

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Marymount Care Centre
<b>Centre ID:</b>	ORG-0000065
<b>Centre address:</b>	Westmanstown, Lucan, Co. Dublin.
<b>Telephone number:</b>	01 820 4500
<b>Email address:</b>	info@marymountcarecentre.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Humar Limited
<b>Provider Nominee:</b>	Conor McNulty
<b>Person in charge:</b>	Maureen McNulty
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector(s):</b>	Helen Lindsey
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	87
<b>Number of vacancies on the date of inspection:</b>	4

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
22 April 2014 09:30	22 April 2014 18:30
23 April 2014 08:30	23 April 2014 15:30

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**

This was an announced inspection which took place over two days and was for the purpose of informing an application to renew the registration of Marymount Care Centre. The provider had applied for registration for 91 places. This report sets out the findings of the inspection.

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 very committed management team in place who worked hard to ensure that there was a strong governance structure in place.

Humar Limited is the provider and Conor McNulty is the provider nominee. A fit person interview was carried out with the provider nominee as there was a recent change. He was found to be knowledgeable of the requirements of the Regulations.

The centre was set up in 1987 as a family business. There are three directors, Conor and Maureen McNulty work full-time. The person in charge is Maureen McNulty and Karla Walsh. They are supported in their role by, Marie Hoey, ADON, Caroline Cusack, Mernalyn Damagas and Julie Garry, nurse managers.

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.

Residents were consulted about the operation of the centre and there was an active residents' committee. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse. Recruitment practices met the requirements of the Regulations. Six actions identified at the previous inspection in October 2013 were addressed and three actions were in the process of being addressed.

Areas for improvement identified included:

- Care planning documentation
- Staff training

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

**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 found that the statement of purpose had been revised prior to the inspection, it contained all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet.

**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 post of person in charge was full time and shared among two persons in charge. They were both registered nurses with the required experience in the area of nursing older people and worked full-time in the centre. They will be referred to as the person in charge throughout the report. They were supported in their role by an assistant director of nursing and three clinical nurse managers. The governance arrangements were strengthened in 2014 with the introduction of an additional clinical nurse manager. There were appropriate deputising arrangements in place. The persons in charge meet informally on a daily basis and their roles and reporting arrangements were clearly defined. The person in charge meets with the provider daily and formally at the health and safety and quality meetings.

They demonstrated a good knowledge of the Regulations, the Authority's Standards and their statutory responsibilities. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents in a very person-centred manner. All documentation requested by inspectors was readily available.

Inspectors observed that they were well known to staff, residents and relatives with many referring to them by her first name. They had both maintained their continuous professional development and had recently completed a course in dementia care and all other courses mentioned in outcome 18. Two of the nurse managers had recently completed a course in management.

**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 noted that the Residents' Guide had been made available to residents and was on display in the centre.

An up to date insurance policy was in place for the centre which included cover for resident's personal property. However, it did not comply with all the requirements of the Regulations. The insurance policy provided cover for residents' personal effects subject to a maximum limit of €1,500 per resident but did not indicate if a liability of up to €1000 per item was in place as specified in 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 designed 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 his responsibility to notify the Chief Inspector of the absence of the person in charge.

**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:**

Non Compliant - Minor

**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. The majority of staff had received training on identifying and responding to allegations of elder abuse and there were plans to address the deficit. The provider said this would be addressed by May 2014. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that there was sufficient staff on duty to meet their needs.

## **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:**

Non Compliant - Minor

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

Some action(s) required from the previous inspection were not 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. Improvements were required in fire safety.

There was a comprehensive health and safety statement for the centre which was updated in 2013 and it related to the health and safety of residents, staff and visitors. A risk management policy was in place which met the requirements of the Regulations. These included the risks associated with violence and aggression, self-harm and accidental injuries to residents and staff and residents going missing. It also included the procedure in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. Clinical and non clinical risk registers were in place.

A health and safety committee had continued to meet since the previous inspection. Inspectors viewed the minutes of the recent meeting. They outlined a range of environmental issues discussed, and what action was to be taken. The provider, person in charge and appropriate staff had completed ongoing visual inspections of the building and addressed issues identified. Inspectors found that clinical information continued to be used to improve the service. For example, the number of falls had continued to be reduced in the latter part of 2013. Staff attributed this to the increased supervision and the additional equipment, such as sensor alarms, purchased by the provider.

There was no still cleaner's room in centre, inspectors observed cleaning chemicals unattended on corridor. The provider said he was in the process of purchasing lockable cleaning trolleys. Cleaning trolleys were stored outside the laundry room when not in use.

