



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Marymount University Hospital & Hospice
Name of provider:	Marymount University Hospital & Hospice
Address of centre:	Curraheen Road, Curraheen, Cork
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0000582
Fieldwork ID:	MON-0041463

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Marymount University Hospital and Hospice is a purpose-built facility, on the current site in Curraheen, since 2011. The specialist palliative care service and the designated centre for older adults operate from the same premises. Management and governance arrangements cover both services. There is an educational resource centre on site. The designated centre section provides accommodation for up to 63 older adults. There are beds available for 12 respite residents and also intermediate palliative care beds. Admissions are arranged following a pre-admission assessment. There is 24-hour nursing care provided as well as medical, allied health and pharmacy provision. The building is set in extensive grounds and provides secure parking facilities. The designated centre is laid out over three floors. Resident accommodation is located on all three floors, comprising 51 single bedrooms with en-suite shower rooms and three four-bedded rooms. Residents on the lower ground floor have access to enclosed garden areas and outdoor smoking areas, with plentiful seating. The sitting rooms on the upper floors open out to a communal balcony that affords views of the local countryside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 January 2024	09:00hrs to 17:30hrs	Robert Hennessy	Lead
Friday 12 January 2024	08:30hrs to 13:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

The registered provider supported residents to have a good quality of life in the designated centre. Residents spoken with on the inspection days were content and complimentary of the service they were provided with. The inspector met with most residents during the inspection with six residents spoken with in more detail. Residents spoke about being very happy in the centre. They spoke about the food with one saying "lovely food and choice" and another spoke about the activities and how they "enjoyed the physio programme this morning".

This was an unannounced inspection to monitor compliance with the regulations. There were 58 residents residing in the centre during the inspection. The inspector met with the Assistant Director of Nursing (ADON) on the first morning of the inspection. An opening meeting took place and this was followed by a walk around of the centre. During the walk around the inspector saw some residents were being assisted with personal care or were getting ready for the day's activities in the centre.

The designated centre of Marymount University Hospital and Hospice is arranged over three floors with a similar layout in each distinct unit, namely St. Anne's, St. Camillus and St. John's. There are 17 single rooms with en suite shower and toilet facilities and one four bedded room with en suite shower and toilet facilities in each unit. The inspector saw that residents' bedrooms were spacious, with sufficient wardrobe space and storage for residents' clothes and belongings. Each bedroom had comfortable seating available to the residents. There was a hairdresser in attendance on one of the days of inspection, with a room set up for hairdressing in each unit, who was available to residents on various days on each unit of the centre. Rooms were decorated with residents' personal possessions and photographs. The inspector observed that some of the residents had displays of arts and crafts that they had created during activity sessions in the centre such as knitted items and artwork. The inspector saw that en suite showers and toilets were spacious and very clean. Residents' bedrooms also had balconies and a number of these were decorated with potted plants and flowers. The inspector found that the centre was warm, bright, well maintained and comfortable throughout.

The four bedded room in each unit was allocated for residents that were admitted for respite care. These rooms had adequate room for the residents with ample storage space. Privacy screens, which had been identified on previous inspections as requiring improvement, had been replaced in two of the three multi-occupancy rooms. The new privacy screens that had been sourced and provided privacy for the residents and were lightweight so the residents could operate them themselves. One of the three rooms had been completed and had residents using it, the second room was near completion and work on the third room was to be begin when the second room was completed.

There was a choice of communal areas for the residents throughout the centre. Each unit had a large day room and a spacious room for dining which also contained a seating area where residents could watch television. These rooms were very well decorated and maintained. There were also areas such as the oratory, reception area and activities room in the centre which could be used by residents.

Residents had access to well maintained outdoor spaces on each unit. Residents on the lower ground floor had access to a garden and walkway area with a seating area with outdoor heaters, while residents on the other floors also had an outdoor balcony area with seating. Residents from each unit could access all levels of the centre via a passenger lift. The centre also had a gymnasium and a shop for residents' use.

The inspector saw that the centre was very clean during the inspection. Dedicated cleaning storage rooms and sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment) were secure. These rooms were also appropriately stocked and laid out to ensure staff were able to undertake their roles effectively.

The inspector observed the lunch time meal on both days of the inspection. The residents were offered a choice of meals and the menu for the day was accessible to the residents on the unit. The food was served from heated trolleys in each unit and appeared well presented and appetising. Residents were very complimentary of the food they were served. All dining areas were being utilised on the days of inspection. Some residents informed the inspector that they liked to use the dining area on some days and have their meals in their own room on other days. Staff were available to assist residents that required it in an appropriate manner.

Residents' activities were taking place throughout the two days of inspection. There was now an activities manager in place along with three other staff dedicated to providing activities to residents. Residents were seen participating in a group physiotherapy activity on the first morning of inspection, and engaging in art therapy on the second morning. Residents had a varied choice of activities throughout the week and residents spoken with were happy with the choice and amount of activities available to them. The activities personnel also provided one to one activities for residents in their own rooms which was part of the comprehensive activities available.

A wireless Internet connection was available to all residents, with smart televisions in the bedrooms on which various media could be used to view films and programmes on demand in each resident's room. Residents had access to newspapers which were provided by the on-site shop. Residents were consulted in the running of the centre with residents satisfaction surveys completed to gain their views and the feedback viewed by the inspector was very positive. Residents' meetings took place which were facilitated by an external advocate.

Residents and staff interacted in a very positive manner throughout the inspection. Staff were observed chatting with residents in a friendly, kind and respectful manner. It was evident that staff were familiar with residents interests and needs.

