

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Marymount Care Centre
Centre ID:	0065
Centre address:	Westmanstown
	Lucan
	Co. Dublin
Telephone number:	01 8204500
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Email address:	info@marymountcarecentre.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Humar Ltd.
Person authorised to act on behalf of the provider:	Maureen McNulty
Person in charge:	Maureen McNulty
Date of inspection:	31 May 2011
Time inspection took place:	Start: 09:15 hrs Completion: 20:00 hrs
Lead inspector:	Aileen Keane
Support inspector(s):	Sheila Doyle
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Marymount Care Centre is a purpose-built, two-storey building which opened in 1987. It was extended and refurbished in 2008 and has places for 91 residents. At the time of inspection there were 88 residents living in the centre, many of whom had a dementia.

The building is set in a large, landscaped site. The main entrance is to the front of the building which opens into a central reception area. The centre is made up of two sections, namely the Maple and the Orchard. The Maple is a single-storey section to the left of the main reception area, while the Orchard is two storeys and on the right.

There are 37 single bedrooms with en suite shower and toilets, 11 twin bedrooms with shower and toilet en suite, and four single and two twin bedrooms without en suite facilities on the ground floor. There are 14 single and five twin bedrooms, two of which are apartments, all with en suite toilet and shower on the first floor. There were adequate bathrooms in the centre as there were six additional assisted bathrooms with specialised baths located throughout the building.

There are a variety of communal spaces throughout the building, including four sitting rooms, a library, as well as several seating alcoves and a computer workstation area. The main dining room is on the ground floor of the Orchard area beside the kitchen and additional dining areas are also provided in the Maple and Orchard areas. Residents also have access to an oratory and shop on the ground floor and a gymnasium, hairdressing salon and therapy rooms on the first floor.

Residents have access to several garden and outdoor seating areas. There are two enclosed secure garden areas, a sensory garden, roof terrace and balcony. Residents can also go out into the extensive landscaped grounds surrounding the building.

There are two lifts and three staircases between floors. A nurses' station, kitchenette, sluice-cum-utility room is provided in each area and on each floor. The laundry is on the first floor.

The building is wheelchair accessible throughout. There is adequate parking for staff and visitors provided around the building.

The centre is located approximately two kilometres from Lucan village in County Dublin. There is a bus stop close to the main entrance.

Date centre was first established:			8 September 1987	
Number of residents on the date of inspection:			88 and 1 in hospital	
Number of vacancies on the date of inspection:			2	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents:	24	23	28	13
Gender of residents:			Male (✓)	Female (✓)
			✓	✓

Management structure

The Provider is Humar Ltd. and Maureen McNulty, one of the Directors of the company, is nominated to act on its behalf. She is also the Person in Charge and will be referred to as such throughout the report. Karla Walsh is the Director of Nursing (DON); Kay Downey-Ennis is the Director of Quality and Education and Conor McNulty, the Business Manager. Together they form the management team who all report directly to the Person in Charge. Clinical Nurse Managers (CNMs), staff nurses and care assistants report to the DON who in turn reports to the Person in Charge. Housekeeping and catering staff report directly to their manager/supervisor who in turn report to the Business Manager.

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

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents, relatives, and staff members over the one day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. A fit person interview was carried out with the provider/person in charge prior to the inspection. Along with her management team, she completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The findings of the registration inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

Inspectors found Marymount Care Centre to be a homely and well organised centre. While a small number of areas for improvement were identified, overall inspectors found that the provider/person in charge met the requirements of the Regulations and the Standards. She had established a strong management team and implemented processes to ensure the delivery of services to residents in a consistent and safe manner.

Inspectors found the services and facilities outlined in the statement of purpose were reflected in practice and met the needs of the residents including those with a cognitive impairment. The health needs of residents were well met and the quality of residents' lives was enhanced by the provision of interesting things for them to do during the day. An ethos of respect and dignity for both residents and staff was evident.

Section 50 (1) (b) of the Health Act 2007

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

1. Statement of purpose and quality management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

Inspectors were satisfied that the statement of purpose accurately described the service that was provided in the centre and met requirements of Schedule 1 of the Regulations.

