

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Marlay Nursing Home
Centre ID:	OSV-0000108
Centre address:	Kellystown Road, Rathfarnham, Dublin 16.
Telephone number:	01 499 4444
Email address:	reception@themarlay.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brehon Care
Provider Nominee:	Paul Davis
Lead inspector:	Nuala Rafferty
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	122
Number of vacancies on the date of inspection:	2

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.

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:
24 January 2017 09:30	24 January 2017 17:30
25 January 2017 08:00	25 January 2017 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection further to the receipt of an application to renew the registration of the centre. The inspection took place over two days. Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The fitness of the provider entity, person in charge and key senior manager was assessed through an ongoing fit person process. They demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated

Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland, throughout the inspection process.

The findings of the last inspection, a dementia thematic inspection in July 2016, and progress on the actions arising from that inspection, also formed part of this registration process. There were 15 actions in the action plan from the last inspection in July 2016. 13 actions were satisfactorily completed. 1 action was progressed and one action had not been addressed.

As part of the inspection process, the inspector reviewed the documentation submitted, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

There was a clearly defined management structure that identifies the lines of authority and accountability. The management team facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with legislation. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual care plans. Evidence was available that residents healthcare needs were met.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre. Some improvements were required to the level of access to the community and to individual activities and also to information for residents in relation to the contact of care.

The action plan of this report highlights the matters to be addressed in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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: 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:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre.

Judgment:

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):

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

Findings:

Actions were required following the last inspection to improve the audit process and also to improve the level of consultation with residents and relatives in relation to the Annual Review of Quality and Safety of Care in the centre. Although the timeframe for

completing the actions had not expired, sufficient progress was found. Examples of improved auditing were found in relation to falls and use of bed rail restraints. As a result of a complete cycle audit, a pattern regarding the time and location of falls was linked to reduced levels of supervision in communal areas. The evening period was identified as a risk factor when staff brought residents back to their rooms in preparation for bed. Delays associated with staff meeting residents' requests for additional assistance resulted in supervision deficits. Measures identified and implemented to address this included: a colour coding format to highlight residents at high risk of falls: and changes to staff rosters to provide additional twilight cover.

A further action arising from the last inspection, required the implementation of a performance appraisal system, linked to a skill development programme for staff. This action was being progressed commencing with the clinical management team and activity team.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

Findings:
The provider did not include a satisfactory response to the actions required arising from the dementia thematic inspection in July 2016. The findings of the last inspection were recurrent on this inspection. These related to additional fees imposed on residents for services including activities; a Marlay doctor service and laboratory services. The contract did not include an element of choice for those residents who did not wish to avail of these services. This issue was discussed in full again on this inspection with the person nominated to represent the provider entity. The inspector was told that it was the intention of the provider entity to write to every resident on whom the charges were imposed and seek their support for the charges. However, the provider intends to make it clear that the fees will no longer be imposed and residents can choose to opt out if they wish.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Judgment:

Compliant

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):

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

Findings:

Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide were complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.

The directory of residents was checked and was found to meet the requirements of the Regulations. It was up to date, with records of admissions, discharges and transfers

maintained.

General records as required under Schedule 4 of the Regulations were maintained, including key records such as appropriate staff rosters, and accident and incidents, nursing and medical records. Planned rosters were in place in all units, and an actual working rota was maintained.

However, actions required from the last inspection were not fully addressed. Actions required included a review of some policies and the full implementation of all policies in practice.

All of the operational policies and procedures as required by Schedule 5 of the Regulations were available and were reviewed on a regular basis and within the three year timeframe as required by the regulations. These included a review of the complaints and restraint policies to ensure they gave sufficient guidance to staff and reflected current best practice and the regulations. However, the evidence of the full implementation of the restraint policy was not found. In a sample of assessments viewed, the consideration of alternatives prior to the use of the restraint was not always found.

Judgment:

Substantially Compliant

Outcome 06: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Suitable arrangements were in place for periods of absence of the person in charge. The fitness of the assistant director of nursing to replace the person in charge in the event of an absence was determined through observation and discussion during the inspection and had the qualifications and experience required by the legislation.

Judgment:

Compliant

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:

Actions required arising from the last inspection were implemented. These related to providing residents with opportunities for motion and exercise on a two hourly basis where bed rails or other forms of restraint were in use.

It was also noted that the efforts to promote a restraint free environment were continuing and the use of bed rails within the centre had again reduced from 37 in June 2016 to 25 in December 2016.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors. A CCTV system was in place internally and externally and a register of all visitors to the centre was maintained.

A health and safety statement and related policies and procedures were in place.

Certification and servicing documents were available on fire fighting equipment, emergency lighting and fire alarms. The building's fire and smoke containment and detection measures were appropriate to the layout of the building, and exits were free of obstruction. All staff had received training in fire safety within the past 12 months, and were familiar with what actions to take in the event of fire alarm activation, and with the principles of horizontal and vertical evacuation.

All residents had personal emergency egress plans (PEEPs) which identified the level of cognitive understanding, mobility and evacuation mode of each resident.

Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. A risk register was established which was regularly reviewed and updated. There were arrangements in place to review accidents and incidents within the centre. Residents, who had fallen, had falls risk assessments completed after the falls, and care plans were updated. Inspectors observed that staff implemented the principles of current moving and handling guidance when assisting residents to transfer. Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place.

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:
Actions were required on the findings of the last inspection in relation to; the duration of the administration of morning medicine round and the accurate recording of the time of administration. Although the timeframe had not fully expired, sufficient progress was found. The duration of administration of morning medicines had reduced although further improvement was required to ensure consistency. The provider is in the process of introducing an electronic system of medicine administration which will ensure that all medicines will be accurately recorded.
Written operational policies were in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.
Medicines were supplied to the centre by a retail pharmacy business in an individual monitored dosage system. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Nursing staff, administering medicines to residents during the morning administration rounds, on one of the units, were observed. The administration practice was in line with current professional guidance.

Judgment:
Compliant

Outcome 10: 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

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

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

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 findings of the last inspection required actions to improve care planning and assessment processes to make them more specific and ensure they meet residents' needs. On the last inspection it was found that the care plan system was not properly implemented and assessments were inadequate. Nurse progress notes and recording of care delivery was not sufficiently detailed, accurate or complete to give a clear picture of each resident's current condition. Evidence of efforts to improve care planning and assessment and the documentation of clinical care were found and these actions were fully addressed.
A sample of clinical documentation and medical records were viewed. The systems in

place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Care plans viewed were detailed enough to guide staff, on the appropriate use of interventions to manage the identified need, and the reviews considered the effectiveness of the interventions to manage and/or treat the need. In general nursing documentation was clear and co-ordinated. Risk assessments, care plans and nursing progress notes were linked and gave an overall picture of residents' current condition. Efforts to plan and deliver care in a person centred manner were also noted.

There was evidence that the well being and welfare of residents was being maintained through the provision of a good standard of nursing medical and social care.

Evidence of timely referral and review by a range of medical and allied health professionals was found with documented visits, assessments and recommendations by dietician, and speech and language therapists, physiotherapy and occupational therapist reviews.

Residents were also reviewed by opticians, dentists and chiropody services on a regular and as required basis.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident file reviewed had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for most identified needs.

A number of care plans referred to family involvement in the care planning process, where family were consulted for decision making or to seek and give information relating to the resident.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective 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 was broadly in line with the statement of purpose and the inspector was satisfied that the design and layout met residents' individual and collective needs.

The premises were fully reviewed at the last registration inspection and no structural changes have taken place since then.

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. Suitable and sufficient communal space such as a large sitting room and dining room were available on each floor. A separate quiet room which was used for religious ceremonies or meetings was also available on the ground floor.

There were 124 single bedrooms all with full en-suite across three floors in the centre which was purpose built. All of the bedrooms were personalised to reflect residents' individual wishes with pictures photograph's and mementos. Some also contained items of furniture with sentimental value such as armchairs dressing tables and other occasional furniture.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.