Inspectors were satisfied that satisfactory fire precautions were in place, however, there were areas for improvement. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. However, inspectors noted that one of the dining room doors was held open with a wedge throughout the inspection.

Inspectors read the training records which confirmed that not all staff had attended training within the last year. The provider completed training in fire safety management and said this would be addressed by May 2014. Regular fire drills were conducted including evacuation procedures. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire. Inspectors reviewed the records of three residents who smoked and noted that these residents had smoking risk assessments and care plans in place to ensure their safety. Residents were provided with smoking aprons. Fire blankets and extinguishers were planned near the exits where residents smoked.

An 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. Staff spoken to were aware of the emergency plan.

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. 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:**

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

**Findings:**

While there was some good practice in the management of medication, inspectors found that medications were not stored or administered as per professional guidelines and the centre policy.

The medication policy did not guide and inform staff practice. Inspectors were not satisfied with the documentation and storage of medication during administration. Medications were left unattended at times during the inspection. The person in charge said that a medication trolley was not used to store medications during the medication

round as this would take from the homely environment of the centre. Nurses also signed for all medications at the end of the medication round and not after the medication was administered and prior to the administration of the next residents medication.

Inspectors noted that the person in charge was in the process of addressing the actions from the previous inspection. The medication management policy had been revised to include the prescribing of medication. However, this was not as yet guiding the new practice which was being introduced. Inspectors read the new prescription and administration records and saw that they were mostly in line with best practice guidelines. The person in charge had implemented new prescriptions to include the maximum dose of as required medication in a 24 hour period. 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. Medication audits were completed to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and systems were in place to minimise the risk of future incidents.

### **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 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:**

Inspectors were satisfied that the quality of care and experience of the residents was being monitored and developed on an ongoing basis. 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 nutrition. Plans to minimise the risk of future falls were implemented. Inspectors found that the results of these audits were used to improve practice and outcomes for residents. An audit schedule for 2014 was seen; it included areas such as end of life and infection control.

A quality committee continued to meet with the aim of improving the service. Routine non clinical indicators were measured quarterly. These included training, fire drills, manual handling assessments. Clinical indicators such as restraint were measured weekly. The inspector saw where resident satisfaction surveys were regularly carried out to gain information on potential areas for improvement, the results of these surveys were very positive. Extra staff were added at meal times and storage was improved based on the feedback.

**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 - Minor

**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 each 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' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines.

Overall care plans had improved since the previous inspection; they contained some information to guide the care for this resident. Residents and/or relatives were involved in the development of their care plans and they discussed this with inspectors. However, there was evidence that the care plans did not guide the good practice in place and did not consistently reflect the assessed needs of residents. There was evidence that audits were completed on care plans to ensure compliance with the centre's policies and procedures and the person in charge and nurse managers were addressing the issues raised with staff.

**Falls Management**

Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of bed alarms and hip protectors. There was very good supervision of residents in communal areas and good staff levels to ensure resident

safety was maintained. There was an adequate policy in place on falls prevention to guide staff.

#### Restraint Management

Inspectors found that there was an emphasis on reducing the use of restraint. The restraint register was reviewed weekly. There was an evidence-based policy in place and training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bedrails but not for lap belts and there was evidence of some alternatives available. However, while the person in charge explained the alternatives tried and for how long, these were not documented. There was a system in place to monitor all residents using restraint.

#### Wound Care

Inspector read the care plans of three residents with a pressure ulcer and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. Records showed that while some residents had recurring wounds, they had improved. An evidence-based policy was in place and was this used to guide practice. Several of the nursing staff had attended an update on best practice in wound management. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

#### Nutrition

There were policies on nutrition and hydration which were being adhered to and supported good practices.

#### Activation

Activity coordinators are in post, covering seven days and two of them spoke to inspectors. All residents now had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A programme of activities was widely displayed and residents and relatives spoken to commented on the various activities available to them. Activities included exercises to music, reminiscence, art programmes, knitting club, hand massage, and Sonas (a therapeutic programme specifically for residents with dementia). The hairdresser visits twice weekly. Social care assessments were being completed in respect of all residents and residents had care plans to guide the social care services delivered. Many of the relatives and staff spoke very positively about the programmes and the benefits to the residents. Some residents said they really liked the outings and the provider actively organised these. The centre had its own minibus which supported many residents to enjoy the outing together. The activity coordinator was in the process of developing life histories for residents, samples of these were seen in resident's bedrooms.

