



# 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:	The Frances Taylor Foundation Chapelizod Company Limited by Guarantee
Address of centre:	Old Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	05 April 2023
Centre ID:	OSV-0000064
Fieldwork ID:	MON-0038880

## About the designated centre

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

Maryfield Nursing Home aims to provide full time nursing care in a supportive and stimulating environment for residents over the age of 18. It is a purpose built nursing home with 69 single ensuite bedrooms, for both male and female residents. General nursing care, dementia care, palliative and end of life care are all available in the nursing home. It is situated in Chapelizod with many amenities nearby. These include restaurants, public houses, shops and public parks. There are facilities for recreation onsite; including activity rooms, a library and pleasant grounds which include secure internal courtyards. There are activities taking place in the centre that link with the community, for example a choir and a knitting group. There is also daily roman catholic mass.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	68
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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 5 April 2023	08:00hrs to 17:30hrs	Margo O'Neill	Lead
Wednesday 5 April 2023	08:00hrs to 17:30hrs	Karen McMahon	Support

## What residents told us and what inspectors observed

The inspection took place in Maryfield Nursing Home over the course of a day and during this time inspectors took the opportunity to speak to residents and visitors to gain insight about living in the centre and about the service provided. Residents and visitors were very positive regarding the service provided and visitors stated they always received a warm welcome from staff.

Inspectors observed that there was a relaxed atmosphere in the centre and residents looked well cared for. Residents reported they felt safe in the centre, were supported to spend their day how they chose and were happy to approach staff and management with concerns or issues if they arose.

Inspectors observed residents and staff interactions, and found them to be respectful and friendly. Both residents and visitors praised the staff for their 'kindness' and 'hard work'. Residents who required support were provided with sensitive support in an unhurried manner. Call bells were observed to be answered within acceptable time limits and residents who spoke with inspectors reported they never had to wait too long for help and support from staff.

The centre was maintained to a very good standard. It was set out over three floors with lifts and stairs to facilitate ease of movement for residents. The centre was clean, clutter free and pleasantly decorated creating a comfortable and homely environment. Each of the four households had a dining room, day room and quiet room.

Externally there were two well-maintained internal courtyards. These contained raised beds which residents were involved in planting in the fine weather, and seating areas which allowed residents to rest and enjoy the outdoors. Inspectors observed that in one of these courtyards one of the walls had a large colourful garden mural and seascape applied which enhanced the space. There were a number of safe balcony areas and a large garden to the rear of the centre with beautiful views of the river Liffey. Wide smooth paths ran parallel in the garden which were suitable for wheelchairs and safe walking.

All 69 bedrooms were single occupancy and had spacious en-suite facilities. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions. Each bedroom was also fitted with a shelving unit, a desk and a chair. Inspectors observed that many residents had personalised their bedroom spaces with personal items.

There was a social and recreational programme on offer to residents. Activities included live music, baking club, arts and crafts, exercise classes and quizzes. Residents were observed during the day to actively engage in activities in the centre's large dedicated activities room on the ground floor. This room was furnished with enable tables designed to provide wheelchair users with comfortable

and easy access to activities.

There was a large oratory on site. Many residents were seen to visit the oratory throughout the day and mass was held in the oratory every second day.

There was a modern, well equipped hairdressing room on site. A hairdresser who was well known to residents, attended the centre once a week and residents were observed to enjoy their visit as there was much laughter and chat observed between residents and the hairdresser.

Residents could choose where to eat their meals, many chose to sit in the nicely decorated dining areas, while others chose their bedrooms. Mealtimes were observed to be a calm and pleasant experience for residents. Sufficient staff were observed to be available to provide gentle assistance to residents who required it. Residents were offered a choice regarding the food they ate. Residents who spoke to inspectors stated that the food provided to them was 'okay'.

There was open visiting in place for relatives and friends of residents and visitors were observed attending the centre over the course of the inspection. Visitors reported positively regarding the service and that there was ongoing good communication from staff regarding their loved ones.

Overall residents reported that they felt safe and secure in the centre and that they were supported by staff to live a good life.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was a robust governance and management structure in place in the centre, and the registered provider had arrangements to ensure that the centre was resourced sufficiently to effectively deliver care in accordance with the centre's statement of purpose. There was a clearly defined management structure that identified lines of authority and accountability. Records of regular meetings between management, and staff were available to review. Management systems were in place to provide oversight of the quality and safety of the service however inspectors identified that oversight of medicines and pharmaceutical services required strengthening.

Inspectors found that residents living in Maryfield Nursing Home received a good standard of care that met their assessed needs and residents were supported to live a good life. During the inspection inspectors followed up on concerns received by the Chief inspector since the last inspection related to the level of staffing and medicine management. Inspectors identified that further action was required to

ensure that medicine practices were safe and consistent. Outstanding actions identified on the last inspection in February 2022 were also followed up by inspectors.