Judgment:

Compliant

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

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

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

Findings:

The findings of the last inspection in July 2016 required actions to ensure that all complaints were recorded and that an effective appeals process was in place.

Evidence was found that recent complaints were recorded and followed up with complainant to assess satisfaction.

A senior manager who works at a strategic level within the organisation and is not involved in the operational management of the centre was recently nominated as the appeals person.

Judgment:

Compliant

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):

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

Findings:

Actions arising from the last inspection to capture residents' wishes for religious or spiritual preference or to facilitate supports for place of death or funeral arrangements were not addressed.

Although it was noted that there was a process to elicit resident's preferences, it was not always implemented. Where efforts to open discussions were made they were not fully documented by staff. It was noted that there was reluctance by staff to have these conversations as they did not wish to upset residents or their loved ones.

Equipment and facilities for residents and relatives were available to meet religious and spiritual needs.

A determination on the standard of end of life care delivered could not be fully made as no resident was receiving end of life care at the time of the inspection.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Actions required from the last inspection to ensure resident's privacy and dignity were fully maintained through the reduction of noise at meal times were fully addressed on this inspection. There were sufficient staff available to provide appropriate one-to-one assistance to residents' who required assistance with their meals.

Residents were provided with food and drink at times and in quantities adequate for their needs. A four week rolling menu was in place to offer a variety of meals to residents.

Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.

Most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. The main kitchen was located beside the dining room. Food was served directly from there by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Residents on modified consistency diets also received the same choice of menu options as others. Drinks such as water, milk, tea and coffee and fresh drinking water at all times were available. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:

Actions arising from the last inspection were addressed with an improved consultation process with residents and relatives found. On review of a sample of minutes of the residents meeting, it was found that the centre's quality and care review report was discussed with the residents at a meeting in October 2016. A date was also set to meet with relatives for their input in March 2017.

Some improvements to the variety of activities were also noted following comments made by residents on the last inspection. These included updating the in-house film catalogue to include more recent films. Recent films shown on the designated 'movie' night included: 'Marley and me', 'Brooklyn' and 'The Book Thief'. A project to involve residents in changing culture and practices within the centre had recently commenced with an initial meeting held in January.

Inspectors found that the level and variety of activities provided to residents within the

centre was of a high standard. Two activities coordinators delivered the programme which included both group and one to one activities. The programme included a mix of activities designed to provide both physical and mental stimulation, such as: bowling: quizzes: and exercises to improve dexterity. A group of volunteers from the local community regularly visited to chat with resident's, play music or act as Eucharistic ministers.

Inspectors were told that one to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and that this time was used for sensory stimulation such as providing hand massages. Other dementia relevant activities were included in the programme such as reminiscence and sensory stimulation. Residents life stories were collated by staff who were aware of them and inspectors were told they would be used to inform reviews of the programme going forward.

Feedback from residents and relatives was predominantly positive with the majority complimenting the level of activities, the standard of care and the general demeanour of staff. Comments included: 'it's more like a hotel than a nursing home'; ' plenty of activities and regular concerts that relatives can attend'; 'staff are very good and helpful'. However, some comments referenced the need for monitoring the attitudes of staff to prevent insensitivity, or rushing, when providing personal care and ensuring dignity was respected at all times. A number of resident's and relatives also commented on the lack of regular outings and time spent with resident's who did not participate in group activities. Inspectors also noted that there were few outings arranged for residents and that the time available for individual activities were limited. It was noted that approximately one third of the current residents did not participate in group activities, but there was little evidence that these residents were provided with similar levels of stimulation to dispel loneliness or boredom on a daily basis.

Judgment:

Substantially Compliant

***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

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

No actions were required from the previous inspection.

Findings:

There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

A policy on residents' personal property was in place and implemented using an

inventory on clothes and valuables belonging to residents upon admission.

Residents had access to a locked space in their bedroom if they wished to store their belongings.