**Outcome 12: Safe and Suitable Premises**

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Mary Mount Care Centre is a large purpose-built centre. The front door leads to a spacious front hall. One section of the upper floor is set aside for staff dining, changing rooms with toilets and a training area. Residents' accommodation and other services are located on the ground and first floor. There had been recent improvements to residents' accommodation. The provider had purchased new curtains, bed clothes and chairs were on order. The person in charge was seeking the assistance of an interior designer with expertise in the area of dementia care to redesign some of the premises.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. Inspectors found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and their relatives. The laundry complied with the requirements in the Authority's Standards.

Bedroom accommodation consists of 57 single rooms, the majority with en suite toilet, shower and wash-hand basin, seventeen twin-bedded rooms, all with an en suite toilet, shower and wash-hand basin. The remainder of the centre comprises communal space consisting of sitting and dining rooms, a salon/therapy room and a gym. Many of the residents were observed sitting in the day rooms watching the comings and goings, chatting to each other or participating in an activity.

Residents have access to two secure outdoor areas with seating and tables alongside raised flower gardens. These enclosed gardens are accessible directly from the centre.

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 found they were up to date.

There were four sluice rooms each equipped with bedpan washers.

Storage remained a challenge in the centre and the provider discussed the plans with inspectors. Inspectors found that at the previous inspection laundry equipment and

hoists were stored in a communal bathroom, which could lead to a risk cross infection or pose a safety risk to residents. The provider had allocated a bathroom to be used for storage only since the previous inspection.

### **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:**

Complaints were well managed. The complaint's policy was in place and inspectors noted that it met the requirements of the Regulations. The complaints procedure was on display at the entrance the centre. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge. A complaints log was maintained and inspectors found that it contained details of the complaints and the outcome of the complaint, however the complainants' level of satisfaction with the outcome was not always documented. The complaints register was reviewed regularly by the provider and the person in charge.

### **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:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes

for residents.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. The self assessment for the thematic inspection was submitted prior to the inspection and reviewed by inspectors. The person in charge had not identified any area for improvement in the self assessment, however she informed inspectors that the care plans were being reviewed to ensure they met the needs of residents. This is discussed under outcome 11.

Care plans did not reference the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The decisions concerning future health care needs had been discussed with the GP and documented. The majority of residents resided in single rooms. There were twin rooms and person in charge stated that a single room was always facilitated for end-of-life care.

Overnight facilities were provided for visiting family members who wished to stay with their loved one. The person in charge stated that the centre received support from the local palliative care team when required. One resident was accessing the service. The service was accessible upon referral by the GP and inspectors saw that there was prompt access to the service when required including out of hours. Staff members were knowledgeable about how to initiate contact with the service.

Records showed that a number of staff had received training in end-of-life care in 2013 and 2014. This included training on listening and facilitation skills.

An oratory was provided in the centre where mass and prayer services took place weekly. Access to other religious representatives from other faiths was available if requested.

Residents and visitors were informed sensitively when there was a death in the centre. The person in charge informed the residents and it was announced at mass. A prayer service was celebrated in the oratory, should this be the residents wish and all residents were informed in person and allowed to pay their respects if they wished to do so. Inspectors observed the guard of honour that was performed as a resident left the centre on the morning of the inspection.

Inspectors read the information available for distributing to families following the death of a loved one. This new document provided a lot of useful information including details of how to register a death.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The self assessment for nutrition was submitted prior to the inspection and reviewed by inspectors. There were no areas for improvement identified.

Inspectors spent some time in all dining rooms during lunch time 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 choice. The menu had been reviewed by the dietician in 2014 and advice and recommendations had been taken on board such as a range of modified consistency meals. Photographic menus were in place and the staff said they planned to use these more with residents.

Residents who needed their food served in an altered consistency such as pureed had the same choice of menu options as others. Relevant information pertinent to the meal time was introduced during the inspection.

Inspectors saw residents being offered a variety of drinks throughout the day. Inspectors met with the chef who demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented. Inspectors also observed that a drinks trolley was available to residents in the afternoon and several were seen enjoying this opportunity for a social chat with one another. Snacks were provided at any time as requested, a snacks list was available for residents to choose from. A shop was available in reception should residents or relatives wish to buy additional items.

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 and SALT speech and language review. The treatment plans for residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and

administered appropriately.

**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 and that strong emphasis was placed on these values by the provider and person in charge.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. Inspectors observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged. There were facilities available should a resident or relative wish to make tea/coffee and inspectors observed this to be in use during the inspection.

