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**Marymount University Hospital & Hospice,  
Curraheen Road, Curraheen, Cork**

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**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                       | Marymount University Hospital & Hospice                  |
| <b>Centre ID:</b>   | OSV-0000582  |
| <b>Centre address:</b>                                    | Curraheen Road,<br>Curraheen,<br>Cork.                   |
| <b>Telephone number:</b>                                  | 021 450 1201   |
| <b>Email address:</b>                                     | info@marymount.ie  |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Marymount University Hospital & Hospice                  |
| <b>Provider Nominee:</b>                                  | Sarah McCloskey  |
| <b>Lead inspector:</b>                                    | Mairead Harrington                                       |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Announced Dementia Care Thematic Inspections             |
| <b>Number of residents on the<br/>date of inspection:</b> | 62   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 1  |

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This 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:                |
| 31 May 2017 09:15  | 31 May 2017 17:00  |
| 01 June 2017 09:00 | 01 June 2017 18:00 |

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

| <b>Outcome</b>  | <b>Provider's self assessment</b> | <b>Our Judgment</b> |
|---|-----------------------------------|---------------------|
| Outcome 01: Health and Social Care Needs                |                                   | Compliant           |
| Outcome 02: Safeguarding and Safety                     |                                   | Compliant           |
| Outcome 03: Residents' Rights, Dignity and Consultation |                                   | Compliant           |
| Outcome 04: Complaints procedures                       |                                   | Compliant           |
| Outcome 05: Suitable Staffing                           |                                   | Compliant           |
| Outcome 06: Safe and Suitable Premises                  |                                   | Compliant           |
| Outcome 07: Health and Safety and Risk Management       |                                   | Compliant           |
| Outcome 08: Governance and Management                   |                                   | Compliant           |
| Outcome 09: Statement of Purpose                        |                                   | Compliant           |
| Outcome 12: Notification of Incidents                   |                                   | Compliant           |

**Summary of findings from this inspection**

Marymount University Hospital and Hospice provides respite, intermediate palliative care and residential continuing care services for the older person. Only the designated centre that formed the service for older people was assessed in the course of this inspection. The purpose of this inspection was to inform the registration renewal process. The inspection type was a dementia thematic to focus on the care and quality of life for residents with dementia living in the centre. The inspection was announced, to provide residents and relatives with an opportunity to provide feedback, and the inspection took place over two days. The findings of the inspection are set out under ten outcome statements. These outcomes set out what is expected in a designated centre and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)

Regulations 2013 (as amended), and the National Standards for Residential Care Settings for Older People in Ireland, 2016. As part of the process the inspector met with members of management, residents and staff members. Staff were observed in their practice of care and the conduct of their daily duties. Documentation was reviewed that included care plans, medical records, accident logs, policies, procedures and staff files. Feedback questionnaires from residents and relatives were also reviewed.

As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The inspector met with members of management who provided a summary of the service provided, relative to the resident profile in the centre at the time. The person in charge confirmed that the centre did not have a dementia specific care unit and that care for residents with dementia was provided on an integrated basis within the community of the centre. At the time of inspection approximately half of the residents at the centre were presenting with the symptoms of cognitive impairment, or had a diagnosis of dementia. Components of assessment during the inspection included health and social care, health and safety, governance, staffing levels, training, and the management of complaints and safeguarding issues. The inspector observed routine practice in the centre and spoke with various members of staff and management, in order to assess their understanding of their respective roles in relation to policy and practice. As part of this process the inspector met with healthcare assistants and nursing staff as well as members of management and administrative staff. A number of care plans for residents with dementia were reviewed to focus on processes around assessment, referral and monitoring of care. Care practices and interactions between staff and residents were also observed during the course of the inspection, including the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also examined.

The service had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People. The person in charge confirmed that a number of improvements had been implemented around consultation and the development of signage as a result of the self-assessment. The inspection identified a consistent level of compliance across the outcomes assessed. The information assessed indicated that residents received a high standard of care in relation to their healthcare and nursing needs. Management were responsive to regulatory requirements and staff demonstrated a person-centred focus in their approach to care.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

Management confirmed that the centre continued to be well resourced with services available to support the needs of all residents in relation to health and social care. These circumstances were consistent with those assessed on previous inspection. In-house resources included a physiotherapy department and a medical director in residency. Pharmaceutical services were available both on site and locally. Access was available, by appointment or referral, to the services of a dietician or speech and language therapist. Provisions were in place for residents to have regular access to eye care and dental checks and services. An occupational therapist could attend the centre as necessary. Podiatry was also provided. Consultancy services in relation to both gerontology and psychiatry were available.