Inspectors observed that the service's capacity to meet the diverse needs of residents, as stated in the statement of purpose, was reflected in practice. In particular inspectors noted that care was provided in a "happy and homely atmosphere, in which each person feels at home, cared for and contented" as described in the statement of purpose. This was confirmed by residents and relatives to inspectors throughout the day and in their comments in the resident and relative questionnaires submitted to the inspectors. One relative commented that the service was "the best kept secret in Ireland" while many others referred to the designated centre as home.

The statement is kept under review by the provider and is made available to residents on admission, and following review.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Inspectors found that the quality of care and experience of the residents was reviewed and monitored on an ongoing basis. The Director of Quality and Education had developed and was implementing a Quality Improvement Strategy. She played a

lead role in gathering and analysing data in areas such as falls, bruising, medication errors or near misses and the use of bed rails. The Director of Quality and Education told inspectors that she had also carried out a nursing documentation audit but this information was not yet analysed.

Inspectors also read the minutes of the Quality Improvement Committee, which included members of staff and the management team. This meeting provided updates and feedback on the quality improvement initiatives and the minutes were utilised as a method of communication with all staff about the quality improvements being undertaken.

A residents' survey was also carried out in 2010, inspectors read that feedback was reviewed and appropriate action taken.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Inspectors found evidence of good complaints management practice. The complaints policy was reviewed and was found to be comprehensive and met the requirements of the Regulations. The complaints officer was named the policy included the names of two people who could be contacted should the complainant be dissatisfied with the outcome of their complaint. The complaints officer showed the inspector the complaints log where verbal concerns from residents and relatives were recorded. The inspector saw how these had been acted upon and documented in accordance with the policy. No written complaints had been received by the complaints officer.

Residents and relatives told inspectors they felt comfortable raising any concerns with the provider/person in charge or any member of staff should the need arise. Many residents and relatives said they never felt the need to complain.

The complaints policy was displayed in a prominent place and was summarised in the Residents' Guide and the statement of purpose. An advocacy information booklet had been developed and was available to residents.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The provider/person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to and those who completed questionnaires confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times and the safety procedures in place such as the alarm system and call bells. Some residents also commented that "staff check on them every night".

The provider/person in charge monitored safe guarding practices in the centre. She regularly spoke to residents and relatives, reviewed the systems in place to ensure safe and respectful care and ensured that the staff understood the centres policy and procedure in relation to elder abuse, including reporting procedures. There were no reports or allegations of abuse since the previous inspection.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

Overall inspectors found that systems and practices in place promoted the health and safety of residents, visitors and staff. The environment was kept clean and well maintained. There were measures in place to prevent and control the spread of infection. Staff had received training in infection control and there was easy access to supplies such as gloves, aprons and alcohol hand gels throughout the centre.

Staff had received training in moving and handling of residents and the Director of Quality and Education was developing a computerised system for the monitoring of staff education dates to ensure all staff had up-to-date training.

Inspectors read the safety statement, dated May 2011, and the risk management policy. The safety statement included a risk register which identified risks throughout the centre and the measures in place to control and minimise risks. The risk management policy did not include the precautions in place to control the risk of self harm as required by the Regulations.

Inspectors found that falls were well managed. All falls were reported and the Director of Quality and Education followed up on each individual fall. A high risk residents' prevention plan was in place which detailed the care interventions required for all residents at risk of falling. Inspectors saw this information was available to staff on each unit. Falls were monitored and data analysed. Inspectors saw that one resident had a high number of falls and this was reviewed and appropriate interventions were in place to minimise his risk of falling without compromising his desire for independence. These interventions included participation in the falls prevention classes run by the physiotherapist and use of protective equipment such as hip savers which reduce the risk of injury should a fall occur.

Inspectors read the emergency plan in place and found it to be comprehensive. It also included the procedures to follow in the event of a major incident which required the complete evacuation of the building. It also included plans for the safe placement of residents in the event of an evacuation. Inspectors also saw a folder on each unit which contained procedures to guide staff on what to do in the event of the loss of power, heat and malfunctioning call bell system.

