group activity whereby a resident was teaching all in the group how to knit. The activity was interactive and it was evident that the residents were enjoying the conversation and entertainment.

The inspector observed multiple interactions, between the staff and residents, that were person-centered. Staff were visibly present and observed providing care to residents in an unhurried manner while engaging in polite conversation with residents. For example; the inspector observed a resident who appeared distressed when standing out at the main reception. The inspector observed two members of staff talk with the resident. The resident was offered multiple choices to return to their bedroom, go for a walk, attend one of the communal sitting rooms or remain at reception. Staff engagement was observed to be kind and not rushed. The resident went for a walk with staff and a short while later was observed sitting at the reception area, enjoying a non-alcoholic lager. The resident was observed to be relaxed, content and satisfied with the intervention.

The centre was a single-storey building located on the edge of Athenry town. On a walk of the premises the inspector observed that the overall cleanliness of the premises required attention. The areas identified as requiring improvement are discussed in the report under Regulation 27; Infection prevention and control. Residents' accommodation was arranged in single and double bedrooms which were located along one corridor. Bedrooms were personalised with photos and residents' belongings. Handrails were in place along corridors. This helped residents to mobilise safely around their home.

The inspector observed that a high level of importance was placed on maintaining residents' mobility. On the day of inspection, multiple residents were observed receiving one-to-one physiotherapy sessions. The sessions were attended by a

healthcare assistant who had responsibility to ensure that a plan was followed between sessions. One resident was observed completing a step challenge.

The inspector observed the dining experience to be a social and enjoyable experience for residents. Residents were observed enjoying the company of one another in the dining room. Mealtimes were unhurried and staff were present to provide assistance and support to residents with their meals when needed. Residents were provided with a choice at mealtimes.

The following two sections, capacity and capability, and quality and safety, will outline the quality of the care and services provided for the residents.

## 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 well-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 care to residents. The inspector found that some action was required in relation to the management and oversight of record keeping to ensure full compliance with the regulations.

This was an announced 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 and to inform the application for the registration renewal of the centre.

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 21 residents living in the centre, with two vacancies. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. Within the centre, the person in charge was supported by an assistant director of nursing, a team of nurses, healthcare assistants and support staff. This management structure was found to be effective for the current number of residents.

Records reviewed by the inspector confirmed that training was up-to-date. 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, fire safety and 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). Staff were appropriately supervised and supported to perform their respective roles within the centre. 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.

The management team were proactive in response to issues and concerns brought to them by residents and relatives. The person in charge held responsibility for the review and management of complaints. At the time of inspection all complaints had been resolved and closed. An annual review of the quality and safety of care delivered to residents has been completed for 2023. Quality improvement initiatives had been identified and were in progress.

There was an audit schedule in place to monitor the delivery and quality of the care given. However, the inspector found that the oversight and management of records and accurate documentation across multiple regulations was inadequate and required action to ensure full compliance with the requirements of the regulations. For example;

- the inspector found multiple examples of incidents relating to injury that required medical treatment, and one incident of unexplained absence of a resident from the centre that had not been notified to the Chief Inspector.
- The person in charge had reviewed the complaints policy in November 2023. However, the changes in the regulations had not been incorporated into the updated policy.
- The contract for care in place for residents did not state the terms relating to the bedroom to be provided to the resident and the number of occupants of the bedroom.
- The Statement of Purpose did not contain all of the information set out in Schedule 1 of the regulations.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time in the designated centre. The person in charge was an experienced nurse who met the requirements of the regulations.

Judgment: Compliant

## Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. Staff were appropriately trained. Staff responses to questions asked were detailed and displayed a high level of knowledge about the residents and on the systems in place.

Judgment: Compliant

## Regulation 22: Insurance

The provider had ensured that a contract of insurance against injury to residents was in place.

Judgment: Compliant

## Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. The person in charge was organised and familiar with the systems in place to monitor the care. Care audits had been completed.

The annual review of the quality and safety of the service had been completed.