In relation to the provision of care for residents with a diagnosis of dementia, or a cognitive impairment, the service provided was in keeping with the centre's statement of purpose. The centre provided care for residents who have a dementia and are immobile. There was no dementia specific unit in the centre and care for residents with dementia or a cognitive impairment was integrated throughout the centre. An admissions policy was in place and pre-admission assessments were routinely undertaken by an appropriately qualified person. Residents underwent a further full assessment within 48 hours of admission. Care plans were developed in line with these admission assessments. A sample of care plans, for residents with a cognitive impairment or diagnosis of dementia, was tracked during the inspection. Needs were assessed across 13 domains of care that included daily activities, such as mobility, eating, drinking, sleeping and personal care. Where needs were identified in relation to any of these areas, the assessments were used to inform a plan of care that directed staff on how to ensure the needs of residents were appropriately met. Care plans were person-centred with a focus on the individual. Residents with dementia, who presented with related behaviours and psychological symptoms, had relevant care plans in place that reflected

regular review and input by a medical practitioner. There was evidence that treatments were reviewed and adjusted in response to changes in behaviours and that efforts were made to identify triggering stimuli or circumstances. Care plans reflected the therapeutic benefits of person-specific activities and these are further detailed in Outcome 3. Daily narrative notes were in place that accurately reflected the circumstances of the resident. Moving and handling charts had been completed for residents with mobility needs. Related care plans provided information on how the resident should be provided with assistance when moving and the type of specialist equipment to be used, if necessary. Staff were able to demonstrate such plans of care in action. Plans of care for the management of wounds were in place; these included a visual record of monitoring and recorded the input of a clinical nurse specialist in tissue viability. Particular consideration around needs in relation to food and nutrition were also evident where residents had a wound or issue with skin integrity. Processes reviewed confirmed that attendance and consultation with residents by the medical practitioner was a routine aspect of care.

Policies and procedures were in place that provided guidance to staff on how best to manage needs around nutrition and hydration. Staff described how information on the daily presentation of individual residents were outlined during handover meetings as part of the communication routine. Catering staff also confirmed that they had relevant information on each resident available to them for reference when preparing meals. Residents with dysphagia (swallowing difficulties) had been assessed by a suitably qualified healthcare professional. Specific plans of care were in place for these residents that provided instructions on the consistency of food and drink to be provided. Staff with responsibility for preparing and serving meals and drinks had received appropriate training and understood their responsibility to ensure that consistencies had been modified in keeping with care plans. Staff were observed providing attentive care at mealtimes. Residents were encouraged to eat independently where they could. Meal time was unhurried and staffing levels were appropriate, allowing one-to-one assistance as necessary. Menus were regularly rotated and offered good choice and appropriate nutritional balance. The inspector observed that the presentation of meals was appetising. Where specialised utensils were being used, they were appropriate to the needs of the resident. Residents had regular access to snacks and refreshments and these were seen to be offered, and made available, on a regular basis in the course of the inspection.

The service for older people operated alongside the specialist palliative care unit and had access to related resources, expertise and equipment as required. An extensive programme of training for staff was also in place. There were comprehensive policies and procedures on the provision of care at end-of- life that provided directions to staff on best practice in meeting the needs of residents and their families at this time. There was evidence on care plans of bereavement planning and communication with relatives.

Processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. A member of nursing staff demonstrated practice around the storage and monitoring of medicines, including controlled drugs. Prescription and administration records for residents were maintained appropriately and included a photograph, as well as other necessary biographical information. Practice described in relation to administering medicines was safe and in keeping with guidelines. Times of administration were recorded and signed as necessary. The maximum daily dosage for

PRN (as required) medicines was recorded. Compliance aids were in place for reference by administering staff. Medicines had the date of opening recorded as necessary. Where medicines were refrigerated, a record of temperatures was maintained and monitored. A signature bank of prescribing staff was in place for reference. The administering nurse explained that, where residents had a cognitive impairment, practice was to explain to the resident that they were about to be given their medicine and to remain with the resident while they took the medicine. No residents were self-administering at the time of inspection.

The care plans assessed were regularly reviewed on at least a four monthly basis. Narrative notes reflected consultation with residents and their families as appropriate. Nominated nursing staff had responsibility for the oversight and monitoring of care plans for designated individuals. Based on observations, feedback and a review of documentation and systems, there was good evidence that suitable arrangements were in place to ensure that the health and nursing needs of residents with dementia, or a cognitive impairment, were appropriately met. The provider had self-assessed substantial compliance with this outcome and had identified areas for improvement in relation to training and policy, for example. These improvements were ongoing and this outcome was assessed as compliant at the time of inspection.

**Judgment:**

Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

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

**Findings:**

The policy on abuse had been reviewed on 23 May 2017. It outlined procedures for the safeguarding of vulnerable adults and appropriately referenced current national guidelines, including information on protected disclosures. The inspector met with the practice development officer who also acted as designated safeguarding officer. The training programme in place provided staff with regular access to relevant training on the safeguarding of vulnerable adults, including how to recognise, record and report instances of abuse. The inspector noted that procedures around the recording and review of information in this regard were in keeping with related protocols and that interested parties were notified as required. Staff members spoken with by the inspector understood their duty of care in relation to the safety and welfare of all residents.

Relevant policies were in place that provided appropriate guidance to staff on the approach to managing responsive behaviours. These included a tool for behaviour analysis to inform the development of a response strategy. The inspector reviewed a

sample of care plans and discussed the management of care for residents presenting with responsive behaviours. Staff were able to demonstrate a well developed knowledge and understanding of residents' needs in these cases. Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. Management promoted the therapeutic benefit of meaningful activities in the management of behaviours and psychological symptoms of dementia (BPSD). This information is further detailed at Outcome 3 on resident rights, privacy and consultation. The policy on the use of restraint had been developed by a multi-disciplinary team and it set out the circumstances under which restraint might be considered in the management of care. Where restraints such as bed-rails were in use, assessments had been undertaken and nursing notes reflected regular monitoring and review. This practice was also subject to regular audit.

The inspector reviewed practice around the management of residents' valuables and personal monies with the responsible administrator. The practice reflected the content and direction of related policy and protocols. Systems of accountability included the double-signing of transactions, including any withdrawals, the retention of receipts, and an external audit process. The balance on a sample of records reviewed reconciled with the records maintained.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre supported privacy and dignity for all residents in continuing care. Each long-stay resident had their own room with en-suite facilities. Residents were seen to be provided with general access to information technologies and some residents had a desktop computer in their own room. Access to a private phone was provided. Respite residents were accommodated in large, bright four-bedded wards, also with en-suite facilities. Appropriate screening for privacy was provided. The centre provided communication and entertainment resources that were appropriate to the needs of residents, particularly those with a cognitive impairment. For example, each resident in continuing care had an audio visual entertainment console in their room that provided them with control over access to the radio, television, internet content and communication.

The centre implemented a policy and practice that supported residents in their civic and spiritual preferences. Residents were supported to vote and attend polling stations

where possible. The centre was laid out with large communal areas, and also seated lobbies on each floor, where families and friends could gather with residents. Alternative space was available for treatment and consultation, or to meet visitors in private. There was a well serviced canteen facility for general use. A large oratory was on one floor where residents could attend religious services, and where mass took place several times a week. This space also served as an auditorium and a venue for performances, such as choirs, on occasion.

There was a policy on communication and information for residents. All residents were provided with a handbook containing relevant information about services at the centre. Management explained that, since the last inspection, initiatives had been developed to increase consultation with residents. Notices of meetings were now issued in advance to relatives and families. Arrangements has also been put in place to support family members act as an advocate, where their relative might have dementia or a cognitive impairment. The centre provided access to the services of an independent advocate and information was also provided on how to access the national advocacy service. The annual quality review indicated that training for staff in dementia related areas of care was being extended, including increased access to online resources. Where signage was in place, it was appropriate to support residents with a cognitive impairment. Management acknowledged the beneficial impact of such environmental supports and had also included improvement plans around signage as part of the annual quality review.