Inspectors saw adequate fire fighting equipment placed throughout the building which was serviced annually. Inspectors saw evidence of quarterly fire equipment servicing and testing. Escape routes were seen to be unobstructed. All new staff had the fire procedures explained to them as part of their induction programme and were scheduled for formal training at the next available training dates which are held every two months. Fire drills occurred every month and the Director of Quality and Education showed inspectors where she had commenced recording the attendance of staff at the fire drills. While the records reviewed did not show that all staff had attended a fire drill the Director of Quality and Education explained that this was a new monitoring system and that she intended to ensure each staff member would participate in regular fire drills. All staff spoken to were knowledgeable about what they would do in the event of a fire and confirmed they attended fire drills.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The inspector found evidence of good medication management processes. There was a comprehensive medication management policy which provided guidance to staff. The inspector observed the nurses on part of their medication rounds and found that medication was administered in accordance with professional guidelines. Medications that required special control measures were carefully managed. These medications were counted at the time of administration and at the change of each shift. Nurses kept a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances and found them to be correct.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Inspectors also noted that a medication audit was carried out by the pharmacist in March 2011. Each resident's medication was reviewed regularly by the doctor, pharmacist and nurse manager.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found a high standard of evidenced based nursing care and appropriate medical and allied health care. Residents were assessed and had care plans in place which were updated to meet their changing needs. The residents' records were being

transferred from a paper based system to a computerised system which was posing challenges and required continued monitoring and development.

Residents had access to general practitioner services in a timely and appropriate manner. The person in charge had ensured there was access to other allied health services such as physiotherapy, occupational therapy and chiropody. As there were difficulties accessing these services through the local community services, she had sourced private services that could be utilised by residents. She also employed the physiotherapist to attend the centre each week to assess all new residents and provide group exercise sessions for falls prevention. Additional private physiotherapy services were available to residents at an additional cost. She had also carried out interviews with for an occupational therapist so that residents could be appropriately assessed for specialist equipment should the need arise. Chiropody services were also available every second week and there were records maintained of residents who availed of this service.

Inspectors reviewed a number of residents' care plans. The DON was in the process of introducing a new computerised record management system. Inspectors found that the person in charge, DON and nursing staff had a good understanding of the assessment, care planning and evaluation process. There was a comprehensive assessment completed for each resident which was updated at least three-monthly. Risk assessments for falls, nutrition, pressure ulcer development and pain were in place. However, inspectors found some small gaps in the records maintained on the new computerised system as the system did not facilitate all the risk assessment tools they had in place for their paper documentation. This was discussed with the person in charge, DON and Director of Quality and Education who acknowledged there were challenges to introducing this new system and they were meeting with the supplier and continually developing the system.

Inspectors found that many residents and relatives were aware of their care plan. Inspectors saw evidence of consultation about the care plan on admission. However, there was no evidence that residents were notified of any review or that they were consulted when their care plan was revised.

Inspectors found that behaviour that challenges was well managed. Inspectors found that residents who displayed behaviour that challenged had risk assessments in place, precipitating factors were identified and appropriate action plans to alleviate the behaviour were developed. Staff were well informed and knowledgeable about how to alleviate the behaviours when necessary. Inspectors saw evidence of appropriate referral to psychiatric and geriatrician services for evaluation and support in managing the behaviours when necessary.

Inspectors reviewed care plans relating to wound management and found evidence of good practice. Wounds were assessed and appropriate wound management care plans in place. Inspectors found that pressure relieving mattresses, which were at the correct settings, were in place for those residents at risk of developing pressure ulcers.

Inspectors saw a comprehensive activity schedule informed by the results of assessment including assessment of each resident's likes and dislikes. There were two activity coordinators employed and activities scheduled from Monday through to Saturday with mass on Sundays. Inspectors spoke to one of the activity coordinators who explained she had attended appropriate education for provision of activities. Inspectors heard a member of staff announcing a reminder to residents about scheduled activities over the internal communication system. A staff member showed inspectors a sunroom which had been built in the garden so that a resident could continue to paint and inspectors saw the resident being brought to this area during the afternoon. Inspectors also saw activities provided for residents with a cognitive impairment such as Sonas (a group session involving stimulation of all five senses particularly useful for people with cognitive impairment) and the use of a special sensory therapy room. Both these activities provide sensory simulation for residents. Many residents and relatives told inspectors about the wide variety of activities on offer. Residents said they enjoyed the activities, and mentioned the yearly garden party, cinema night and the music sessions. Residents said they enjoyed both the group activities and time spent alone reading the newspapers, knitting and using the computer. Many residents said that visits from family and friends were important to them and relatives said these visits were encouraged and they always felt welcomed. In 2010 the provider/person in charge had carried out a residents' satisfaction survey. Inspectors saw that the results showed that 78% of residents were satisfied with the activities provided.