On the day of inspection there was a sufficient number of staff with an appropriate skill-mix on duty to meet the needs of the 68 residents. Inspectors were informed that there were a number of nursing staff vacancies however no agency staff were utilised to fill shifts at the time of inspection. Instead the centre's own nursing staff covered vacant shifts and clinical nurse managers worked clinically to provide additional support to staff and resident care. Management were actively engaging with recruitment agencies to ensure additional staff could be provided in the event that rosters could not be filled and for long term permanent recruitment also. Inspectors were assured that there were robust recruitment processes in place and that all staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to commencing employment in the centre.

An annual review of the quality and safety of care delivered to residents had been completed for 2022. This review had been prepared and informed with feedback received from residents and their families.

The person in charge confirmed they were aware of the recent changes to the regulations and detailed that a process of engaging with external advocacy agencies and reviewing resident literature had begun to ensure that the service was responding to ensure that residents' rights could be supported fully.

Inspectors were provided with a written statement of purpose and found that it contained the required information. There was an up-to-date contract of insurance against injury to residents in place.

There were a small number of volunteers attending the centre to provide support and activities for residents. A sample of records for volunteers were reviewed, these had been updated with volunteers' written roles and responsibilities. Inspectors were assured that there were appropriate vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place for all volunteers and volunteers were appropriately supported and supervised by staff.

## Regulation 15: Staffing

The registered provider had arrangements in place to ensure that the number and skill mix of staff was appropriate to meet the individual and collective need of the 68 residents and with due regard for the layout of the premises.

Judgment: Compliant

## Regulation 22: Insurance

There was a contract of insurance against injury to residents in place which was found to be in date.

Judgment: Compliant

## Regulation 23: Governance and management

The oversight systems in place to monitor medicines management required strengthening to ensure ongoing safe medicines practices in the centre. For example; inspectors were informed that the electronic medicine record system did not synchronize across all computer devices in a timely manner. It was found one electronic device had not updated fully following a medicines round completed by a staff nurse who administered medicines using another electronic device. There was delayed synchronization of electronic devices which could potentially pose a risk of repeat medicines administration. Several other unsafe practices were observed on the day of inspection. This is detailed under Regulation 29, Medicines and Pharmaceutical Services

Management systems had not identified risks related to the inadequate storage of cleaning products. Inspectors observed that household cleaning products were stored unsecured on cleaning trolleys and for short periods were unattended. This posed a risk to vulnerable residents with cognitive impairment who may be at risk of ingesting these products.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

There was a statement of purpose available for inspectors and it contained a detailed description of the service and all required information.

Judgment: Compliant

## Regulation 30: Volunteers

A sample of volunteer records was provided to inspectors and found to meet the



requirements of the regulations.

Judgment: Compliant

## Quality and safety

Residents were receiving a good standard of care and appeared well cared for. They reported to inspectors that they were supported by staff to have a good quality of life and their choices were supported. Action was required however in the following areas to ensure compliance with the regulations; infection control, protection, restrictive practices and medicines and pharmaceutical services.

Individual assessments and care plans were in place for each resident to inform staff of their individual care needs. Inspectors reviewed a sample of resident care records and found that these included details of residents' wishes and preferences. These were found to be updated every four months or more frequently if required.

Records showed that residents displaying responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were managed in the least restrictive manner. Action was required however to ensure that the restrictive practices used in the centre were implemented in accordance with the national policy.

Residents reported they felt safe and secure living in the centre. A clear safeguarding policy for the prevention of and for responding to allegations of abuse had been developed to inform staff how to respond to allegations, concerns or disclosures of abuse. Training records showed that almost all staff had up to date training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with inspectors were clear about their responsibility to keep residents safe, however inspectors noted that some staff were not immediately clear on how or who to report to if concerns or allegations of abuse arose.

Visiting arrangements had returned to pre-pandemic arrangements with an open visiting policy in place. Visitors were observed attending the centre throughout the day of inspection and residents were observed to receive their visitors in the privacy of their bedrooms or in private visiting rooms.

The centre was found to be visibly clean, clutter free and well ventilated throughout. Staff had received training in infection prevention and control practices and inspectors observed good practices around hand hygiene on the day of inspection. Action was required however to ensure all infection prevention and control practices were in line with the "National Standards for infection prevention and control in Communities 2018". This is discussed under Regulation 27, Infection Control.

Practices for the safe management of medicines required action. Inspectors

identified a number of issues that required addressing. This is discussed under Regulation 29 below.

### Regulation 11: Visits

There was an open visiting policy implemented in the centre and visitors were observed attending the centre throughout the day of inspection. There was sufficient space for residents to meet visitors in private.

Judgment: Compliant

### Regulation 17: Premises

The premises was observed to be secure, comfortable and homely. It was decorated appropriately for the purpose and function of the service. Throughout it was clean and appropriately heated.