Members of the management team were also well known to residents who spoke with various residents throughout the days of inspection.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Marymount University Hospital and Hospice was a well-managed centre where residents received good quality care and services. The inspection was an unannounced inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

The centre is owned and managed by Marymount University Hospital and Hospice who is also the registered provider. Hospice services are provided on the same site but are not part of the designated centre. There is a clearly defined governance and management structure in the centre. The centre is governed by a board of directors and the chief executive officer is accountable to the chairperson of the board. The director of nursing was the designated person in charge. They were supported by in their role by an assistant director of nursing and clinical nurse managers that worked throughout the centre.

There was ample staff to support residents during the inspection and this was consistent with the staff rosters viewed. Activity staff available to the residents had again increased since the last inspection and there was an activities manager in place along with three other dedicated staff. Staff received appropriate training to match their roles and staff were seen to be competent and diligent in their roles during the inspection.

The governance structure allowed for appropriate monitoring of the safety and quality of the service provided to the residents living in the centre. There were regular staff meetings for staff to discuss issues and identify improvements. Clinical audits were in place in a comprehensive manner which also monitored the safety and quality of the service. A comprehensive annual review was created for 2022 and the compiling of information for the 2023 annual review was underway.

Records in the centre were managed in a secure fashion and were made accessible to the inspector. The contracts of service viewed by the inspector had the necessary information required by the regulations. The statement of purpose was updated on the day of inspection to ensure it contained the information required to reflect the complaints regulations. A log of complaints were maintained and actions taken to resolve these complaints were recorded. A review of the incidents in the centre by

the inspector showed evidence that they were reported in line with regulatory requirements.

Overall, the centre was managed to provide good quality care and support for the residents. Residents and staff had good relationships with each other and this created a social and friendly atmosphere in the centre.

Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix was made available to the inspector. Staff training was completed in areas appropriate to the staff members' roles and refresher training had been scheduled for staff as required. Training weeks were set aside for staff to complete mandatory training which appeared to be effective in keeping staff up to date with training.

Judgment: Compliant

Regulation 21: Records

Records required were made available to the inspectors, and all records were well-maintained and securely stored. A sample of staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

An appropriate structure of governance and management was in place in the centre. A schedule of audits was in place, this identified actions to be completed, which ensured effective monitoring of the service provided. Residents' views on the centre

were sought in meetings and surveys that occurred regularly. A comprehensive annual review had been completed for 2022 to examine the safety and care delivered to the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that contained all the information set out in Schedule 1 of the regulations. Changes to legislation in relation to complaints recently had been incorporated into the current version of the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre who could assist on the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies listed under Schedule 5 of the regulations were available on request and were reviewed in a timely manner to keep them up to date.

Judgment: Compliant

Quality and safety

The inspector found that residents had a good quality of life in the centre with their health care and wellbeing needs being met by the provider. The centre was well maintained and clean with suitable, homely decoration, which residents had contributed to. Gardens and outdoor spaces were spacious and well maintained. Residents had good views of the picturesque surroundings throughout the centre. New privacy screens had been sourced for the multi-occupancy respite residents rooms which enabled the residents to undertake activities in private and added colour to their individual area.

A sample of care plan documentation was reviewed. Residents' care plans and assessments were comprehensively updated in accordance with the regulations; they were person-centred and contained lots of information to guide staff on individualised care, residents' wishes and care needs.

Residents had good access to general practitioner (GP) services where the medical officer attended the centre on a daily basis, Monday to Friday with on call service via Southdoc available at weekends. Multi-disciplinary team inputs were evident in the care documentation reviewed.

Residents had good choice when it came to mealtimes and residents spoken with reported that they really enjoyed the food. Residents had a choice to use a dining area in each unit, but some chose to have their meal in their own rooms.

Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspectors. Evacuation plans on the units and personal emergency evacuation plans for residents were in place and available throughout the residence. Evidence of staff education, training and simulation drills involving most members of staff was provided to the inspector.

The centre was a pension agent for one resident and this along with the management of residents valuables was done in a transparent manner. Residents

views were sought on the running of the centre through residents meetings where relevant issues were discussed. Residents had completed surveys and had access to advocacy also to voice concerns. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from.

Regulation 17: Premises

Overall the premises was clean and well decorated. New privacy screens had been sourced for the multi-occupancy which were functional and suitable for residents to undertake activities in privacy.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents who spoke with the inspector with were complimentary regarding the quality, quantity and variety of food. Food was attractively presented, and residents requiring assistance were assisted appropriately. Drinks and snacks were provided to residents throughout the days of inspections.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean during the inspection. There was a dedicated staff member identified to take the role of an infection control lead to provide advice and guidance to other staff members. There was good monitoring and auditing systems in place which ensured high standards of infection control were met within the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the

maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre. Fire safety drills were also undertaken to take in account the level of staff available during the night in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans reviewed found that care plans were comprehensive and used validated risk assessments to assess clinical risks. Care plans were person centred, reviewed in a timely manner and gave detailed information on the care provision for the centre's residents.

Judgment: Compliant

Regulation 6: Health care

Residents in the centre had good access to health and nursing care professionals. A general practitioner was on-site each weekday to review residents. Physiotherapy services were available to residents individually or in group sessions. Referrals were evident from care plans for other health care needs that residents may have had.

Judgment: Compliant

Regulation 8: Protection

The centre was a pension agent for one resident and this was managed appropriately. Residents' valuables and money were managed by the centre and this was undertaken in a transparent manner. Staff had up to date training in safeguarding and residents that spoke with the inspector reported that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was an activities team in place to provide a range of activities. In addition, residents had activities provided by external people coming into the centre. Wireless Internet, smart televisions and newspapers were available for residents that could utilise them. Residents had meetings and survey provided which enabled them to have their voices heard in the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant