<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Marlay Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000108</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kellystown Road, Rathfarnham, Dublin 16.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 499 4444</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sue.cameron@themarlay.com">sue.cameron@themarlay.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Brehon Care</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sue Cameron</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>124</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 26 August 2014 08:10
To: 26 August 2014 15:30

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

| Outcome 14: End of Life Care |
| Outcome 15: Food and Nutrition |

Summary of findings from this inspection
This inspection report sets out the findings of a one day thematic inspection which focused on two specific outcomes, end-of-life care and food and nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies, the self assessment completed by the person in charge, and questionnaires which relatives submitted to the Authority prior to the inspection. Twenty were sent out, and eight were returned. The inspector met residents, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

While areas of non compliance were identified under the nutrition and hydration regulation, overall the inspector found a good level of 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. The centre was seen to provide a wholesome and varied diet to residents that met their identified needs, and provide quality end of life care that respected individual’s wishes, and received positive feedback from residents.

Residents requiring end-of-life care received a caring service at this stage of life from staff who knew their needs. Records covered residents identified needs, and their wishes and preferences for end of life care. Staff were provided with appropriate training and supported by prompt access to medical services. Families gave an overall positive review of the care and support provided to their relatives.
There was evidence that nutrition and hydration needs of residents were assessed and met. Residents were provided with food which was varied and nutritious and respected their preferences. There was a good standard of nutritional assessment and monitoring and residents had access to general practitioners (GP) when required. However, some improvements were required to the meal time experience for those who required high levels of support to ensure they were supported to access meals in a timely way, and in an environment that encouraged their concentration on the mealtime experience.

These matters are discussed further in the report.
<table>
<thead>
<tr>
<th>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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.</th>
</tr>
</thead>
</table>
| **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 |
| **Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection. |
| **Findings:**  
Residents received a good standard of end-of-life care, which respected their individual needs.  
There were written and operational policies and protocols in place for end-of life care. They covered assessing the resident’s wishes for end of life care, providing care to residents approaching end of life, and care of residents following death.  
The inspector read a number of care plans and found that all residents had end-of-life care plans in place, in the event that they became seriously unwell and were unable to articulate their wishes. The plans covered the resident’s spiritual, emotional, and religious needs. Where residents had expressed their wishes and preferences, these had been recorded, for example what treatment they wanted to receive. There were other care plans that covered residents other needs including their physical and nutritional needs.  
There were some ‘do not attempt resuscitation’ orders recorded in some GP notes for individual residents. The notes made it clear who the discussion had been held with, and whether family were involved. Work was ongoing to ensure this information was easily accessible in the residents care plans.  
Plans were reviewed 3 monthly or as needs changed, and there was evidence that the resident and family had been involved in the reviews.  
At the time of the inspection there were no residents who were receiving end stage care. The records of a resident who had recently passed away were reviewed, and showed there had been regular contact with the general practitioner (GP), and their changing needs were recorded, including change in appetite and how pain was being managed. Religious support had been provided in line with the residents wishes. |
In all care records reviewed by the inspector showed evidence of regular review from the general practitioners (GP); this also included review of medication. Palliative care services were seen to have been in place for those who needed it in the past, and plans were in place for their needs to be met, including changes in medication.

Records also showed residents had access to dietician, speech and language therapy, optician, occupational therapy, and dental services. Staff explained the referral procedure, and commented that the response was always quick.

Relatives confirmed they were able to spend time with their relatives and were always made to feel welcome. They also fed back that they were able to stay through the night if they wished. Staff confirmed this could be with their relative, or in a spare bedroom. Relatives were mostly positive about the care provided to their relatives, one family said “as a family we could not have wished for a more dignified passing”.

Staff spoken with were seen to know the needs of the residents well, were supporting residents to spend their time as they chose. There was sufficient staff to meet the needs of the residents and they were knowledgeable about how to support a resident at end of life, and the importance of making residents comfortable, and the areas of care to focus on such as oral care, and pain relief.

Staff had completed training about palliative care and end of life care, and more was planned to take place, to keep all staff up to date. All staff were positive about the training, and the new policies and procedures, and felt that thinking about palliative care over a longer period of time helped residents and families start to think about their preferences and wishes.

All religious and cultural practice was facilitated. There were religious services provided in the centre, and residents had been encouraged to describe the type of religious support they wanted, and this was clearly recorded in care plans. All of the bedrooms in the centre were single, and afforded the resident privacy.

Records showed that the policy had been followed when residents passed. Relatives can pack up the belongings, or the staff can do this for them. Items are returned in hospice bags.

The person in charge confirmed that relatives would be informed by phone if they had not been present at the time, and there were guidelines in place on how to do this sensitively. Other residents would be informed by staff if they knew them, and would be invited to a mass within 1 or 2 days after their death.

**Judgment:**

Compliant
**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

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

**Findings:**
Residents received food and drink at times and in sufficient quantities to meet their needs, and in line with their personal preferences. However some improvement was needed in the dining experience for some who needed high levels of support.

