

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Marlay Nursing Home
<b>Centre ID:</b>	ORG-0000108
<b>Centre address:</b>	Kellystown Road, Rathfarnham, Dublin 16.
<b>Telephone number:</b>	01 499 4444
<b>Email address:</b>	info@themarlay.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Brehon Care
<b>Provider Nominee:</b>	Sue Cameron
<b>Person in charge:</b>	Colette Clabby
<b>Lead inspector:</b>	Angela Ring
<b>Support inspector(s):</b>	Linda Moore
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	124
<b>Number of vacancies on the date of inspection:</b>	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 decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 06 November 2013 08:00 To: 06 November 2013 18:30

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**

As part of the inspection, inspectors met with residents, relatives, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, inspectors found that the provider met the requirements of 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 to a high standard. There was a strong governance structure in place with a committed management team who ensured that a high quality of care was given to residents. As stated above, the Provider is Brehon Care Ltd. Sue Cameron, the Director of Operations is the person named to represent

the Provider and she reports to the Board of Directors of the company. She informed inspectors that regular board meetings were held to ensure that the governance of the centre was maintained at a high standard.

Inspectors found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

The management team promoted the safety of residents. A risk management process was in place for all areas of the centre with robust fire procedures and an emergency plans. Staff had received training and were knowledgeable about the prevention of elder abuse. Recruitment practices met the requirements of the Regulations. The issues identified at the previous inspection in February 2013 were addressed.

There were a number of actions required from this inspection which are outlined at the end of this report, these include actions related to healthcare records and care planning, volunteer records, provision of meals of altered consistency, maintenance of equipment, medication management and updating records.

**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:**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations. The statement was kept under review and was made available to residents.

**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:**

Inspectors read a sample of completed contracts and saw that they adequately met the requirements of the Regulations as they included adequate details of the services to be provided and the fees to be charged.

**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:**

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time. She demonstrated a good knowledge of the Regulations, the Authority's Standards and her statutory responsibilities. She was supported in her role by a clinical nurse manager (CNM) 2 and five CNM1s. Together, they provided a high standard of nursing care and were fully committed to meeting the requirements in the Regulations and Standards.

Inspectors observed that the person in charge was well known to staff, residents and relatives. The person in charge had continuously maintained her continuous professional development and was responsible for providing ongoing training to staff on issues such as protection of older people and end of life care.

**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:**

Inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Records were stored securely.

Inspectors found however that even though residents' possessions were insured, there was inadequate evidence to demonstrate that the insurance cover ensured that the liability to any resident shall not exceed €1,000 for any one item except where the property was deposited by or on behalf of the resident expressly for safe custody with the registered provider.

The directory of residents did not include the gender of residents admitted to the centre as required by the Regulations.

**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 was aware of her responsibility to notify the Chief Inspector of the absence of the person in charge. Inspectors were satisfied that the person in charge had adequate deputising arrangements in place.

**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:**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that measures were in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Inspectors reviewed the centres procedures for storing residents' valuables and found that they were stored in a secure safe and records were maintained for each transaction.

**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:**

Inspectors were satisfied that the provider and person in charge had prioritised the safety of residents and had a robust system in place to manage risk.

There was a comprehensive and newly developed health and safety management system for the centre and it related to the health and safety of residents, staff and visitors. A risk management policy and risk register were in place which met the requirements of the Regulations. These included the risks associated with violence and aggression, assault, self-harm and accidental injuries to residents and staff and residents going missing. Inspectors found that there was a procedure in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents, this had been addressed since the last inspection.

During previous inspections, inspectors were concerned about the high level of falls, some which resulted in serious injury such as fractures. At the last inspection in February 2013, the findings indicated that that the provider, person in charge and staff demonstrated a commitment and willingness to put a plan in place to continually reduce the number of falls experienced by residents. Several measures were being taken to reduce falls such as completion of post falls analysis and reviews and strategies used to



prevent and reduce injuries from falls such as 15 minute checks, bed and chair sensor alarms, crash mats, close supervision, hip protectors and medication review by the residents' doctor. Inspectors found that staff were knowledgeable of falls preventative strategies in place. Inspectors found that neurological observations were carried out for unwitnessed falls which was addressed since the last inspection. Inspectors found that the number of falls had reduced significantly since the last inspection however there were still a high number of falls in the centre.