There was a policy in place of residents' property in line with the Regulations and a list of residents' valuable property and furniture was maintained where required

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:

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile.

Actions were required from the last inspection in respect of improvements to supervision to ensure timely recording of care interventions and clarity on the specific role and responsibilities of each staff grade in relation to clinical decision making on the use of pressure relieving mattress systems. Evidence that these were addressed was found. On review of both electronic and paper records of care interventions it was found that staff were recording interventions such as: food and fluid intake diaries, repositioning records and restraint release records in a timely manner. It was also noted that where residents were assessments indicated a need for pressure relieving mattress systems, the clinical nurse managers contacted either the person in charge or the assistant director of nursing to ensure an appropriate pressure relieving mattress was provided.

Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding; moving and handling; fire safety: first aid: dementia care and food hygiene; pressure ulcer prevention; assessment and care planning. Samples of attendance records were also viewed.

Appropriate and respectful interactions were observed throughout the day between

residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.
Good recruitment processes were in place including a Garda vetting process. These were completed for all staff currently working in the centre including; volunteers and students on work experience. The inspector verified that all nurses were registered with the Irish Nursing Board.

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:

Nuala Rafferty
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 report¹

Centre name:	The Marlay Nursing Home
Centre ID:	OSV-0000108
Date of inspection:	24/01/2017
Date of response:	20/02/2017

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 03: Information for residents

Theme:
Governance, Leadership and Management

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

The contract of care included details of additional fees that were stated to be imposed for services including social activities, The Marlay Doctor Service and a laboratory transport service. The contract did not include an opt out or choice provision not to pay if the resident chose not to avail of these services.

1. Action Required:

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

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

Our policy is always to ensure that prospective residents/representatives visit the home and are briefed both in person and in writing on all services, terms and conditions, including details of all fees, before making an informed decision to choose our nursing home. We have reviewed our policy to ensure its continuing transparency.

The already advised terms and conditions regarding fees are reflected in the Contract of Care which is signed by the resident, or their representative, on admission. We have amended our policy going forward so that where any new service fee is sought after the Contract of Care is signed, those residents affected will have the choice to opt not to pay that fee and this will be communicated in writing should the situation arise in the future.

Furthermore, we confirm that the home is currently writing to all applicable residents seeking their explicit agreement to continue to pay any service fee which had not been previously contracted for and we shall advise them that they may choose to opt out of that service and, in that instance, the fee shall cease to apply.

Proposed Timescale: 28/02/2017

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:

Evidence of the full implementation of the restraint policy was not found. In a sample of assessments viewed, the consideration of alternatives prior to the use of the restraint was not always found

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

A restraint assessment programme is now in place from the time of admission of our residents. Documented evidence of alternatives to restraints being considered has been audited for residents who have any form of restraint in place. Restraints in place include bedrails, lap belts and wandering tags.

Proposed Timescale: 31/03/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Evidence that efforts to determine the preferences of residents in order to fully meet their emotional social, psychological and spiritual needs was not available.

3. Action Required:

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

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

Training for staff in End of Life Care is ongoing which incorporates how to approach the questions of preferences of residents with regard to their emotional social, psychological and spiritual needs. Auditing of End of Life Care Plans will demonstrate that preferences are being discussed and addressed in an appropriate manner with the resident/care representative.

Proposed Timescale: 31/12/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Opportunities for purposeful or meaningful stimulation for all residents who remained in bed or in their bedrooms for long periods of time due to frailty or personal preferences were limited.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Increased emphasises will be placed on choice for residents who remain in their rooms with regards to one to one activities. The necessary resources to achieve this will be provided.

Proposed Timescale: 30/09/2017

Theme:

Person-centred care and support

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

Opportunities for access to the community for social interaction or events were also limited.

5. Action Required:

Under Regulation 09(3)(c)(iv) you are required to: Ensure that each resident has access to voluntary groups, community resources and events.

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

Although we do have a programme of outings into the community throughout the year and active community involvement within the home, we will review and increase our outings in line with residents' preferences and abilities.

Proposed Timescale: 30/09/2017