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Maple Court Nursing Home, Castlepollard, Mullingar, Westmeath

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maple Court Nursing Home
Centre ID:	ORG-0000062
Centre address:	Dublin Road, Castlepollard, Mullingar, Westmeath.
Telephone number:	044 966 2919
Email address:	caroday@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maple Court Nursing Home Limited
Provider Nominee:	Thomas Ryan
Person in charge:	Elizabeth Caroline Day
Lead inspector:	Sonia McCague
Support inspector(s):	Mary McCann;
Type of inspection	Announced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 January 2014 10:30 To: 14 January 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to inform a decision regarding the renewal of a registration that included follow up on the action plan to the previous inspection carried out 26 March 2013, subsequent meeting held 13 May 2013 with the provider nominee and director, provider's response to the action plan and subsequent updates provided to monitor improvements required.

Notification of significant incidents received by the Authority following the last inspection were also monitored and followed up on this inspection. This inspection was announced to and took place over one day. As part of the inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, contracts of care and staff files.

There were 21 residents in the centre which is maximum capacity for this centre. The person authorised on behalf of the provider, a company chairman/director and the person in charge were available in the centre to facilitate this inspection.

The purpose of the inspection was explained and matters arising from the previous inspection and monitored events were discussed and examined.

Since the last inspection, the overall management, governance, medical provision and staffing arrangements in Maple Court had significantly improved resulting in better outcomes and an improved quality of life for residents. Systems were in place to manage risk and safeguard residents to promote their well being, independence and autonomy. Training and facilitation of staff had been provided relevant to staff roles and responsibilities, and further training was planned for the person in charge, management group and staff team.

Overall inspectors found significant improvements made since the last inspection with actions progressed or addressed. Caroline Day is the person in charge of this centre and also has responsibility as person in charge of St Colmcilles Nursing Home in Kells. Ongoing monitoring, action taken and responses to findings and completion of satisfactory interviews 19 February 2014 following the completion of inspection for both centres demonstrated that the person in charge was sufficiently engaged in the governance, operational management and administration of both centres on a regular and consistent basis. While acknowledging this role as a challenge the person in charge considered it sustainable with the supports put in place since the previous inspection.

The environment was clean, warm and well maintained, and the atmosphere was calm and residents were supervised and well supported. Staff including the activity person were knowledgeable regarding residents and all residents were complimentary of staff and satisfied with the care services provided. While much improvement was noted and substantial compliance was found in most outcomes, improvements were required primarily in relation to the care planning process, maintenance of health care records and records pertaining to applied additional charges not specified in the contract of care.

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the providers' and person in charges' response. Both directors along with the person in charge and an administrative staff member attended feedback at the end of this inspection.

Questionnaires had not been returned to the Authority, however, a number of completed questionnaires were made available in the centre during inspection where comments within were complimentary of the services provided.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

It was reviewed and changes in relation to the purpose and function of the designated centre were communicated to the Authority and updated in the statement of purpose.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

An agreed written contract which included details of the services to be provided for that resident and the fees to be charged was available, and signed by the resident/representative and nominated person for the provider.

The contract set out the services to be provided within the weekly fee relevant to care and accommodation and those which may be excluded.

Examples of services that may incur additional charges were outlined; however, the detail of any fees to be charged/ applied for additional services was not specified. This requirement is referenced in action plan 4. Management were to detail and record additional charges going forward.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

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

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge has responsibility for two centres and in her absence there are two deputies to assume responsibility of the designated centre.

Since the last inspection significant improvements were found within the operational governance and management of the centre. The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities. Inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated that she was committed to improving governance structures and quality outcomes for the resident group.

Residents were familiar with the person in charge and were complimentary of her and the staff team.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available, easily retrievable and kept in a secure place. Records including the statement of purpose, residents guide, previous inspection reports, and directory of residents, emergency procedures, and incident and accident documents along with records related to all residents and staff were available for inspection, as required. As referenced in outcome 3, services that may incur additional charges were not sufficiently detailed regarding specific fees to be charged/applied for additional services.

The designated centre had stated in the application to renew registration that all written operational policies referenced in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were completed/available. Inspectors reviewed a selection of policies that guided practice which included a health and safety statement, risk management policies, management of complaints, the prevention, detection and response to abuse and procedures associated with prevention and management of falls.

A current and written declaration of insurance cover was available in accordance with regulatory requirements.

Improvements in maintaining clinical records and recording practices were found, however, further improvements were required in respect of the completeness of clinical records in accordance with professional standards. Two examples whereby clinical records were altered partially having been cut and removed from files was found and made known to the person in charge and relayed during feedback.

Residents had access to their records and were satisfied with the arrangements in place. Records related to residents' property was maintained detailing transactions in/out.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider and person in charge were aware of their responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge.

There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge; however, an absence for more than 28 days was not expected.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Systems and measures were in place to safeguard residents.

Policies on prevention, detection and response to abuse, and protection of vulnerable adults and older persons were available. A training programme was described by staff that were knowledgeable regarding what constitutes abuse and how to respond to suspicions or an allegation of abuse.

Measures to protect residents being harmed or suffering abuse were demonstrated and appropriate action was taken in response to incidents that may jeopardise the care and welfare of residents.

Operational procedures, systems and measures were in place to safeguard residents finances.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Policies and procedures relating to health and safety, and risk management were available in the centre. The health and safety statement was up-to-date identifying safety representatives working within the centre.

A risk management policy was available and implemented which covered the identification, assessment and management of risks.

A risk register was maintained and available. Identified risks related to the centre, recent events and incidents had been assessed, controlled and evaluated within the record.

Reasonable measures were in place to prevent accidents. Staff were trained in manual handling and demonstrated safe handling techniques when assisting and supporting residents. Arrangements were in place for investigating and learning from events and incidents. Audits of restraint use, accidents and incidents were maintained by the person in charge which informed a review of care interventions and control measures in place. Improvements in care and a reduction in incidents were attributed to additional control measures made available and adopted since the last inspection that included additional nursing staff and supervision arrangements, and new alert systems/devices. Inspectors were satisfied that the interventions in place and provided, mitigated risks to resident's safety and welfare.

Infection control procedures were in place supported with a policy. Infection control practices in relation to hand hygiene were good and hand sanitising dispensing devices were available throughout the building. Staff were observed to be vigilant with hand hygiene.

A fire register was maintained and precautions against the risk of fire were in place. A declaration of fire safety compliance was completed and submitted with the application to renew the registration of this centre. Service records confirmed that the fire alarm and fire safety equipment including emergency lighting were serviced recently. Staff had received training in fire safety and fire evacuation and further training dates were planned to facilitate all staff.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents were protected by safe medication management policies and practices.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Nursing staff had attended training related to medication administration and management and changes to the current system such as in ordering, supply and dispensing methods were planned. There were appropriate procedures observed for administration of medication, and safe procedures in place for handling and disposal of unused and out of date medicines.

A system was in place for reviewing and monitoring safe medication management practices. The person in charge and pharmacist described to inspectors plans that also included the GP in a regular audit system of medication to improve the overall management and review of medications prescribed, administered and used by residents.

Medications were reviewed and records were maintained and available to demonstrate this.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

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

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Systems were in place to review and monitor the quality and safety of care and the quality of life of residents.

Improvements were brought about as a result of the learning from previous inspection findings, in addition to audit and monitoring reviews conducted within the service.

Improvements were found in the overall quality of care and services provided to residents since the last inspection and evidence of ongoing monitoring included audits of accidents, incidents, use of restraint, vaccinations, wounds, and complaints was established to inform future developments and aid learning.

There was evidence of consultation with residents and their representatives in relation to the quality and safety of services.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents' health care needs were met through timely access to GP services and appropriate treatment and therapies. Arrangements were in place to ensure residents had appropriate access to medical and healthcare services when required. Residents and staff were complimentary of the current healthcare arrangements, service provision and changes made since the last inspection.

Residents had reasonable access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services. In the main, assessments and clinical care accorded with evidence based practice.

Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place and reviews were on an ongoing basis at a minimum of every three months. However, there were some gaps in the care planning documentation. Improvements were required to ensure care plans were personalised following assessment and changes. Assessment tools used provided information to determine interventions and aid evaluation, however, improvements were required to ensure assessment findings, evaluation of interventions, any changes in circumstances or observations following incidents initiated an update or renewed the care plan to reflect current interventions and explicit practices applied.

Care plans were generic templates adopted and not personalised to the individual. In response to this finding and since the inspection, the person in charge has submitted evidence demonstrating improvements in the care planning process/records demonstrating personalised plans of care with specific details of resident's abilities,

needs and choices.

Improvements were made to identify and alleviate underlying causes of behaviour that was challenging and the use of restraint had been significantly reduced and addressed in line with the national policy guidelines. Consultation with residents and representatives was evident, however, not consistently recorded to demonstrate/acknowledge understanding.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity and care staff interacted well with residents while facilitating engagement in meaningful activities which residents were complimentary of.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises and grounds were well maintained and clean, with suitable lighting, heating and ventilation. Refurbishment had occurred since the last inspection with appropriate action taken to address matters highlighted in the last inspection report. The provider nominee informed inspectors he was exploring ways of enhancing the overall environment for residents. Inspectors commended this and suggested reviewing the size of the television within the sitting room to enhance viewing.

Residents bedrooms were personalised, and could accommodate furniture and equipment to support their needs/choices. Bedroom accommodation comprised of 17 single rooms and two twin bedrooms, with suitable and sufficient availability to sanitary, toilet and bath/shower facilities. Dining and sitting room facilities were centrally located. Residents have access to a safe garden and enclosed outdoor courtyard with a shelter area. Smoking was not permitted within the centre. Potential residents were informed and communicated with in this regard prior to admission,

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as hoist, call bells, hand rails were in place to support and promote the full capabilities of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment and the equipment was stored safely and securely.