There was evidence that residents who fell were reviewed at the regular risk management meetings to identify potential root causes and additional measures to be taken to prevent further falls. Inspectors found that the records maintained of these incidents were adequate and there was an evidenced based comprehensive falls prevention policy in place. Residents were risk assessed for falls on admission and comprehensive care plans were developed with preventative strategies outlined.

Inspectors found that the risk management policy addressed smoking and risk assessments were completed for residents that smoked, this was addressed since the last inspection.

Inspectors were satisfied that thorough fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment was serviced regularly. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Inspectors read training records which confirmed that all staff had attended training within the last year. Regular fire drills were conducted including evacuation procedures. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

A comprehensive emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Inspectors found that providers of local nursing homes had a shared agreement for providing assistance to one another in the event of an emergency.

There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection.

Inspectors found that there were measures in place to control and prevent infection with comprehensive evidenced based policies in place. The Authority had received notification of an outbreak in recent months and there was evidence to demonstrate that this was managed and contained in line with best practice guidelines. Staff had received training in infection control and were knowledgeable. Audits were carried out to ensure compliance with local policies. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

### **Outcome 08: Medication Management**

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

**Theme:**

Safe 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:**

Inspectors were satisfied that each resident was protected by the designated centre's policies and procedures for medication management.

A comprehensive policy was in place which guided practice. Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines with the exception of one prescription not containing the maximum dose of an as required medication. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balance of a sample of medication and found them to be correct.

Staff nurses involved in the administration of medications had undertaken training updates in best practice in medication management. Good practices were observed with the exception of the medication trolley being left unattended for a short period of time on one occasion and the failure of the nurse to disinfect her hands between each resident.

Medication audits were completed by the pharmacist to identify areas for improvement and there was documentary evidence to support 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:**

No actions were required from the previous inspection.

**Findings:**

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**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:**

The provider had put a system in place to gather and audit information on clinical issues including information relating to falls, incidence of pressure ulcers, use of restraint and infection control. The results of these audits were discussed in conjunction with the regular management and risk management meetings where areas for improvement were identified and action plans were developed and reviewed at regular intervals.

**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:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors were satisfied that residents' healthcare needs were met to a good standard and that resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT), physiotherapy and dietetic services. Chiropody, dental and optical services were also provided. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Inspectors reviewed a sample of residents' care plans on an electronic software package and found that they included all residents' identified needs and care plans were developed for all residents' needs. Assessments and care plans were consistently reviewed regularly and were person centred. Daily notes were being recorded in line with professional guidelines.

However, inspectors found that there was little evidence of resident and relative meaningful involvement in the development and review of the care plans. The questionnaires completed by residents and relatives prior to the inspection indicated that although relatives felt they were kept well of their relatives conditions they were not very familiar with the care plan and residents were also not fully aware of their care plan.

Inspectors found that there was an emphasis on reducing the use of restraint. There was an evidence-based policy in place and risk assessments were completed and kept updated. Inspectors found however that even though there was evidence of alternatives to restraint available, there was inadequate evidence to demonstrate that restraint was used as a last resort.

Inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic review. The treatment plan for the residents was recorded in the residents' files. The CNM explained that residents food was fortified when necessary prior to the use of supplements in line with best practice.

Inspectors read the care plan of residents with wounds and noted that there was a small number of pressure ulcers and that some wounds had been healed in recent months through evidenced based nursing care. Inspectors found that there was an evidenced based wound management policy in place and two of the nursing staff were trained in wound care and provided guidance to the rest of the staff. Specialist pressure relieving equipment was in place for residents. Inspectors found that staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

Inspectors found that there were a small number of residents with behaviours that challenged. Staff were observed responding well to these residents using effective

communication and distraction strategies. Inspectors found that while there was a policy on managing behaviour that challenged in place to guide staff it was not being carried out in practice, this had been identified at the last inspection and had not been addressed. There was some documentation of the triggers to the residents' behaviour and the strategies used to address the behaviour and meet the residents' needs. The CNM2 informed inspectors that access to psychiatry of old age was available when required from an acute hospital.

Residents were seen partaking in activities during the inspection. There were two activity coordinators employed, inspectors met with them and found that improvements were ongoing in the provision of meaningful activities for residents. Life story documentation was recorded with the assistance of relatives and included information about past life experiences and important dates. Residents told inspectors about the activities they enjoyed which included Mass, bingo, Sonas (a therapeutic programme specifically for residents with dementia), music sessions, newspaper and poetry readings, movie nights and dog therapy. A number of residents were seen to be enjoying the use of a Wii to play golf.

