<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Marymount Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000065</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Westmanstown, Lucan, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 820 4500</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@marymountcarecentre.ie">info@marymountcarecentre.ie</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>Humar Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Conor McNulty</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Shane Walsh</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>90</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 02 September 2015 09:30
To: 02 September 2015 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of an inspection, which took place to monitor ongoing regulatory compliance. As part of the inspection, the inspectors met with residents, relatives and staff members. The inspectors observed practices and reviewed documentation such as care plans, accidents and incidents forms, policies and procedures and staff files. Ten outcomes were inspected against during this inspection.

Overall; the inspectors found that the provider and the person in charge met the requirements of 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. They promoted the safety of the residents, and monitored closely the quality of the service provided to residents.

Evidence of good practice was found across all outcomes with 8 out of 10 outcomes inspected against deemed to be in full compliance with the Regulations. Outcomes judged to be fully compliant included safeguarding and safety, health and social care needs, governance and management, complaints procedures, medication management and safe and suitable premises. One outcomes was judged to be
moderately non compliant, which related to the maintenance of records within the centre. The outcome of statement of purpose was found to be substantially complaint, as it required update and review.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.
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 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:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose described the services provided but required minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The changes required reflected the fact that the statement of purpose had not been revised since February 2014.

Specific changes required:
- lack of clarity on the named provider
- all of the information as set out in the certificate of registration, including the conditions were not provided
- the dates of registration were incorrect

**Judgment:**
Substantially Compliant

**Outcome 02: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
Overall it was found that the quality of care and experience of the residents were monitored and assessed on an ongoing basis and that there were adequate resources to provide for the effective delivery of care. There was a clearly defined management structure that identified the lines of authority and accountability.

The provider and the person in charge worked together to address the needs of residents and together held the autonomy and authority to implement change in accordance with the assessed needs of residents. For example, recruitment was currently taking place to employ additional nurses to meet the changing needs of residents. The person in charge also highlighted occasions where she was afforded the autonomy to increase staffing levels to meet changing needs of residents, such as to provide additional supports to residents and their relatives during end of life care.

There was clear evidence that residents and relatives were consulted with on an ongoing basis. For example regular resident's committee meetings took place which were well attended and the minutes of these meetings demonstrated how these meetings had influenced in areas of care such as additional activities, menu planning and atmosphere during meal times.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspectors were not satisfied that some the records as listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Evidence was found in care plans and presented to the person in charge and to clinical nurse mangers that a resident’s health care record pertinent to individual care needs had not been filled out. In some cases ‘two-hourly checks’ had not been signed off as having been completed and in other cases suggested that signatures of ‘checks’ were not completed at the time of the event.
Eight staff files were checked and were found to contain all documentation as required in Schedule 2 of the Regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under Regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by Schedule 5 of the Regulations.

**Judgment:**
Non Compliant - Moderate

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**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**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 inspectors found that there were policies and procedures in place to ensure residents were protected from harm or abuse. There was a policy in place on responding to elder abuse providing guidance on the reporting and investigation of abuse, a policy on how to deal with challenging behaviours and a policy on the use of restraint in the centre. The inspectors found that all staff had received up to date training on responding to elder abuse. The inspectors observed that a training schedule was in place to ensure staff who were due training received it.

Inspectors spoke to a number of staff and they were all knowledgeable on the different types of abuse and the correct reporting procedures if they observed possible abuse. A review of incidents in the centre showed that there were no open allegations of abuse.

The inspectors found that the atmosphere within the centre was very relaxed and sociable. The inspectors spoke to a number of the residents and they explained that they felt safe and secure in the centre, and well supported by the staff. The centre was seen to promote a restraint free environment.

**Judgment:**
Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

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 inspector found that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

The inspector noted that there was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards. A risk management policy was in place and met the requirements of the Regulations. Health and safety officers were identified and they met with the person in charge on an ongoing basis to discuss the management of risk.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm activation buttons and fire alarm system were serviced annually. The inspector noted that the fire panels were in order, and the many fire exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire, described within the centre as a compartmentalised method of evacuation, ensuring residents were moved away from any perceived risk. Fire drills took place on a quarterly basis.

There was an emergency plan in place with clear procedures to follow in the event of loss of electricity, flood, gas leak or other security concern. The inspectors spoke with staff and found they were familiar with the contents of the emergency plan and the reporting structures in case of any emergency. The emergency plan included a contingency plan for the total evacuation of residents if required.

A review of the training records evidenced that all staff had attended all mandatory training. Some staff were due refresher training however, the training programme in place identified that this need was being addressed over the coming months. Staff had also received training in other areas such as falls prevention and identifying causes of difficult behaviours.