Activities for residents at the centre continued to be well resourced and a general trained nurse acted as dedicated activities manager, with the support of nominated staff and volunteers. A comprehensive programme of activities was in place, as described in the statement of purpose. This included music, games, art, baking and creative interactive activities. There were activities to meet the needs of residents with a cognitive impairment, such as multi-sensory therapy, gardening and pet therapy. There was an exhibition on site that illustrated the work of a collaborative community programme that focused on the use of art, pictures and reminiscence. Activities were provided on a group, or individual basis, according to the assessed needs of the resident. A review of resident care plans indicated that the activity programme for each resident was in keeping with their assessed needs and abilities, and that participation was monitored and reviewed to assess impact and benefit. Residents had access to a designated activity area which was nicely furnished and decorated. It also had an adjacent facility with equipment for baking, or creating arts and crafts. On the days of inspection a range of activities were observed, including group sessions of music and a physical activity session with a physiotherapist. A hairdresser regularly attended the centre and there was an appropriately equipped facility to support this service. All residents could access the secure and well maintained grounds. Other activities included reminiscence groups, lunch clubs, newspaper reading and card games.

Throughout the inspection staff were seen to interact with residents in a way that was considerate and that focused on the resident personally. Feedback from residents, and questionnaires from relatives, indicated that this approach by staff was their experience of care at the centre. Residents were seen to respond well with staff. Individual circumstances were taken into account in the delivery of care. Staff enquired of residents as to their preferences, and engaged with them in a positive social manner,

when undertaking routine aspects of care around mealtime or accessing activities, for example.

Aside from the routine observations summarised above, as part of the overall inspection, a validated observational tool was used to monitor the extent and quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule, or 'QUIS' (Dean et al, 1993). This monitoring occurred during discrete 5 minute periods in 30 minute episodes. Two episodes were monitored in this way. One observation was undertaken at midday in a day room of one ward where several residents were having their lunch. There was pleasant classical music playing at an appropriate volume in the background. Several residents were seated between three dining tables that were nicely set with flowers. Two residents were dining together. A staff member was seated at each of the other two tables providing support to residents, as required, at these tables. There was ongoing chat and discussion about daily news during the mealtime and residents were provided with assistance that was considerate and attentive. The observing inspector noted that the interactions during this period demonstrated positive, connective care. As other staff members entered and left the area they also engaged with residents and checked preferences, bringing drink choices as expressed. Staff offered residents their napkins and assisted them in positioning these as required. A resident who experienced a minor episode during this time was given discreet attention and promptly taken from the room for a short period of recovery. A senior member of staff returned with this resident a little while later and supported the resident in engaging again with other residents at the table so that they could complete their meal in company. Another period of observation took place in the day room of a different ward in the late afternoon of the following day. There were fewer residents in the area at this time. Two were sitting at a table together finishing their tea. One member of staff joined the group and spoke with each resident checking their needs. One resident asked to be taken to their room and after a short while the remaining residents also left to go to their rooms. A positive result was recorded for these episodes and it was noted that staff engaged meaningfully with residents on a consistent basis.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A site-specific complaints policy and procedure was in place, that had been reviewed in August 2015. A summary of the complaints procedure was on display in the entrance

area of the centre. This information was also summarised in the statement of purpose and as part of the information guide provided for residents. The policy cited relevant legislation and set out the procedure to follow in making a complaint, including how to make a verbal or written complaint, and the expected time frames for resolution. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. The procedure also outlined an internal appeal process and identified the appeal officer. Contact information for the office of the Ombudsman was provided.

A record of complaints and concerns was maintained. Relevant information was available on the nature, circumstances, response and outcome of the complaint. A review of the complaints system indicated that the processes around receiving and dealing with complaints were in keeping with the requirements of the regulations. At the time of inspection there were no complaints that had been referred to the appeal process. Records indicated that any issues raised had been resolved. Satisfaction with the processes for managing any concerns that might be raised was also reflected in the questionnaires completed by residents and relatives. Further information on advocacy, and facilities to support residents with a cognitive impairment in raising a concern, is recorded against Outcome 3 on Rights, Dignity and Consultation.