Outcome 8

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in the centre.

This practice was informed by a comprehensive policy on end-of-life care which focused on promoting comfort for a resident at the end of life. Inspectors saw accommodation was available for families to stay overnight if they so wished.

The local palliative care team also provided support and advice when required. Three staff had recently attended a three-day palliative care course. There was a plan in place to roll out education to all staff. There were also bereavement leaflets available for relatives and friends. The provider/person in charge held a remembrance service each November and relatives of deceased residents were invited to attend. In addition a sympathy card was sent to relatives on the first month's anniversary of the death.

Outcome 9

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.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff.

There was a large central dining room and smaller dining rooms on each unit. Residents chose where they would prefer to go. Residents told inspectors about the choice on offer and showed the inspector the day's menu which was available on each table. They said meals were tasty and always served hot. Inspectors saw staff ask residents what they would like to eat and if they wanted sauce. The meals were then individually plated at a serving hatch by the chef. Staff were observed to assist residents discreetly and respectfully if required. Inspectors also noted that residents were encouraged to maintain their independence. Assistive equipment such as plate guards were readily available. Inspectors spoke to staff serving the meals in the dining rooms and found they were knowledgeable about individual resident's specialised needs such as a pureed or minced diet.

Inspectors saw residents being offered a variety of snacks and drinks throughout the day. Jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time they asked for them.

Residents' dietary requirements were met to a high standard. The chef discussed with inspectors the special dietary requirements of individual residents and on residents' dietary needs and preferences. The catering staff obtained this information from the nursing staff and from speaking directly to residents.

Records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutritional assessments were used to identify residents at risk. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

4. Respecting and involving residents

Outcome 10

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Inspectors reviewed the contracts and found that not all residents had a contract in place. On further discussion with the administrative staff, inspectors were told that all residents or their representative had been issued with a contract but many had not returned them. The contract set out the overall services to be provided and the fees to be charged. The contract also outlined those services that may be provided at an additional fee but the actual fee for these additional services was not included in the contract. This was discussed with the provider/person in charge who said that the cost of additional services varied depending on the service required and the frequency of the service. She explained how any such additional cost was discussed with each resident or their representative prior to engaging the service. The inspector explained that this was not clearly evident from the contract in place.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Inspectors found that residents were cared for in a dignified and respectful way that protected their privacy. Inspectors observed good interactions between staff and residents who chatted with each other in a comfortable way. Residents said they could talk to staff at any time and one person described staff as her friends.

Relatives said they felt well informed and were kept up-to-date about the residents' healthcare and general well-being.

Inspectors heard staff speaking to residents and noted it was appropriate and respectful. Staff knocked before entering residents' bedrooms and waited for permission before entering.

A residents' committee was in place to seek feedback from residents and to make suggestions for improvements to the service. Inspectors read the minutes of the meeting held on 19 May 2011 which recorded the issues discussed such as the upcoming registration inspection, an update about the roles and functions of different staff at the request of a resident, and activities.

Staff were knowledgeable about residents' preferred daily routines and residents confirmed they had flexibility and choice around their daily activities. Inspectors also saw that communication aids, such as picture cards and visual menus, were available to assist staff to communicate with residents with communication difficulties.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at the recent election. Mass took place on Tuesdays and several residents commented on how important this was to them. A small oratory was available and inspectors saw residents, relatives and staff stopping by for prayer or reflection. The Church of Ireland minister visited regularly and on request. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

There was a well organised system in place that ensured the regular laundering and safe return of clothes to residents. The laundry room was spacious and well equipped.

Clothing was marked discreetly by relatives on admission and all residents' clothes were folded and returned to the resident's cupboards by the laundry worker. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them. Residents told inspectors that they were satisfied with the laundry arrangements.

5. Suitable staffing

Outcome 13

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

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The post of person in charge was full time and held by a registered nurse with the required experience as required by the Regulations. The person in charge's knowledge of the Regulations and Standards and her statutory responsibilities was sufficiently demonstrated to inspectors both during the interview and the documentation available.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice.

Outcome 14

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

Inspectors spoke to staff and found they were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to their needs in an informed way. Relatives and residents spoke highly about all staff. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

Formal induction arrangements for newly employed staff were in place. Inspectors saw that staff had annual personal performance reviews carried out and 36% were completed for 2011. Inspectors also saw that registered nurses had a competency assessment completed as part of their annual appraisal.