Judgment: Compliant

## Regulation 24: Contract for the provision of services



A review of the contract for care found that the terms relating to the bedroom to be provided to the resident and the number of occupants of the bedroom was not clearly stated.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required review to ensure that it contained accurate information as required by Schedule 1 of the regulations. The following information was not accurately included in the statement of purpose:

- the arrangements for dealing with complaints had not been updated to reflect the changes in the regulations.
- the organisation structure of the designated centre was not accurate.
- the arrangements for separate facilities for day care was not included.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notification of incidents, as required by Regulation 31, were not submitted to the Chief Inspector. For example; the inspector found three examples whereby the provider had failed to submit a notification relating to an injury that required medical treatment.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The person in charge had reviewed the complaints policy in November 2023. However, the changes in the regulations had not been incorporated into the updated policy.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the quality and safety of the services provided in this centre were of a high standard. While the majority of residents were unable to discuss in detail the quality of the care they received, the inspector observed that the residents were settled in the environment. The health and well-being of residents living in this centre was promoted. Action was required in relation to infection prevention and control practices, as some items of resident equipment was observed to be unclean.

A sample of six residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded on a paper-based system. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. The inspector found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents. Care plans developed were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity, malnutrition and to establish the resident's dependency needs. Daily progress notes summarised the daily status of each resident and identified any causes of concern that required additional monitoring.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure the best outcome for residents.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment and in consultation with the resident concerned.

Resident and relative meetings were held. Minutes of recent resident forum meetings reviewed showed that relevant topics of interest were discussed. For example; the decision making capacity act. In addition, information and leaflets were available on how to access advocacy services.

There was a variety of communal and private areas observed in use by residents on the day of inspection. Communal areas of the centre had comfortable furnishings. The provider had a number of assurance systems in place to prevent and control the

risk of infection in the centre. For example, a colour-coded mop and cloth system was in operation. Cleaning agents were appropriate for healthcare settings. However, the inspector observed that the standard of cleaning in parts of the centre did not meet the required standard. For example, equipment that was in use by residents was visibly unclean.

A review of fire precautions found that arrangements were in place for testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Safety checks were in place to ensure means of escape were unobstructed. Fire drills were completed to ensure all staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency.

### Regulation 10: Communication difficulties

Residents with specialist communication requirements had detailed care plans in place that guided care.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the current residents accommodated in the centre.

Judgment: Compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings. This was evidenced by:

- Equipment used by residents was not cleaned to an acceptable standard. Multiple commode chairs were visibly unclean, increasing the risk of environmental contamination and infection transmission.
- Damaged and impaired floor coverings impacted on effective cleaning as evidenced by the build up of dirt and debris along edges of the floor.

- Barriers to effective hand hygiene practice were observed during the course of this inspection. For example, alcohol hand gel dispensers were empty. The collection trays were unclean and had an accumulation of layers of gel.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and when appropriate their families.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on resident outcomes.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

### Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by an Gardai Siochana prior to commencement of work in the centre. 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 provider did not act as a pension agent for any resident living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Residents and their relatives had the opportunity to be consulted about, and participate in the organisation of the designated centre by participating in resident and relative meetings.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Maryfield Nursing Home OSV-0000359

Inspection ID: MON-0042610

Date of inspection: 27/02/2024

## 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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:            Contract of Care has been revised to clearly detail the type of bedroom to be provided – single room or twin room for shared bedroom.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:            The Statement of Purpose has been reviewed to ensure it contains accurate information as required by Schedule 1 of the regulations.</p> <ul style="list-style-type: none"> <li>• The arrangements for dealing with complaints have been updated to reflect changes in the regulations.</li> <li>• The organizational structure chart has been updated to accurately reflect the staffing structure – this has been included in the revised statement of purpose and has been updated in the display unit in Maryfield Nursing Home.</li> <li>• The description of facilities available to day care service users has been amended to reflect that all facilities available to residents are also available to day care service users other than the bedrooms.</li> </ul>	



Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All outstanding notifications have been submitted to HIQA and a review of the notification procedures has been undertaken to ensure that all submissions will be made in accordance with HIQA's timeline going forward.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Complaints Policy has been reviewed to bring into compliance with the latest regulations.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The commodes along with all other equipment used by residents has been deep cleaned. The damaged floor covering has been repaired. A new system has been implemented to ensure all equipment is cleaned thoroughly after use. Also, all hand gel dispensers have been thoroughly cleaned and refilled and a process is in place to ensure these are replenished in a timely manner going forward.</p>	

## 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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	20/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	01/03/2024

	published by the Authority are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	01/03/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/04/2024