Judgment: Compliant

### Regulation 27: Infection control

Improvements were required to ensure practices were in line with the "National Standards for infection prevention and control in Communities 2018". Inspectors observed the following issues:

- An external clinical waste storage bin was left unsecured. Management took steps to address this immediately.
- There was inappropriate storage in one unsecured sluice room; an exposed clean linen trolley was stored there, bottles of cleaning products and vases were observed on a draining board beside the sluice sink. Items were stored on the floor. These poor storage practices could led to cross-contamination and posed a risk to vulnerable persons who might access the unsecured sluice room.
- Open hygiene products and unlabelled personal hygiene products were observed in two communal bathrooms posing a cross-contamination risk.
- On medicine trolleys, containers holding clean utensils for administering medicines were also observed to contain batteries, pens and pencils. This posed a risk of cross contamination.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medicines management practices required action. Inspectors identified the following issues;

- The handover of controlled drugs was not completed in a safe manner or in line with professional guidelines, for example, one nurse signed the controlled drug log book at the end of their shift before the next staff member had arrived for work and a count could occur with two staff members present. The nurse who started their shift would then count the controlled drugs and sign the log book without the staff who had finished their shift. This posed a risk to the rigorous control of controlled medicines.
- Staff administered medicines in an altered state without clear indication documented by the prescribing clinician on the prescription or medicines administration record. For example; nurses administered crushed medicines and opened medicine capsules without prior authorisation from the residents' prescribing clinician. This posed a risk that medicines were ineffective.
- The procedure around the administration of controlled drugs at night required review to ensure it was safe. For example; when two nurses were unavailable to check controlled drugs prior to administration, the administering nurse linked with senior staff who were not on site to check medicines prior to administration. This posed an increased risk of a medicine error.
- Prescribed nutritional supplements were observed to be provided to residents by catering staff on the morning of inspection. These supplements were then signed for by nursing staff during the drugs round that occurred after. This posed an increased risk of a medicine error.
- Inspectors observed that not all medicines were stored securely during a medicines round. For example; medicine was observed to be left on top of a medicine trolley while unattended by staff.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

A sample of care records were reviewed by inspectors and found to contain a range of completed validated assessment tools used to identify residents' care needs. Care plans were developed using these assessments and updated as required or at a minimum every four months. Records indicated that residents and their families or nominated support person were involved with these care plans and assessment reviews.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Further action was required to ensure that restrictive practices used in the centre were implemented in accordance with national policy as published by the Department of Health. The following was identified;

A high number of residents had some form of restrictive practice in place. For example, 28 of the 68 residents had one or two bedrails in place. Lesser restrictive alternatives had not been trialled in some instances prior to implementing the bed rails.

The multi-disciplinary team were not involved in reviewing restrictive practices and monitoring use at the time of inspection.

Judgment: Substantially compliant

### Regulation 8: Protection

Although the majority of staff had received training in safeguarding of vulnerable adults, some staff who spoke with inspectors were not immediately clear on who to report to if any concerns, allegations or disclosures of abuse arose.

Judgment: Substantially 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>	
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Maryfield Nursing Home OSV-0000064

Inspection ID: MON-0038880

Date of inspection: 05/04/2023

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All Nurses are being retrained on our current Electronic Medicine Record System and Medication Management.</p> <p>We have been completing quarterly medication Audits along with our pharmacy. We have now increased this to monthly Medication Audits to be completed internally by CNM and ADON.</p> <p>Management is reviewing the need to change our Electronic Medicine Record System.</p> <p>Internal housekeeping audits have been updated to include storage of household cleaning products. Housekeeping staff have been reeducated about the importance of storing household cleaning products safely.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A daily check of the Clinical Waste Bin has commenced.</p> <p>Monthly Audits of sluice rooms and bathrooms have commenced.</p> <p>Cleanliness of Medication Trolleys is now included in the monthly medication management audit.</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  All nurses are being retrained on Medication Management to include administration and Handover of controlled drugs.</p> <p>Mayfield's Medication Policy is being reviewed and all Nursing staff will be retrained on the Policy.  Updated Policy to include procedure for administration of MDAs with one nurse on duty, administration of prescribed nutritional supplements, safe storage of medicines.</p> <p>Procedure for administration of controlled drugs at night-time has being reviewed</p> <p>Management is reviewing the need to change our Electronic Medicine Record System.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  Since our inspection we have reduced our bedrail usage by 40%.</p> <p>MDT is now involved in reviewing restrictive practices and lesser restrictive alternatives have been trailed in all instances.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  Our Safeguarding competency training for all staff has been reviewed and includes scenario-based education.</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 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	31/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or	Not Compliant	Orange	30/06/2023

	supplied to a resident are stored securely at the centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	30/06/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/06/2023
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/06/2023