The person in charge was committed to providing ongoing training to staff. A training needs analysis had been undertaken which identified areas where training were required. These included palliative care and behaviour that challenged and inspectors saw dates for this training had been identified in the training plan for the remainder of 2011. Recent training had also been provided on person-centred dementia care. The training plan for the remainder of the year was found to be wide-ranging and included topics such as clinical audit, risk management, cardio pulmonary resuscitation (CPR), manual handling, end of life care and prevention and detection of elder abuse.

The majority of health care assistants had Further Education and Training Awards Council (FETAC) Level 5 training. Staff confirmed how much they had enjoyed doing this and how it helped them in their work.

Volunteers in the centre receive an acceptable level of supervision and support and were vetted appropriate to their role and level of involvement.

A review of the roster showed there were adequate staff on duty. The numbers on duty reflected the staff to resident ratios described by the provider/person in charge in the application to register. Inspectors spoke to staff who explained that staff are allocated daily, based on residents' needs. Inspectors saw that the CNMs worked one night each month to supervise and evaluate the care requirements on night duty. In the questionnaires returned to the inspectors, all relatives said they found there was adequate staff on duty.

There was a comprehensive written operational recruitment policy. However, inspectors examined five staff files and found they did not contain the information required in the Regulations. They did not contain three written references, including a reference from the person's most recent employer or evidence that the person was physically and mentally fit for the purpose of the work they were to perform. The inspectors spoke to an administrative member who told inspectors that she was working on gathering this information for all staff. She showed inspectors one staff file which included the declaration of physical and mental fitness to work but it did not contain the three written references.

6. Safe and suitable premises

Outcome 15

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

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The building was purpose-built, with a good standard of private and communal space and facilities. The building was found to be clean and bright and well maintained throughout. The front entrance/reception area was homely and welcoming and was carpeted and furnished with comfortable chairs. There were lamps, side tables, framed wall pictures, a fire place and vases of fresh flowers in this area. The receptionist sat at the reception desk and the inspector noted that residents and relatives chatted with the receptionist as they passed by.

The design of the building was suitable for its purpose. The circulation areas, such as corridors, were wide and allowed plenty of space for wheelchair access. The building was designed around two internal garden courtyards. The gardens were easily accessible from the corridors and day areas and were developed with safety in mind by the use of astro-turf and non slip pathways. The gardens were landscaped and well maintained with a variety of outdoor furniture provided for residents' use. Residents could access the sensory garden which also housed a chicken coup for interest and stimulation and there were raised planting areas where some residents had planted vegetables.

There was a variety of day areas, including quiet spaces, provided. The rooms were comfortably furnished and domestic in character. Residents could also sit and relax in the front hallway, the library and outdoor verandas. The inspector saw residents using all the day areas and some residents confirmed that they enjoyed the views of the gardens.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. All bedrooms were spacious and furnished with high quality coordinating curtains and bed linen. The décor and colour schemes created a restful, relaxing environment. There were specialised beds, ample personal storage space, screens in shared rooms, wall mounted TV, telephone line, internet access, nurse call bell facilities and a variety of armchairs. Residents had personalised their own rooms with furniture, photographs and ornaments.

The inspector visited the kitchen and found it to be clean, spacious and well-equipped. There was a plentiful supply of fresh and frozen foods. Separate staff toilet and changing facilities were provided for catering staff. Each unit had a kitchenette

that was accessible to residents and relatives where they could help themselves to tea or coffee or a snack.

The front door was fitted with a coded key pad. The door leading to the Maple area was also fitted with a coded key pad to ensure additional security for residents with dementia. Inspectors found there was appropriate assistive equipment available such as specialised beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents. Handrails were available to promote independence. Hoists and other equipment were maintained and service records were up-to-date. Storage for equipment was sufficient and inspectors noted that the equipment was safely stored without impeding any walkways.

At a previous inspection inspectors had a concern that the doors to the sluice/utility rooms were open. At this inspection inspectors found these areas were locked and all cleaning chemicals and equipment were stored securely.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.

Resident's Guide

Substantial compliance

Improvements required

There was a Residents' Guide developed and issued to all residents. However, this did not include a copy of the most recent inspection report as required by the Regulations.