A residents' committee continued to meet, this was provided for residents to give them the opportunity to express any concerns they may have and for it to be discussed with the person in charge if they wished. The minutes showed that issues identified were responded to by the provider and person in charge. Residents also said they had opportunities to discuss issues as they arose with the provider, person in charge or any staff members. Changes to the menu were addressed as a result of the meetings.

Relatives said if they had any query it is addressed immediately. Relatives said they were kept up to date on their family status and any changes. Many residents went out with their families and friends during the day which they said they enjoyed.

Inspectors found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to for example, bed and the time they got up.

Inspectors observed staff working from a person centred approach, for example, there were examples of appropriate positive engagement from staff, for example, non verbal residents were spoken to in an age appropriate respectful manner.

Inspectors noted that televisions and telephone phone had been provided in residents' bedrooms.

**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:**

Non Compliant - Minor

**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 she 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 while there was a list of residents' property maintained, this did not include all personal property and was not signed by the resident. This was being addressed by the person in charge.

**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 very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by person in charge and provider and described the workforce as like a family.

Inspectors found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Relatives and staff agreed that there were adequate levels of staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. Additional health care assistant staff on night duty were in place since the previous inspection. Inspectors found that there were procedures in place for constant supervision of residents in communal areas.

There was a recruitment policy in place and inspectors was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and the inspector noted that all relevant documents were present. A checking system was in place to ensure that all documents required by the Regulations were in place. There was an orientation programme for new staff and staff appraisals in 2013.

Staff told inspectors they had received a broad range of training which included caring for the person with dementia, infection control, food hygiene, wound care, nutrition and medication management and there was evidence to support this. A training plan for 2014 was shown to inspectors. This included Parkinson's training at the end of April 2014 and Dyshagia training. Team reviews were also mechanisms to share best practice in topics such as hydration and palliative care. All care assistants had completed Fetac Education and Training Awards Council (FETAC) level five or above. As previously stated, all staff had not received fire or protection training. The provider had a plan in place to address this.

The inspector reviewed all files and 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.

The provider had ensured that volunteers were vetted appropriate to their role.

Staff told inspectors there were open informal and formal communication within the centre where they could raise issues and discuss residents needs. These forums were also used to review and improve the service. Such as the management meeting, catering, nurses and care assistant meetings. An annual general meeting was also held and training was delivered during this day.

## **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:***

Linda Moore  
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>	Marymount Care Centre
<b>Centre ID:</b>	ORG-0000065
<b>Date of inspection:</b>	22/04/2014
<b>Date of response:</b>	13/05/1014

### Requirements

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

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

**Theme:** Leadership, Governance and Management

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

The insurance policy did not indicate if a liability of up to €1000 per item was in place as specified in the Regulations.

**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:**

Our current Insurer will not give unlimited cover (i.e. €1000 x unspecified number of items). We are renewing with a new Insurer in June, I have requested that the amount to be increased to €1500 per resident (per item has been rejected). We understand that no Insurer will do this.

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

**Proposed Timescale:** 01/06/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Safe Care and Support

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

Cleaning chemicals were unattended on the corridors.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

One trolley was unattended; this was found by the Services Co Coordinator on a routine daily audit and was removed immediately to a safe area. Lockable trolleys to be delivered on the 14th June

**Proposed Timescale:** 14/06/2014

**Theme:** Safe Care and Support

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

Dining room doors were held open with a wedge.

**Action Required:**

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire door hold/release mechanisms were on order at the time of inspection; there had been a delay in their delivery. Mechanisms received and now in place.

**Proposed Timescale:** 06/05/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

Medications were not stored or administered as per professional guidelines.

**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:**

The nurse will administer her medications throughout the day, using her trolley and signing for same after each administration. We hope that this does not take from the dining room experience.

We shall continue to audit our practise and ensure that nurses maintain the safe administration of medications at all times.

**Proposed Timescale:** 20/06/2014

**Outcome 11: Health and Social Care Needs**

**Theme:** Effective Care and Support

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

The care plans did not guide the good practice in place and did not consistently reflect the assessed needs of residents.

**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:**

Care plans are living documents and updates are on an ongoing basis. Nutrition and Safety care plans have had a complete review in recent months, End of life/Spiritual/Comfort care plan under review at present. All other care plans shall be reviewed as deemed necessary.

**Proposed Timescale:** 30/06/2014

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

Not all staff had attended fire or protection training.

**Action Required:**

Under Regulation 17 (1) you are required to: Provide staff members with access to

education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Completed to include new staff, unable to complete staff that are on long term illness, to complete on their return.

**Proposed Timescale:** 14/05/2014