Specific audits had taken place to identify times of increased risk for residents. For example, a falls audit had identified a specific time of day when there was increased falls recorded. This risk was mitigated by having additional care staff rostered during
Judgment: Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication 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:
There were written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.

Medication was supplied to the centre using pre-packed 'blister packs'. A system had been put in place to ensure there were additional measures taken to check each blister pack as it was delivered to the centre to ensure it contained the medication as prescribed. Regular audits and reviews to monitor safe medication management practices were also taking place.

A full medication review took place every three months for each resident and this involved nursing staff, the general practitioner (G.P) and the pharmacist. Medication reviews viewed by the inspector included reductions in the dose of medications, and changes to the type or frequency of pain medication, such as the introduction of transdermal patches for the management of severe pain.

From observing staff members administering medication it was found that they adhered to safe medication management practices. Staff were guided with a clear and up to date administration sheet, and all medication were signed for appropriately.

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of controlled drugs. The stock balance was checked and signed by two nurses at the handover of each shift. This register was viewed by the inspector.

A locked fridge was provided for medication which required temperature control and the inspector noted from the daily record sheet that the temperatures were within acceptable limits. There were appropriate procedures for the handling and disposal of unused and out of date medication.

Judgment: Compliant
### Outcome 11: Health and Social Care Needs

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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

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

**Findings:**
The Inspectors were satisfied that the residents’ welfare and wellbeing was being maintained by a high standard of evidence-based care, and that residents had the opportunity to participate in meaningful activities.

All residents had access to the general practitioner (GP) provided by the centre, and also had the option to maintain their own GP if they wished to. The inspectors reviewed a number of residents' medical records and could see from the notes that all residents had access to full range of allied health professionals, for example, physiotherapy, dental, occupational therapy and speech and language therapy.

During the inspection the inspectors observed opticians visiting the centre to carry out optical assessments on a number of the residents.

The inspectors reviewed a number of residents care plans and seen that they contained detailed information on how to care for the resident. Some of the care plans reviewed were for residents with pressure sores, that were at high risk of falls and that had specific dietary requirements. The care plans were evidence based, guided good practice and contained detailed descriptions on each residents specific care needs. The inspectors asked a number of staff members if they were familiar with care that was to be provided as per the care plans, and all showed knowledge of what care needs the residents required. Care plans were seen to be reviewed at least ever four months, and in many cases more often than this. There was however noted gaps in daily re-positioning charts. Inspectors noted that staff did not consistently sign the chart at the time of re-positioning the resident, however this is actioned under Outcome 5: Documentation to be kept at a designated centre.

Throughout the inspection, the inspectors observed the residents taking part in a number of activities including sonas (a therapeutic music based activity specifically for residents with dementia) and bowling, among others. The inspectors reviewed the weekly activity plan and it was evident that there were meaningful activities occurring every day throughout the centre. Activities also consisted of both group and one-to-one ensuring that all residents were provided with an opportunity to become involved in meaningful activities regardless of their dependency levels.
Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The inspector reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and the staffing rosters were adjusted accordingly. For example, it was identified that additional nursing hours were required to meet the assessed needs of residents and recruitment of nurses was actively taking place at the time of inspection. The inspector was satisfied that there was sufficient staff on duty to adequately meet the needs of residents.

The dependency levels were assessed as 41 maximum dependency residents, 22 high dependency, 12 medium dependency and 14 of low dependency. Overall it was found that there was sufficient staff on duty to adequately meet the needs of residents.

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents.

There was a recruitment policy in place which met the requirements of the regulations. The inspectors examined eight staff files and found that vetting disclosures were in place for seven and one staff members vetting disclosure had been requested.

The person in charge promoted professional development for staff. A staff development programme was in place to ensure staff were provided with training to meet the specific needs of residents and to meet individual staff development requirements. For example a broad range of training had been provided to staff such as, wound care, chronic pain management, falls prevention and management, nutrition, palliative care, dementia care infection control and end of life care including 'humanist' supports, in addition to all mandatory training requirements of the regulations.
Staff spoken with all reported that they felt supported and supervision was provided to all staff.

**Judgment:**
Compliant

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**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:**

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

Centre name: Marymount Care Centre
Centre ID: OSV-0000065
Date of inspection: 02/09/2015
Date of response: 01/10/2015

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

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

The provider was not reviewing and revising the statement of purpose at intervals of not less than one year.

1. Action Required:
Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Statement of purpose has been revised and updated.

Proposed Timescale: 03/09/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records relating to an individual resident as required under Schedule (4C) were not maintained in an accurate and up to date manner as checklists relating to regular checks relating to specific care needs were not always filled in or up to date.

2. Action Required:
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:
Staff educated on completing same in a timely manner. Repositioning charts on clipboard at end of beds.

Proposed Timescale: 01/10/2015