**Judgment:**  
Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

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

**Findings:**

The previous inspection had identified inconsistencies between the planned and actual staff rotas. Since that time a recruitment strategy had increased overall staffing levels of both nursing and healthcare staff. The centre did not rely on agency resources. Management maintained an accessible bank of reserve staff for on-call needs. A review of staffing arrangements during the inspection confirmed that the number and skill-mix of staff on duty was in keeping with the requirements of the resident profile, having consideration for the size and layout of the centre. Clinical nurse managers spoken with confirmed that they had protected time for administration and oversight as necessary.

Appropriate supervision arrangements were in place on a daily basis. A clinical nurse manager was on duty on each floor by day. Staffing levels at night included a staff nurse and healthcare assistant on each floor with oversight by an additional clinical nurse manager. Staff spoken with confirmed that these arrangements were consistent. Effective supervision was also implemented through monitoring and control procedures

such as audit and review. Regular staff appraisals took place. Training provision was enhanced through access to an on-site education centre that promoted academic education programmes and continuing professional development. The inspector met with staff responsible for the monitoring and delivery of training, and also reviewed the current training matrix. All information indicated that training was current, and regularly delivered, in mandatory areas such as safeguarding, manual handling and fire-safety. Management demonstrated a progressive approach to the development of further training on dementia related care. Staff were facilitated to access on-line training resources in relation to dementia care and also to attend relevant master classes. Gaps in training on infection control that had been identified on the previous inspection had been addressed. Staff had access to relevant policies and procedures and copies of the standards and regulations were also accessible. Staff spoken with understood their statutory duties in relation to the general welfare and protection of residents.

There had been no change to practices around recruitment and vetting since the previous inspection. Personnel procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation was well maintained in relation to staffing records, as per Schedule 2 of the regulations. A nominated member of staff held responsibility for the coordination and supervision of the volunteer programme. Where volunteers were engaged at the centre, appropriate supervision and documentation was in place. All staff members had been Garda vetted as required.

**Judgment:**  
Compliant

### ***Outcome 06: Safe and Suitable Premises***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The centre was a purpose-built facility, in operation on the current site since 2011. The palliative care service operated from the same premises. Management and governance spanned both services. There was an educational resource centre on site. The building was set in extensive grounds and provided secure parking facilities. The centre was also serviced directly by public transport.  
The centre operating as a service for older persons provided accommodation for up to 63 residents, with 62 in occupancy at the time of inspection. The centre was laid out over three floors with central access via the main entrance on the ground floor and facilities such as the canteen and education centre provided on the lower ground floor. Staff had access to separate changing and storage facilities. Each ward had a reception area and nursing station on entry. Residents' rooms were laid out to either side of a central, communal sitting area. Each floor had a spacious, communal sitting area, with

tables that were laid for dining during mealtimes. Residents had access to a large oratory for religious services. There was a designated activities and recreation area on the ground floor and a separate gymnasium, equipped with walking rails and stair blocks to support activities.

Resident accommodation was on all three floors, comprising 51 single rooms and three four-bedded rooms. Accommodation and facilities throughout the premises were designed for purpose and of a high standard. A ward on each floor accommodated 21 residents and the layout of these wards was comparable on each floor. All single rooms were well equipped, providing an overhead hoist and individual communication and entertainment consoles for residents. Each room provided a bedside locker, chair and wardrobe. All single rooms were ensuite. Residents' rooms were comfortable and personalised, to varying degrees, with individual belongings and memorabilia. The centre was thoughtfully decorated with pictures, paintings, familiar furniture and soft furnishings throughout. Furnishings were in good condition and comfortable. Consideration had been given to the needs of residents with a cognitive impairment and the design and layout of the centre facilitated ease of access and orientation. Corridors were wide and provided assistive hand-rails. The environment was in keeping with a dementia friendly model. There was good use of natural light in both private and communal areas. Residents on the ground floor had access to an enclosed garden area with seating. Residents could also take walks or mobilise in electric chairs in the extended grounds. The day room on upper floors opened onto a communal balcony that overlooked the local countryside and provided seating for residents and their visitors.

In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises would further support the requirements of those with a cognitive impairment. For example, improved signage and the use of visual cues, such as pictograms, could be developed further to promote the independence of residents with dementia. These areas had been identified as part of the review of services by management and proposals around these initiatives were set out in the improvement plans for 2017.