The provider nominee and person in charge informed inspectors that arrangements were recently put in place for the provision of a generator in the event of a power outage.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the management of complaints. A record of all complaints, investigations, responses and outcomes was maintained. Inspectors were informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon. The person in charge was the nominated complaints officer and an appeals procedure was in place. The complaints procedure was displayed in the foyer near the entrance to the centre and communal rooms.

Residents spoken to were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This outcome was recently inspected in November 2013 and found to be substantially compliant. This report is available at www.hiqa.ie

At the time of inspection inspectors were informed that there were no residents receiving end of life care. A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Decisions regarding care and treatment decisions at the end of life were recorded and inspectors found evidence that residents and relatives' wishes were discussed, recorded and reviewed accordingly regarding preferred religious, spiritual and cultural practices. Engagement with residents and their family members, medical and palliative care providers was evident in the sample of care records reviewed.

The person in charge informed inspectors that residents and their family were supported with overnight facilities and refreshments provided as required.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This outcome was recently inspected in November 2013 and found to be substantially compliant.

Inspectors were satisfied that residents were provided with a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels during meals requested and provided.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices in place to monitor residents that included regular weight monitoring and food/fluid intake recording. Access to dietician and speech and language therapists was available based on assessment of need.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found adequate arrangements in place for consultation with residents on the running of the service. The residents forum met on a regular basis which included the involvement of relatives and representatives. Minutes of meetings were available to demonstrate this.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies and visits formed an important part of residents' lives.

Inspectors found that residents' rights and privacy was respected. Staff were observed engaging, communicating and announcing themselves to residents appropriately. Bedrooms were largely single occupancy and opportunity to meet relatives/visitors in private was available to residents within the two twin bedrooms.

Residents had a television and/or radio in their room, access to daily newspapers and could receive or make telephone calls in private. Communication and notice boards were provided with information regarding forthcoming events and local news items.

Staff described how they promoted links with the local community through outings, family involvement and arrangement for integration with school students who provided a choir service in the centre recently.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied with the space provided for residents' personal possessions and storage of their own clothes. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents

A policy was in place and procedure described on management of residents' personal property and possessions. Personal property was safeguarded through systems including record keeping.

There were adequate laundry facilities with systems in place to ensure that residents' own clothes are returned to them. While residents could retain control over their own possessions and clothing, they could make alternative arrangements for their own laundry if they wished to.

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.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents accordingly in a meaningful and engaging manner. Since the last inspection the management, governance and staffing arrangements had improved to promote and deliver safe and appropriate care, and supervision to dependent residents. Inspectors were satisfied that the number and skill mix of staff on duty and available to residents was sufficient to resident numbers and dependency levels/needs. Staffing levels and skill mix had increased since the last inspection. Residents told inspectors they felt supported by staff that were available to them as required.

Mandatory training, facilitation and education relevant to the residents group had been provided since the last inspection and included fire safety, manual handling, adult protection, stoma management and continence promotion falls prevention, medication management, nutritional screening and monitoring, documentation and care planning. A training programme was planned and available for 2014.

Recruitment procedures were in place and a sample of staff files were reviewed by inspectors. Evidence of professional registration for rostered nurses was available. The sample of staff files were examined against the requirements of schedule 2 records and in follow up to the last inspection findings. In the main staff files were well maintained, however, evidence of proof of identification, Garda vetting and evidence that the person is physically and mentally fit for the purposes of the work they perform was not available on all staff files reviewed.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Maple Court Nursing Home
Centre ID:	ORG-0000062
Date of inspection:	14/01/2014
Date of response:	24/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

Services that may incur additional charges were not sufficiently detailed regarding specific fees to be charged/applied for additional services.

Action Required:

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

The contract of Care now includes the price list for hairdressing and chiropody costings.

Proposed Timescale: 22/01/2014

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

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Care plans were generic templates adopted and not personalised to the individual.

There were some gaps in the care planning documentation. Improvements were required to ensure care plans were personalised following assessment and changes.

Assessment findings, evaluation of interventions, any changes in circumstances or observations following incidents had not initiated an update or renewed the care plan to reflect current interventions and explicit practices applied.

Consultation with residents and/or representatives was not consistently recorded to demonstrate/acknowledge understanding and agreement.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

The Care Plans are all now individualised and personalised, following inspection in January 2014.

Care plans are now renewed immediately following any changes in the Residents care.

All care plans are compiled based on assessment findings and ongoing following any change in circumstance in consultation with the Resident and or their representative

Proposed Timescale: 25/03/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Evidence of proof of identification, garda vetting and evidence that the person/staff is physically and mentally fit for the purposes of the work they perform was not available on all staff files reviewed.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

An audit of the Staff files will be completed every 4 months. An audit was completed on March 16th 2014. The next audit is due July 30th 2014. All files now contain verified photo ID and Garda Vetting.

Proposed Timescale: 16/03/2014