There were a number of policies on monitoring and documentation of nutritional intake that gave clear guidance to staff. This included guidance on nutritional status and management, and management of hydration and fluid maintenance. The practice of staff on the day of the inspection was seen to be in line with the polices.

Staff were able to describe the process taken when residents were losing weight, or were dehydrated. A food diary was in place to monitor those where there were concerns about nutrition, and it was evident that action was taken to involve medical professionals such as the general practitioner (GP) or a dietician. Records kept included weight and body mass index, and a review of these supported decisions about what action was needed to improve nutrition, if any.

The inspector reviewed a number of care plans and supporting documents, such as speech and language assessments. Each plan described the individuals needs and their likes and dislikes in relation to food and drink. Where the need was identified, referrals were made for dietician and speech and language therapy assessments. The recommendations made in these assessments that were then completed were seen to be recorded in care plans and put in place, for example some residents had different consistencies of food to aid safe eating and drinking.

Dental services were available via a mobile dental service. Access to occupational health assessments were also made where necessary.

Some residents were seen to take nutritional supplements. These had been agreed with the general practitioner (GP) who had prescribed them, and then kept them under review.

Staff had received training on a number of topics in relation to nutrition and hydration, for example treating and preventing malnutrition, managing swallowing difficulties and nutrition and diabetes. Staff, including kitchen staff, confirmed they had learned new information on the courses and were putting it in to practice.
There was a nurse in charge of each dining area, and through discussion it was evident they were aware of the importance of ensuring residents had access to good quality food and drink, and were supported in a discreet and sensitive way.

The inspector observed the service of breakfast and the main lunch time meal to residents. Meals were seen to be properly prepared, cooked and served. Residents were seen to have good access to food and drink through the day including fresh drinking water. Residents had access to aids and specialist equipment to support them in maintaining their independence, such as mugs with handles, plate guards, and cutlery.

Most of the residents spoken to on the day of the inspection felt food was of a high standard. Others felt that food was different to what they would have eaten at home.

On the day of the inspection all residents had their breakfast in their room. Residents were able to choose the time they wanted their breakfast, and it was usually served between 7.00 and 9.00. The inspector saw that many residents were sat up in bed, while others sat in a chair with a small table. When asked, residents confirmed they chose where to take their meal, and many liked to have it in bed. Residents were eating a range of food including cereals and toast. When spoken with, residents confirmed they had a choice of what type of cereal and bread to have.

At lunch time most residents ate in the three main dining rooms, or the top floor lounge area. A small number of residents had their meal in their rooms as was their choice.

The dining rooms were well presented. Tables were laid out with cutlery, condiments and napkins. Some residents had a tray in their room. Lunchtime was seen to provide a social environment for the residents, who appeared to be enjoying the experience. The meals had been plated up for individuals as were there preferences which included choice of meal, portion size and range of vegetables. Meals were not disturbed by other activity, such as a medication round. Support was seen to be appropriate to residents needs with staff supporting people sensitively and offering encouragement where it was needed.

Some residents had their lunch in the top floor lounge, they needed full support with eating and drinking. On the day of the inspection it was noted there were a few distractions in this room, and staff were interrupted in supporting residents to eat their meals. Staff were respectful to residents and were providing food at their pace, however, due to the high needs of the residents, staff were not able to support all residents to the same level which had an impact on residents intake. The temperature of food was not always checked before it was given to the residents, some cases it look hot, and in other cases it had been with the resident for some time, so may have been cold.

The kitchen was seen to be well maintained, was clean, and had adequate storage for fresh and stored food items. The chef had implemented a system to record resident’s daily choices and preferences around meals, and this was seen to be effective. Kitchen staff plated up meals for individuals and staff delivered the covered plates to the tables and rooms. The food was well presented, including modified diets. There was also an up to date record of those residents on modified diets, which matched the care plans that
The menu ran over 16 days, and was changed seasonally. The menu had previously been reviewed by a dietician, to confirm it was nutritious. They had made recommendations, and these were being implemented at the time of the inspection.

The residents meeting offered the opportunity to feed back on the meals. There were comments about tea being cold in the evenings, but that it had improved recently.

There was no access for residents or relatives to make their own drinks and snacks, but those spoken to said they would be provided if they asked.

Monthly audits were being carried out for all residents’ nutrition and hydration needs. The audits included the numbers of residents on fortified diets or nutritional supplements, and dates of allied professional assessments. The audits supported the senior team to make sure practice in the centre was in line with the policy and procedures. The last audit found practice was in line with the policy.

**Judgment:**
Non Compliant - Minor

---

**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:**

Helen Lindsey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name</th>
<th>The Marlay Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000108</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26/08/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18/09/2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In one area staff were not able to support all residents to the same level which had an impact on residents intake.

Action Required:
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Please state the actions you have taken or are planning to take:
A review of the dining experience is currently being undertaken focusing on the needs of our residents to ensure that all residents are supported to the same level. This review will also be incorporated into the Bi-weekly Care Meetings to ensure we are

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
constantly reviewing the changing needs of our residents.

**Proposed Timescale:** 15/10/2014