### **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:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The Marlay Nursing Home is a purpose-built three-storey centre, it is made up of five units, Grange Unit is on the ground floor which has 32 places and is used for long term, convalescence and respite care. Whitechurch is on the first floor and is divided into two units (Whitechurch one and two) with 46 places for long term care. Threerock is on the second floor which is divided into two units (Threerock one and two), with capacity for 46 places for long term care. Most of the residents in Threerock have dementia although it is not described as a dementia specific unit.

The centre was warm, clean and finished to a very high standard, bedrooms were personalised according to residents wishes. All bedrooms are single rooms with large en suite facilities including a shower. In addition to the bedroom accommodation, facilities include a main kitchen, oratory, library, smoking room, laundry, visitors' toilet, staff facilities and four assisted bathrooms. There is a bright reception area with comfortable

armchairs, couches and a piano. Each floor has a day room, dining room, sluice room, nurses' station and treatment room. The building has four sets of stairs, two passenger lifts servicing all floors and one service lift.

There is an enclosed secure courtyard on the ground floor with seating and raised beds. A small number of relatives expressed that they would like their relative to have more access to outdoor space particularly those on the upper floors, however the design and layout of the centre made this difficult.

There were handrails and safe floor covering throughout the centre. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as hoists and lifts and found they were up to date. Inspectors found that even though there was a good system in place for regular monitoring and servicing of most of the clinical equipment such as oxygen cylinders, weighing scales and blood glucose machines, there was an inadequate system in place to ensure that bedrails were in good working order and that mattress settings were correct for each individual resident, these posed a potential risk to residents.

### **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:**

Inspectors found that the centres complaints procedure as displayed in a prominent place and it included the name of the independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. The complaints policy complied with the Regulations.

Inspectors reviewed the complaints log that was used to record complaints from residents and relatives and found that there were adequate records maintained of complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

### **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:**

There were no resident receiving end of life care on the days of inspection however, inspectors found that there were adequate procedures in place to ensure that appropriate end of life care could be provided when necessary. There was a robust policy on end of life care and the person in charge explained that they accessed the services of the local palliative care team who provided support and advice when required. All bedrooms were single occupancy which allowed for privacy and dignity at end of life. Some staff told inspectors about the recent training they received on end of life care which they found to be very beneficial.

**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:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors spent some time in the dining rooms during lunch and found that the dining experience was dignified, pleasant and relaxed with a strong emphasis on providing a high quality dining experience for residents. Inspectors noted that meals were well presented and all residents expressed satisfaction with their meals. Staff were seen assisting residents discreetly and respectfully as required. Inspectors were satisfied that residents received a nutritious and varied diet that offered a wide variety of choice. Inspectors saw residents being offered a wide variety of drinks throughout the day. Inspectors met with the chef who demonstrated an in depth knowledge of residents dietary needs, likes and dislikes, inspectors observed him meeting with residents to discuss their dietary preferences.

However, an area for improvement was noted in this area. Although residents who needed their food served in an altered consistency such as chopped had the same choice of menu options, inspectors found that there was an inadequate system in place to ensure that the residents received their food in the prescribed consistency, this posed a potential risk to residents because of their swallowing difficulties.

**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 were satisfied that staff treated residents with privacy and dignity. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents and relatives. Inspectors observed staff interacting with residents in a friendly, courteous and dignified manner.

Residents' civil and religious rights were respected. The person in charge confirmed that residents had been offered the opportunity to vote in the upcoming referendum. Mass took place several times a week and there access to a Church of Ireland service as required.

A residents committee met every few months and the person in charge reviewed the minutes of these meetings and acted upon any requests and there was evidence to support this. The person in charge explained to inspectors that she was in process of setting up an advocacy service for residents with an external organisation.

**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:**

Residents could have their laundry attended to within the centre. Inspectors spoke with the staff member working there and found that he was knowledgeable about the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the laundry service provided. Adequate storage space was provided and there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents' property in line with the Regulations and a list of residents' property was maintained.

**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:**

Inspectors found that there was a committed and caring staff team. All staff told inspectors that they felt well supported by person in charge and provider.

