



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

Issued by the Chief Inspector

Name of designated centre:	Marymount Care Centre
Name of provider:	Humar Limited
Address of centre:	Westmanstown, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 January 2026
Centre ID:	OSV-0000065
Fieldwork ID:	MON-0047806

About the designated centre

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

Marymount Care Centre is located close to the village of Lucan in West Dublin, approximately 13 kilometres from Dublin city centre. It is situated in a quiet scenic rural area. Local amenities are available including the village shops and church. It provides long term and respite general care to male and female residents over the age of 18 years. The service is nurse-led by the person in charge and delivers 24 hour care to residents with a range of low to maximum dependency needs. The centre is comprised of a two-storey, purpose-built building containing single and twin bedroom accommodation for up to 140 people, the majority of which include private en-suite toilet and shower facilities. Communal areas include spacious and homely dining and sitting rooms and multiple other rest areas, library, activity rooms, and secure external garden space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	138
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How we inspect

To prepare for this inspection the inspector or 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 29 January 2026	07:45hrs to 16:15hrs	Maureen Kennedy	Lead
Thursday 29 January 2026	07:45hrs to 16:15hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

On the day of this unannounced monitoring inspection, the inspectors spoke with many residents to gain insight into their experience of living in Marymount Care Centre. All residents spoken with were complimentary in their feedback and expressed satisfaction with the standard of care provided. Residents reported that the staff are 'excellent' and that they 'can't think of anything that could be better'. The inspectors also spoke with several family members who were visiting on the day, who said that their family member was getting 'exceptional care here', and that the staff were 'so wonderful'. There were 138 residents living in the centre on the day of this inspection.

The inspectors arrived early at the centre and used the opportunity to speak with both night-time and day-time staff in various units. There were no agency staff used in the centre and all staff who spoke with the inspectors knew the residents and were familiar with their needs. Inspectors also observed the morning nursing handover (the exchange of relevant information in respect of residents between the night-time and day-time staff) while the breakfast was being organised and provided to the residents in line with their choices. The inspectors observed that the staffing levels in one of the units on the first floor were stretched, however satisfactory assurances were received that this had already been identified by the provider and there was already a plan in place to address this.

The premises was designed and laid out to meet the needs of the residents. It was spacious, bright and tastefully decorated. The foyer and the many corridors of the centre were carpeted giving a luxurious feel to the centre. While new carpets had been laid in some of the units, there were areas of the centre where the carpets were visibly stained or faded from the sun. Inspectors were assured that these did not pose a risk to the residents, they were clean and there was a phased replacement plan in place. The inspectors were informed that the continued use of carpeted flooring in the centre was voted by the residents to be maintained. Bedrooms were personalised with items of furniture and family photographs to help residents feel more at home. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. Inspectors saw the new hairdresser facility which had been renovated to a high standard and provided a great space for residents to gather for a time of pampering and chats.

Throughout the morning, some residents were observed sleeping in their rooms while other residents were already up and in the many communal areas. Inspectors observed the communal areas to be continually supervised with carers in attendance to assist residents if required. Staff who spoke with the inspectors were knowledgeable about the residents they cared for and what their needs were. Staff

were observed busily attending to residents' requests for assistance in a timely manner, and were kind and caring in their interactions with residents.

Residents were supported to enjoy a good quality life in the centre. Residents had access to television, radio and newspapers. A range of activities were available to residents six days weekly, with Sunday allocated to family time or other one-to-one activities led by care staff. The activities schedule was displayed around the centre and the inspector observed residents participating in a 'baking activity' on the morning of the inspection. The smells of fresh baking permeated through the centre, and it was evident that residents had an enjoyable time. Residents and staff were seen spending time chatting and laughing together, as residents went about their daily routines.

Inspectors observed the mealtime experience in the centre's dining rooms. Mealtime was observed to be relaxed and calm and the food served on the day of inspection was seen to be wholesome and nutritious with a choice of food available for all residents, including those on modified diets. A variety of drinks were offered to residents with their lunch and condiments were within easy reach enabling residents to maintain their independence. There was ample staff assisting as required and staff spoken with were knowledgeable of residents' dietary needs including relevant modified diets. Some residents choose to dine in their rooms and their choice was respected. Inspectors observed staff accommodating two residents who chose to dine together in one of their rooms with the residents enjoying the occasion greatly. Snacks were available outside of regular mealtimes and residents reported satisfaction with the quality and taste of the food provided. Residents reported to the inspectors that the food was 'top class' and it 'couldn't be better'.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place which contributed to the centre's high level of regulatory compliance as evidenced by the findings of this unannounced inspection.

This inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The registered provider of Marymount Care Centre is Humar Limited a family-run business. There was a clearly defined and effective management structure in place. The person in charge has responsibility for the day-to-day operations of the centre and is supported by the company directors who are actively involved in the oversight of the centre. The person in charge is further

supported by an Assistant Director of Nursing (ADON), a team of Clinical Nurse Managers (CNMs), a team of nurses and health care staff, activities staff, kitchen and household staff. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their well-being.

There was a schedule of regular team meetings in place including clinical governance, management and staff meetings. Minutes of these meetings were provided to the inspectors. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review. The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care.

The centre was appropriately resourced with adequate staffing numbers across all disciplines to meet the needs of the residents. Staff vacancies were low and vacant posts were being filled in a prompt manner. Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

On the day of inspection, the registered provider had ensured that all records were made available to inspectors. The records were a combination of electronic and paper and were observed to be stored securely. The policy on the retention of records was in line with regulatory requirements.

The complaints procedure was on display within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process, including a nominated review officer, should the complainant be dissatisfied with the outcome of the complaints process. Referrals were made to independent advocacy services for residents who needed support with the complaints process. There was a low level of complaints overall and there was no open complaint in the centre at the time of the inspection.

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information under the regulation.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities and provided effective oversight of the service to ensure residents were safe and benefitted from high quality care at all times.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well-managed. The complaints policy was reflected in practice and the inspectors were assured that complaints were addressed promptly.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Staff had access to relevant training on responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans on responsive behaviours detailed triggers and de-escalation measures to relax and support the residents. In addition, on the day of the inspection, inspectors observed examples of staff providing person-centred care and support to residents who experienced responsive behaviours in a skillful and patient manner.

Inspectors viewed bedrooms with permission and found that they were warm, bright and homely spaces. They were personalised with ornaments, soft furnishings and photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions. There was a laundry on-site for personal items and residents informed the inspectors that the laundry service was 'very good' and that that all clothes were returned to residents in a timely manner.

There were several information notice boards on display and information leaflets available for residents and visitors. This was to inform residents and visitors of the services available to residents whilst living in the centre such as how to make a complaint and other support services with their contact details displayed. Advocacy services posters were on display throughout the centre.

The inspectors were assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Checks were in place to ensure the safety of medication administration. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

Regulation 12: Personal possessions

Residents were provided with adequate storage space and there was a system in place for laundering residents' clothes.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was well-maintained and appropriate to the number and needs of the residents living in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents informed inspectors that there was a good choice of food available to them and that they could access food and snacks whenever they wanted. The service of food was good and residents had a choice at each mealtime. The food served was found to be in accordance with the residents' assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

The resident information guide included a summary of services and facilities available, visiting arrangements and contact details of independent advocacy services available to residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications. The inspectors observed good practices in how the medicine was administered to the residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant