



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Maryborough Nursing Home
Name of provider:	Maryborough Nursing Home Limited
Address of centre:	Maryborough Hill, Douglas, Cork
Type of inspection:	Announced
Date of inspection:	11 March 2020
Centre ID:	OSV-0004451
Fieldwork ID:	MON-0023166

About the designated centre

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

Maryborough Nursing Home is a family run designated centre and is located in the sub-urban setting of Maryborough in Cory city. It is registered to accommodate a maximum of 37 residents. It is a single storey building with secure access to the basement. Maryborough nursing home is set out in five corridors, where each corridor is named after residents who stayed in the centre and whose memory lives on in their names: Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan corridors. Bedroom accommodation comprises 35 single and one twin room, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise a large dining room, a large day room, two smaller sitting rooms and seating areas along corridors and at main reception. Residents have access to two paved enclosed courtyard with seating, garden furniture and raised flowerbeds. Maryborough Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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 11 March 2020	09:30hrs to 17:30hrs	Breeda Desmond	Lead
Thursday 12 March 2020	09:30hrs to 16:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspector read questionnaires submitted by eleven relatives and four residents and spoke with many residents throughout both days of inspection. Feedback was very positive regarding all aspects of life in the centre. They reported that staff were friendly, helpful, kind and very welcoming to their relatives and to new residents. They said that care is centred around them and their family, where the atmosphere is positive and upbeat. Mealtimes are happy events where staff focus on the dining experience; there was good choice and quality food served. Many residents spoke of their contentment, and the attention they and their visitors receive. They praised the activities programme and music sessions.

Capacity and capability

This was a good service with effective governance arrangements. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. Care was delivered in accordance with the statement of purpose. The registered provider representative was also the person in charge. She was supported in her role by three senior nurses that deputised for her when required. The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of residents and their care and quality of life needs to deliver care that was resident-led.

Policies were in place in accordance with the requirement listed in Schedule 5, and had up-to-date information in line with national policy, regulations and national standards. As policies were updated, the senior nurse discussed these at staff meetings to facilitate understanding of the policy to enable it be implemented into practice. There was an easily accessible folder for residents containing the statement of purpose, residents' guide, inspection reports and other regulatory information at main reception. An easily accessible complaints procedure was displayed by main reception and complaints were maintained in accordance with the requirements of the regulations. The incidents and accidents log was reviewed and notifications to the office of the chief inspector correlated with these.

The annual review was undertaken in line with the standard statements within the national standards whereby the service was analysed in accordance with quality of life and quality of care. Monthly key performance indicators of quality of care were maintained as well as a thorough oversight of medication management indicators.

Residents' surveys informed the annual review and the service. Action plans were in place following review of residents feedback to improve the quality of life for residents. While some clinical and non-clinical audits were undertaken as part of

their quality improvement strategy, an overarching audit programme which included audit of practice would enable the service to be consistently and effectively monitored.

While there was adequate staff for morning and afternoon care, staff levels for twilight hours was inadequate for the size and layout of the centre to ensure appropriate care and supervision of residents.

The yearly planner for staff training displayed monthly scheduled training. Staff training was up-to-date for all mandatory training, however, these records were not easily retrievable. Most staff documents specified in Schedule 2 of the regulations were in place, however, an appropriate reference and relevant documentary evidence of qualifications were not available in two files examined. A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place for all staff member, however, vetting disclosure was required for one volunteer.

Residents and relatives spoken with relayed that they could raise issues with staff without reservation, and this was observed on inspection. Lots of issues were recorded in the complaints register. These were thoroughly investigated to ensure the complainant was satisfied with the actions taken and the outcome. The senior nurses had good oversight of these and used the feedback as learning to improve the service.

Registration Regulation 4: Application for registration or renewal of registration

A timely application was submitted to the office of the Chief Inspector in accordance with the registration regulations along with the prescribed documentation; application fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated thorough knowledge regarding her role and responsibility and was articulate regarding governance and management and oversight of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering individualised care.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing levels for twilight hours was necessary to ensure the appropriate care and supervision of residents, and that care was delivered in accordance with the statement of purpose.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training in accordance with their roles and responsibilities. Mandatory training was up-to-date for all staff. Other training facilitated included palliative care, pain management, first aid, food hygiene, infection prevention and control, dysphagia and dementia care, for example. Dementia training was completed annually, where a case review was undertaken of one resident with a diagnosis of cognitive impairment, so that the dementia information could be easily assimilated by staff. Staff were supervised and staff appraisal system was in place to support staff and management.

Judgment: Compliant

Regulation 19: Directory of residents

Information required to be maintained in the directory of residents was available in soft copy. A ledger was also maintained and this was updated on inspection to include time of death, and information on transfer in and out of the centre. This enabled information to be easily retrieved.

Judgment: Compliant

Regulation 21: Records

Most staff documents specified in Schedule 2 of the regulations were in place, however, documentary evidence of relevant qualifications was not in place in one file, and a reference from the person's most recent employer in another file. A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place for all staff, however, one volunteer did

not have a vetting disclosure available.

While petty cash records were audited on a monthly basis to ensure cash available correlated with financial records, just one signature was in place for cash transactions. Dual signatures would better ensure the protection of staff and residents.

Controlled drugs records required review to ensure records were maintained in line with best practice professional guidelines to mitigate the potential for medication errors or near miss episodes.

The duty roster did not accurately reflect the staff allocation in accordance with their role and responsibility.

While staff mandatory training was up-to-date, these records were not easily retrievable.

Judgment: Not compliant

Regulation 22: Insurance

A current compliant insurance cert was in place.

Judgment: Compliant

Regulation 23: Governance and management

Audits completed such as infection prevention and control showed a thorough review including a synopsis of audit findings with action necessary of immediate and ongoing works. However, a structured audit programme was not in place to enable consistent and effective monitoring of the service. Practice was not routinely included in the audit process to ensure that practice was delivered in line with best practice and centre policies and procedures.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to include information on deputising arrangements when the person in charge was not on duty; the size and purpose of rooms in the designated centre; and residents' access to services under

the GMS scheme.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted and these correlated with the incident and accident log reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents relayed that they could raise their concerns and they were dealt with in a timely manner. Documentary evidence showed that complaints were thoroughly addressed and maintained in line with the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were current with up-to-date referencing including the national standards, national policy and current legislation. They were centre-specific and easily accessible for staff.

Judgment: Compliant

Quality and safety

The atmosphere was friendly and staff actively engaged with residents and visitors. The inspector observed that the care and support given to residents was calm, unhurried and social. The inspector observed that staff were familiar with residents preferences and choices and facilitated these in a friendly, good humoured and respectful manner. Appropriate assistance was given when needed and staff demonstrated good communication strategies for people, including residents with with complex communication needs.

The inspector observed that residents' independence was promoted and encouraged. The programme of activities was resident-led and people chose whether to attend a particular activity. Daily newspapers as well as local magazines and news letters were available to residents.

Residents' meetings were held four times a year and facilitated by the external activities co-ordinator. Residents and relatives completed satisfaction surveys and action plans were put in place to address the feedback raised.

Mealtimes were observed on both days of inspection including breakfast, lunch and tea time. These were social events, and residents were observed having their breakfast in the dining room when they arrived following personal care delivery. Some residents had their breakfast in their bedrooms, in accordance with their choice.

Medications Medications were administered after meals, and in accordance with residents' preferences. Medication administration records were comprehensive. Controlled drug records required attention to ensure they were maintained in line with professional guidelines to mitigate the potential for medication errors or near miss episodes.

A sample of care plans was examined. A holistic picture of each resident was captured in the care plans seen. Information was personable to inform individualised care, and assessments and care plans were updated in accordance with the requirements of the regulations. Residents notes showed that people had timely access to medical care as well as access to allied health professionals such as physiotherapy, occupational therapy, dietican and speech and language therapy.

The centre were homely, warm, comfortable and bright. Residents had access to secure outdoor space that could be freely accessed by residents. This had brightly painted garden furniture and flower beds and was well maintained, and provided a cheery place for residents to enjoy. Most bedrooms were of adequate size to accommodate a bed, bedside chair, double wardrobe and bedside locker. However, bedside chairs could not be accommodated in twin bedroom 14, due to the size of the room. In addition, while one resident had a double wardrobe, the second resident had a single wardrobe. A commode was stored by the hand-wash sink in this room.

Following audit of the fire safety policy, several practice issues were identified. For example, better structure to fire training, clearer signage on the fire alarm panel and

photographic identification in residents' personal emergency evacuation plans were necessary. All of these were completed and demonstrated responsive oversight of fire safety. Current fire safety certification for quarterly and annual fire inspections and testing were available. Daily, weekly and monthly fire safety checks were completed comprehensively. Fire safety training with drills and evacuations were completed; records showed they were undertaken cognisant of night-duty staff levels. These were timed and the narrative summary post evacuations showed good learning post training sessions. There were evacuation floor plans displayed throughout the building, and while most of the emergency fire signage correlated with the evacuations plans, a further review of evacuation signage was necessary to ensure adequate means of identifying escape routes.

There was a risk management policy including specified risks, in line with the regulations and the safety statement was updated annually. There was good oversight of risk management throughout the centre for clinical and non-clinical matters.

Regulation 10: Communication difficulties

Judgment: Compliant

Regulation 11: Visits

Residents had access to a quiet room as well as comfortable seating off corridors. Restriction of visitors was in place at the time of inspection in line with national guidance regarding protection against Covid 19 infection. Staff facilitated residents to skype their relatives to keep lines of communication open and allay anxiety associated with reduced visiting.

Judgment: Compliant

Regulation 13: End of life

Residents end of life care wishes were recorded and updated when additional information was gleaned from residents and their next-of-kin. These included people's resuscitation and palliative care preferences.

Judgment: Compliant

Regulation 17: Premises

Most bedrooms were of adequate size to accommodate a bed, bedside chair, double wardrobe and bedside locker. However, bedside chairs could not be accommodated in twin bedroom 14 due to the size of the room. In addition, while one resident had a double wardrobe, the second resident had a single wardrobe. A commode was stored by the hand-wash sink in this room.

Judgment: Not compliant

Regulation 18: Food and nutrition

Meal times were pleasant social gatherings where residents were offered choice and served in a manner reflective of a normal dining experience. Breakfast, dinner and tea times were observed. Most residents had their breakfast in the dining room following personal care delivery. Residents were offered choice, for example, some had scrambled eggs on toast, while others had porridge with pureed fruit or fresh fruit salad. Dinner and tea times were equally appetising with lots of choice and treats. Textured diets were pleasantly presented and specialist dietary requirements were facilitated.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide, statement of purpose and inspection reports as well as other regulatory information was freely available at main reception for residents and visitors to peruse.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that all relevant information about the resident was provided to the receiving designated centre, hospital or place. Upon return to the designated centre, all relevant information was obtained from the discharge service and allied health professionals.

Judgment: Compliant

Regulation 26: Risk management

Current policies, procedures and safety statement in line with the regulations, were available. Minutes of health and safety meetings showed that these were facilitated four times a year. Improvement plans and maintenance plan for 2020 were in place to enable care and upkeep of the centre and mitigate the potential for non-clinical risk.

Judgment: Compliant

Regulation 27: Infection control

Good hand hygiene practices were observed throughout the inspection. Nonetheless, staff were observed frequently entering the kitchen preparation and cooking area rather than just confining entry to the segregated wash-up area in line with best practice guidelines.

While a storage rack was in place for urinals and bedpans, the rack was inadequate to store the amount of urinals seen.

Judgment: Not compliant

Regulation 28: Fire precautions

There were evacuation floor plans displayed throughout the building, and while most of the emergency fire signage correlated with the evacuations plans, a further review of evacuation signage was necessary to ensure adequate means of identifying escape routes.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Regular medication administration records were

comprehensively maintained in line with professional guidelines.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Information available to enable individualised care for residents was thorough and assessments and care plans were updated in accordance with the requirements of the regulations. Documentary evidence showed that residents and families were part of the decision-making process and this was observed on inspection as well.
Judgment: Compliant
Regulation 6: Health care
Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals. For example, inspectors noted that general practitioners (GPs), the dietician, dentist, chiropody, optical and speech and language services (SALT), palliative care services and psychiatry had been accessed.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
Observation showed that staff were familiar with residents and their specific care needs which enabled them provide individualised care. Care planning documentation included an 'early intervention' narrative. This was a review of a resident's behaviour to try and determine whether there was a pre-disposing issue that caused the resident to become upset, to mitigate the possibility of recurrence and improve outcomes for residents.
Judgment: Compliant
Regulation 8: Protection
Staff had up-to-date training in protection and safeguarding of vulnerable adults. Observations demonstrated that staff were respectful of resident when speaking to them and providing assistance. The service was pension agent for four residents.

Records demonstrated that residents' pensions were maintained in line with best practice guidelines. Petty cash records were audited monthly to ensure that records correlated with available cash.

Judgment: Compliant

Regulation 9: Residents' rights

Residents reported that they had access to a good activities programme including arts and crafts, music, singing and dancing and this was observed on inspection. Residents were encouraged to come to the activities and the inspector observed that their right to refuse was respected. Residents' meetings were convened four times a year and minutes of these meetings showed that the person in charge followed up on queries and issues raised.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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

Inspection ID: MON-0023166

Date of inspection: 12/03/2020

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We acknowledge the issue around staffing in the evenings and there is currently another staff member working either 2-8 or 2-6. We have hired new staffing and we are currently interviewing more staff. Our work routines have changed significantly over the past few weeks in order to care for people in a more socially distanced way.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The issues raised regarding schedule 2 are now resolved, Files will be maintained in accordance with schedule 2 going forward.</p> <p>Dual signatures is now the policy for petty cash.</p> <p>We have audited our practice around controlled drugs against best practice and we have changed our policy and recording system to reduce the risk of medication error.</p> <p>The duty roster has been changed to accurately reflect who is in charge if Vivienne is not on duty.</p> <p>We have updated our software and staff training files are now easily retrievable.</p>	

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 our efforts at present are focused on infection prevention and control. We understand the importance of having a structured approach to auditing practice. We will have same in place in the coming weeks.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>For infection prevention and control reasons we have moved one of the residents into a single room. So we now have capacity for 36 residents. This is the case for the foreseeable but when we are in a position to review this, we will ensure that the double room will be changed to one that complies with regulation.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have reviewed the issue of unauthorized staff being in the kitchen and staff practice has changed. Storage for urinals and bedpans is now adequate.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>We understand the issue raised and around evacuation signage and we endeavor to get this new sign in place as soon as possible.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	17/04/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	17/04/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Not Compliant	Orange	17/04/2020

	and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	17/04/2020
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	01/06/2020
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.	Not Compliant	Orange	17/04/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	13/03/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant		13/03/2020

	extinguishing fires.			
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