Inspectors found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection. However, even though most residents, relatives and staff agreed that there were adequate levels of staff on duty, a small number stated that there was an inadequate number of staff. This was discussed with the provider and person in charge who agreed to continually monitor the levels and skill mix of staff to ensure that residents' needs were met.

Inspectors found that there was a high staff turnover in recent years and during previous years, this was discussed with the human resources manager. The loss of staff

resulted in the use of agency staff. Inspectors did not find any evidence that the staff turnover and the use of agency staff resulted in negative outcomes for residents although this issue was identified as a potential risk. The provider and person in charge explained that the staff turnover was due to the large size of the centre and they were continually in the process of recruiting staff to ensure that there was an adequate number of staff available to work in the centre.

There was a recruitment policy in place and inspectors were satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and inspectors found that all relevant documents were present. There was an induction programme for new staff and staff appraisals were completed each year.

A small number of volunteers attended the centre, inspectors found that although these had been vetted appropriate to their role, their roles and responsibilities were not set out in a written agreement as required by the Regulations.

Staff told inspectors they had received training on food hygiene, meeting the needs of residents with behaviour that challenges, wound care, nutrition, infection control and medication management and there was documentary evidence to support this.

Inspectors reviewed a sample of files found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

## 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:***

Angela Ring  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	The Marlay Nursing Home
<b>Centre ID:</b>	ORG-0000108
<b>Date of inspection:</b>	06/11/2013
<b>Date of response:</b>	

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

The directory of residents was not updated to include the gender of residents.

**Action Required:**

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

The gender will be specified going forward on the directory of residents.

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

**Proposed Timescale:** 07/11/2013

**Theme:** Leadership, Governance and Management

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

There was inadequate evidence to demonstrate that centres insurance cover ensured that the liability to any resident shall not exceed €1,000 for any one item except where the property was deposited by or on behalf of the resident expressly for safe custody with the registered provider.

**Action Required:**

Under Regulation 26 (2) you are required to: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

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

We currently have in place insurance cover of €1,500 per resident. We understand from our insurance company this is currently being reviewed.

Proposed Timescale: As soon as we are made aware of the outcome of the review

**Proposed Timescale:**

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

The drug trolley was left unattended for a short period of time. Nursing staff did not routinely wash or disinfect their hands between each resident. The maximum dose of a 'as required' medication was not prescribed in accordance with the centre's policy.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

We will continue to monitor and audit medication management practices and rectify any discrepancies found.

**Proposed Timescale:** 07/11/2013

## Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

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

The use of restraint was not in line with evidence-based nursing practice.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

We will work on expanding the evidence to demonstrate that restraint is used as a last resort.

**Proposed Timescale:** 31/03/2014

**Theme:** Effective Care and Support

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

The policy on meeting the needs of residents with behaviours that challenge was not being carried out in practice.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

We will review both the policy and the strategies in place to ensure that residents with behaviours that challenge are responded to appropriately in line with evidence based practice.

**Proposed Timescale:** 31/03/2014

**Theme:** Effective Care and Support

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

There was limited evidence of residents and relatives involvement in their care plan.

**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:**

We will continue to work on demonstrating that residents and relatives are involved in

their care plan. In our experience although residents and relatives are involved they would not necessary understand that the on-going consultation on the social and care needs of the resident constitutes the care plan. We will continue to address presenting the care plan in a way appropriate to the resident/relative's understanding.

**Proposed Timescale:** 31/03/2014

### **Outcome 12: Safe and Suitable Premises**

**Theme:** Effective Care and Support

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

There was no system in place to ensure that bedrails and pressure relieving mattresses were maintained in good working order.

**Action Required:**

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

Bedrails and pressure relieving mattresses will be added to the equipment auditing system.

**Proposed Timescale:** 30/11/2013

### **Outcome 15: Food and Nutrition**

**Theme:** Person-centred care and support

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

There was an inadequate system in place to ensure that the residents received their food in the prescribed altered consistency.

**Action Required:**

Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

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

The communication system between the catering dept. and nursing staff will be audited and strengthened to ensure that the residents receive their food at all times in the prescribed altered consistency.

**Proposed Timescale:** 31/12/2013

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

The roles and responsibilities of volunteers were not set out in a written agreement.

**Action Required:**

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

The roles and responsibilities are now set out in a written agreement.

**Proposed Timescale:** 30/11/2013