Records in relation to residents (Schedule 3)

Substantial compliance Improvements required

General Records (Schedule 4)

Substantial compliance Improvements required

Overall the general records were maintained. However, inspectors found that while a record of all money deposited for safe keeping was maintained and an accurate account in place, there was no receipt issued on deposit of the money or any written record with signatures of the return of the money.

Operating Policies and Procedures (Schedule 5)

Substantial compliance Improvements required

Directory of Residents

Substantial compliance Improvements required

Staffing Records

Substantial compliance Improvements required
All staff records reviewed did not contain the information as required in Schedule 2 of the Regulations as detailed under outcome 14.

Medical Records

Substantial compliance Improvements required

Insurance Cover

Substantial compliance Improvements required

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 18

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.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge. The DON deputised for the person in charge. The person in charge was aware of her responsibility to notify the Authority but as yet this was not required.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, the DON and the Director of Quality and Education to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Aileen Keane

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

1 June 2011

Provider's response to inspection report*

Centre:	Marymount Care Centre
Centre ID:	0065
Date of inspection:	31 May 2011
Date of response:	21 June 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not include the precautions in place to control the risk of self harm as required by the Regulations.

Action required:

Ensure that the risk management policy covers the precautions in place to control the following specified risk - self-harm.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 29: Management Systems

* 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 with timescales:	Timescale:
<p>Provider's response:</p> <p>A self harm risk assessment has been developed and is now recorded in the risk register and risk management policy.</p>	Completed

Outcome 2: Reviewing and improving the quality and safety of care

<p>2. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no evidence that residents were notified of any review or that they were consulted when their care plan was revised.</p>	
<p>Action required:</p> <p>Notify each resident of any review of his/her care plan.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All residents/representatives will be notified of reviews of care plans from here on in and will be encouraged to participate in the process.</p>	Ongoing

Outcome 3: Complaints procedures

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Inspectors reviewed the contracts and found that not all residents had a contract in place.</p>	
<p>Action required:</p> <p>Agree a contract with each resident within one month of admission to the designated centre.</p>	

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents/representative will have a contract of care supplied within one month of admission and its issue will be signed for. Efforts will be made to secure completed contracts from residents/representatives with a defined time period.	Ongoing

Outcome 4: Safeguarding and safety

4. The provider is failing to comply with a regulatory requirement in the following respect: Staff files did not contain the information required by the Regulations.	
Action required: Put in place recruitment procedures to ensure no staff member is employed unless full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.	
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The necessary relevant documentation will be sought at all times prior to the person commencing work. Should the documentation not be completed verbal references will be sourced whilst awaiting written references. Updating of documentation in regard to three references per employee is due for completion by 1 September 2011 as far as possible.	Ongoing September 2011

Outcome 5: Health and safety and risk management

5. The provider is failing to comply with a regulatory requirement in the following respect: There was a Residents' Guide developed and issued to all residents. However, this did not include a copy of the most recent inspection report as required by the Regulations.	
Action required: Ensure the Residents' Guide includes the most recent inspection report.	
Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: To insert the entire report in the Residents' guide (which could contain at least 25 pages) into 91 copies would be impractical, thus the resident's guide has been amended to include the following "A copy of the latest inspection report is available in each resident/family information folder held at reception and each nurses station"	Completed

Outcome 6: Medication management

6. The provider is failing to comply with a regulatory requirement in the following respect: Inspectors found that while a record of all money deposited for safe keeping was maintained and an accurate account in place, there was no receipt issued on deposit of the money or any written record of the return of the money.	
Action required: Maintain the records listed under Schedule 4 (general records) of the Regulations.	
Reference: Health Act, 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A system is now in place which confirms the receipt and return of monies to residents signed by both the depositor and staff member with a receipt issued.</p>	<p>Completed</p>

Any comments the provider may wish to make:

Provider's response:

We found the inspection and interviews to be fair, respectful and professional. The report accurately captures the atmosphere and the high quality safe care provided.

Residents/families and staff were pleased to be participants in the process.

However, despite our years of experience and confidence in our service we found the Registration Inspection process quite stressful and challenging in its detail.

We would like to thank the inspectors for their overall courtesy and professionalism shown throughout the process.

Finally we would like to thank our staff for their commitment and dedication to the residents of Marymount and for ensuring that they are respected at all times with their personhood upheld and that they receive appropriate high quality care in line with our ethos.

Provider's name: Maureen McNulty

Date: 23 June 2011