**Judgment:**

Compliant

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

**Theme:**

Safe care and support

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

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

**Findings:**

Management were able to demonstrate how risk was assessed and controlled throughout the centre. A comprehensive risk register was in place that recorded relevant

information in relation to both operational and individual risks. Policies and procedures around health and safety had been reviewed within the last year. A current risk management policy was in place that included arrangements to identify, record, investigate and learn from serious incidents. A record of accidents and incidents was maintained electronically and monitored centrally through a national notification system. A risk management audit in March 2017 had returned a high level of compliance across processes around incident reporting, management and subsequent action. Learning from these events was communicated to staff through meetings and revised protocols. The inspector met with the facilities manager and reviewed arrangements with relevant contractors to ensure that equipment was effectively maintained and appropriately certified for use. Members of staff spoken with by the inspector confirmed that they regularly participated in fire-evacuation drills and understood how to respond appropriately to the fire alarm. There was evidence of learning and improved practice in response to drill procedures. Fire-fighting equipment was appropriately located and accessible throughout the centre. Records were in place that demonstrated the routine daily and weekly checks undertaken on fire exits and to ensure the alarm was functioning. Certification was in place to confirm that all equipment in relation to fire safety was routinely serviced. Management had been responsive in addressing issues identified on the previous inspection and all staff had received current training in fire-safety and manual handling.

Arrangements were in place for maintaining a safe environment. Corridors had hand-rails in contrasting colours that would be easily identified by residents with a cognitive impairment. Attendance by visitors was recorded. The reception area at the entrance to the centre was continually supervised. A comprehensive infection control policy was in place. A nominated member of staff held responsibility for the management of infection control, as required by the regulations and standards. A programme of water sampling took place. The inspector discussed work routines with staff members who were able to clearly explain cleaning procedures that were in keeping with good infection control practice. Cleaning trolleys were seen to be well maintained and safely stored. The premises were very clean and well maintained throughout. Staff utilised personal protective equipment effectively and understood the importance of hand hygiene. Sanitising hand-gel was readily accessible. Hand-hygiene audits took place regularly. An infection control committee met quarterly to review the results of surveillance audits and any related actions required. Access to sluice areas was restricted and arrangements were in place for the secure storage of hazardous items, such as cleaning chemicals.

**Judgment:**

Compliant

***Outcome 08: Governance and Management***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Marymount University Hospital and Hospice operated as a company limited by guarantee. The provider entity carried responsibility for the oversight of both the palliative care service, and the service for older persons, operating from the same site. The statement of purpose set out a clearly defined organisational structure that identified roles and related responsibilities. Governance was via a voluntary board of directors. The delivery of service was overseen by sub-committees with responsibility for quality, risk management and audit. Separate operational committees also operated in relation to infection control and health and safety. The chief executive acted as representative of the service provider. Care was directed through the person in charge with responsibilities delegated appropriately to persons participating in management. The centre was appropriately resourced with nominated officers holding responsibility for the management of administration and facilities. There had been no substantive changes to the governance arrangements since the previous inspection. Additional appointments had been made to persons participating in management that were in keeping with statutory requirements.

The centre had taken appropriate action in relation to findings from the previous inspection on areas such as training, audit and the resourcing of roles with associated responsibilities, such as infection control. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency. Regular management meetings took place and systems of communication and accountability were in evidence. These included several committees with responsibilities across quality, risk management and audit. The committees convened regularly to develop action and learning from the findings of ongoing audits and review. Records of such meetings were maintained and minutes of the quality group meeting on 22 March 2017 were reviewed, for example. An annual quality review had been completed that fulfilled the requirements of the regulations and reflected consultation with residents and their families. This review was comprehensive and set out the basis for the organisational business plan and related strategies for the coming year and beyond.

**Judgment:**

Compliant

***Outcome 09: Statement of Purpose***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A copy of the statement of purpose was readily available for reference and the person in

charge confirmed that it was kept under regular review. The statement of purpose described the service provided and complied with the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**  
Compliant

### ***Outcome 12: Notification of Incidents***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector reviewed the incident log which was well maintained and clearly recorded all the relevant information around the circumstances and impact of incidents. Quarterly returns were provided in accordance with the regulations. Incidents requiring formal notification were also submitted in keeping with statutory timeframes.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority