



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Marlay Nursing Home
Name of provider:	Brehon Care
Address of centre:	Kellystown Road, Rathfarnham, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	12 September 2023
Centre ID:	OSV-0000108
Fieldwork ID:	MON-0041416

About the designated centre

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

The Marlay Nursing Home is located in Rathfarnham in South Dublin near the M50 motorway. It is a purpose-built centre containing 190 registered beds. The centre opened in 2006. It is well-serviced with amenities including a local park, restaurants, pubs, shops and churches. It provides long-term 24-hour general care, convalescence and respite care to males and females over the age of 18 years. The centre has a team of medical, nursing, direct care and ancillary staff and access to other allied health professionals to deliver care to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	181
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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
Tuesday 12 September 2023	09:00hrs to 17:00hrs	Helena Budzicz	Lead
Tuesday 12 September 2023	09:00hrs to 17:00hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

Inspectors met several residents and spoke with some of those residents in more detail during the day to gain insight into their experience of living in the centre. Overall, residents spoken with told inspectors how happy they were living in the centre. Residents were complimentary of staff informing inspectors, 'the staff are very kind, there are plenty of staff to help me, they're always there if I need anything'.

Following an introductory meeting with the person in charge, inspectors walked around the centre with the clinical nurse manager. All rooms were labelled, and signage was very clear, indicating where all communal areas were located. There were many communal spaces that were decorated in a homely manner with ample comfortable seating.

Bedrooms were found to be clean and homely. Each room had adequate storage space to include a locker and a wardrobe. Residents spoken with said they were 'happy with their bedrooms'. Residents also highlighted that they were happy with the level of cleanliness in the centre. However, other areas of the centre, including the sluice rooms, one dining room and an assisted bathroom, were observed by the inspectors as unclean and in a poor state of repair. For example, there was rubbish behind the bin in the dining room. One assisted bathroom required repair as the wall was found to have stains from a leaking ceiling and the hand wash sink was found to be held with three brackets from the top of the sink. This would prevent the sink from being appropriately cleaned.

There were beautifully decorated courtyards available to residents. However, all doors were not easily opened. Two doors were found to be locked, which restricted residents' access to utilise this available space. These courtyards had ample seating for residents and their visitors.

There were activity boards displayed around the centre, which showed a large selection of activities available. These activities were carried out in various parts of the centre depending on the number of residents wishing to attend. The physiotherapist had an exercise session in one area on the day of the inspection. This gave residents the chance to carry out exercises in a safe and supervised way.

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

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with identified lines of authority and accountability. In general, this is a well-run centre, and inspectors found that the person in charge and the staff working in the centre worked continuously to improve the quality of care and quality of life for residents living in the centre.

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). The inspectors also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in September 2022. On this inspection, the inspectors found some areas that require improvement, and these will be outlined under the relevant regulations of the report.

Brehon Care is the registered provider of The Marlay Nursing Home. The person in charge worked full-time in the centre and was supported by two assistant directors of nursing, clinical nurse managers and a staff team of nursing, health care, household, catering, activity and maintenance staff. The person in charge and the management personnel who spoke with the inspectors during the inspection demonstrated good knowledge of their roles and responsibilities, including oversight of resident care needs and welfare.

Key-areas of the quality and safety of the service were regularly reviewed, and where the need for improvements was identified, these were progressed and implemented. While there were a number of comprehensive management systems established, some improvements to the management systems in place were required to ensure that the service provided was appropriate, consistent and effectively monitored.

An annual review of the quality and safety of care delivered to residents had been completed for 2022 in consultation with residents and their families.

There were arrangements in place for staff to access a variety of training. The training matrix indicated that staff received training appropriate to their roles and responsibilities.

Incidents and reports, as set out in schedule 4 of the regulations, were notified to the Office of the Chief Inspector of Social Services within the required time frames.

Regulation 15: Staffing

The staffing levels on the days of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

Judgment: Compliant

Regulation 16: Training and staff development
<p>Training records were provided to the inspector for review and indicated that most of the staff had up-to-date training, including fire safety, safeguarding vulnerable adults, manual handling, infection prevention and control and other training relevant to their role. When the staff members were due to renew their training certificates, the appropriate training schedule was available.</p>
<p>Judgment: Compliant</p>
Regulation 23: Governance and management
<p>Notwithstanding the robust governance and management arrangements and responsibilities assigned to the management personnel to oversee the service, inspectors found that further managerial systems and oversight were required to address a number of outstanding issues discussed under Regulation 27: Infection Control, Regulation 17: Premises, Regulation 5: Assessment and care plans and Regulation 9: Residents' rights.</p>
<p>Judgment: Substantially compliant</p>
Regulation 31: Notification of incidents
<p>A record of all accidents and incidents involving residents was maintained. All accidents and incidents, as specified by the regulations, were notified within the required timescales, including quarterly incident reports as required.</p>
<p>Judgment: Compliant</p>
Regulation 4: Written policies and procedures
<p>All Schedule 5 policies and procedures were available and updated within the prescribed time frame.</p>
<p>Judgment: Compliant</p>

Quality and safety

Overall, the residents received a good quality of care from a dedicated team of staff. Residents told the inspectors that they felt safe living in the centre. Improvements were required in relation to residents' rights, infection control, premises and care planning and assessments.

Inspectors found residents' rights were not upheld. Residents on one floor were restricted in relation to access to their own personal bedrooms. Once the residents were up in the morning and had left their bedrooms, the majority of bedroom doors were locked. The enclosed garden located on one level had only one door opened while the other door remained locked by staff. Although each bedroom had en suite bathrooms, residents were restricted from accessing the assisted bathroom without the assistance of a staff member as they had key-pads in place.

Residents had access to an external advocacy service for residents. There was information regarding advocacy services displayed around the centre.

There was access to an external advocacy service for residents. There was information regarding advocacy services displayed around the centre. All staff had received training in relation to detection and prevention of and responses to abuse. The registered provider was a pension agent for two residents. There were clear and transparent documents made available to the inspectors, providing assurances that residents' finances were protected.

Residents' health, social care and spiritual needs were well catered for. It was evident that staff knew the residents very well, and this knowledge was reflected in the residents' care plans. Care plans were comprehensive and detailed how a staff member could care for the resident's needs. Communication care plans included the process for charging a resident hearing aid and what side to stand on when speaking to a resident. The communication care plans were used in practice, and the staff spoken to were aware of what the resident's needs were. However, the pre-admission assessments were not comprehensive. Information that would be required for a safe admission to the centre was not documented. For example, the infectious status of a resident, their dietary needs and their vaccination status were not made available.

Transfer documents for residents who were either being discharged or transferred to another facility were viewed by the inspectors. These were found to be comprehensive in detail. They included all required information, including a copy of the drug karex.

Many residents had advanced end-of-life care plans in place. These care plans included residents' wishes for when they entered this phase of life. These included their religious wishes, where the residents wished to die and who they wanted to be

involved in the process. This guided practice also allowed the resident the choice to have their plan in place and be involved in the decisions.

Medication management practices were in line with the centre's policy. Nurses were observed administering medication as prescribed by the medical practitioner. Each resident had a care plan in place for when they required crushed or covert medication.

Regulation 10: Communication difficulties

Residents who had communication difficulties, having regard to his or well-being, safety and health were supported to communicate freely. Each resident who presented with communication difficulties had a care plan in place that identified their requirements.

Judgment: Compliant

Regulation 13: End of life

There were appropriate care and comfort measures in place for each resident in relation to their end-of-life wishes. End-of-life care plans incorporated their physical, emotional, social, psychological and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Improvements were required in order to ensure compliance with Schedule 6 of the regulations. For example;

- A large cable was hanging from the wall in the courtyard into the residents' bedroom.
- One of the shower rooms was in a state of disrepair. There was no shower head attached to the hose, holes were visible around the pipes and ceiling slabs, leaks on the walls, and the bin was broken. While the inspectors were informed at the time of the feedback that this room was out-of-order, the doors were open, and this room was signed as cleaned on the daily checklist by the staff on the day of the inspection.
- A drying rack was missing in one of the sluice rooms.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

When a resident was temporarily absent from the designated centre for treatment at another facility, the relevant information about the resident involved was provided to the receiving hospital or facility.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services as published by HIQA. The following infection control concerns were identified and required action:

- Inadequate storage practices were observed on the day of the inspection. For example, a bed was stored underneath the stairs. This was removed on the day of the inspection. Bed wedges and boxes with puzzles and other equipment assigned for activities were stored on the floor.
- One of the dining rooms was seen to be very unclean. The mop was left on the floor, and rubbish was left underneath the sink. The water dispenser was very stained and dirty. The cutlery tray was broken and unclean, and some of the kitchen cabinets were also dirty.
- Some of the armchairs were also stained and unclean.
- One of the sinks was supported with three brackets, which did not support appropriate cleaning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication was stored and dispensed in line with the regulations. Residents were given a choice in relation to what pharmacist they preferred to use.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The person in charge had arranged an assessment by an appropriate health care professional prior to each resident's admission. However, this was not comprehensive and would not inform the admitting nurse of the residents' care needs. For example:

- The vaccination status was not documented for two residents.
- The diet was documented as normal for one resident; however, the resident had special dietary requirements.
- The infection status for residents was not always documented.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse, and it was being implemented in practice. The inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents could exercise choice. For example:

- Two assisted bathrooms had keypad locks, which restricted residents from using these facilities unattended.
- The entrance to the garden was restricted. One door remained locked; however, there was another exit door unlocked.
- 19 bedroom doors were locked on one level when the residents would leave their rooms, restricting these residents from returning to their rooms should they wish.
- One resident's speech and language advice was displayed on the kitchen cabinets' door in the dining room.

Judgment: Not 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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for The Marlay Nursing Home OSV-0000108

Inspection ID: MON-0041416

Date of inspection: 12/09/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Notwithstanding the robust governance and management arrangements already in place, Additional, systems and oversight were implemented/ revised in order to regulate the compliance issues recorded below:</p> <p>Regulation 17: Premises.</p> <ul style="list-style-type: none"> • We already have 2 maintenance staff who are responsible for the building and exteriors as required. Both attend the daily governance meeting with the Director of Nursing and other allied service staff. Additional to this, we have initiated a more robust environmental walk around with the Director of Nursing and/or his deputy on duty once a week. This environmental walk around is recorded, with aims and objectives set within a time bound deadline (Facilities Review). • In October 2023 the Group Property and facilities person for CareChoice carried out a lifecycle area upgrade programme. The proposed upgrade will commence in November 2023 and will include, refurbishment of the 2nd floor day rooms, flooring/ painting, along with new soft furnishings. Additionally, in 2024 16 rooms will have a complete makeover. This will be an ongoing rolling facilities programme. <p>Regulation 27: Infection Control.</p> <p>Regardless of the improvements in the below compliance plan, the following Governance and Management improvements to prevent Regulation 27 issues are as follows:</p> <ul style="list-style-type: none"> • As per the above a robust environmental walk around will occur, be recorded, with aims and objectives set within a time bound deadline (Facilities Review). • The Senior Assistant Director of Nursing is the Infection Control Lead in the home, He is currently completing NS6302 Infection Prevention and Control in Healthcare with the University of Limerick. • A QIPC Audit is scheduled to ensure compliance to the Infection Control Policy CL-003. • All staff are completing at present the online infection and control mandatory course at present. <p>Regulation 5: Individual Assessment.</p> <p>Additional governance Oversight to monitor Regulation 5 compliance is as follows:</p>	

- CareChoice are currently reviewing the pre-admission assessment form V6 with the quality and compliance group in order to capture all the relevant information within the form to ensure a safe admission. Additionally, we are looking at a short stay pre-admission form in order to stream line the pre-admission assessment for those in short stay beds.

- Refresher Training in using The Pre-Admission Assessment form will be given and all new users trained in how to complete a comprehensive assessment.

Regulation 9: Residents Rights.

In order to ensure Residents rights and exercise choice, in liaison with the below improvement plan, the following governance and management systems will ensure compliance to Regulation 23.

- The Marlay Nursing Home participated in the HIQA video on advocacy in order to support the implementation of national health and social care standards. With this in mind, governance and management of regulation 9, residents rights, will be managed by a series of staff training and support. in order that staff, when interacting with residents, who needs to make a decision, are presumed to have capacity to make that decision.

This will include the following:

- Rolling out the fundamentals of advocacy (HIQA) already commenced
- Education on the Assisted Decision making (capacity) Act 2015
- Understanding the code of practice document for healthcare professionals on the act
- Supporting residents to make decisions and to meet their human rights

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The Following improvements have been put in place post inspections as follows:

- The large cable hanging from the wall in the courtyard was secured by wire clip fastener and is now secured.
- The shower room in a state of disrepair was made good such as, a new shower head in place, holes were filled and painted, ceiling tiles were replaced and leak stains removed. A new bin put in place to replace the broken bin.
- A new drying rack was purchased and is in situ

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The Following improvements have been put in place post inspections as follows:

- One of the sinks supported by 3 brackets in (WC) assisted bathroom was made good and repaired.
- Some of the arm chairs were found to be stained and unclean. We have purchased a Karcher Professional steam Cleaner SG4/4GB. We expect to receive this week commencing 30/10/2023. All chairs are on a cleaning schedule and will be inspected by the household Manager for compliance to the plan.
- One of the dining rooms was found to be unclean, the areas were cleaned on the day during the inspection however, we spoke with the catering assistant about standards of cleanliness on that day. Already in place was the dining room cleaning checklist, this follows the cleaning work schedule for the dining rooms for the catering assistant to follow. Additionally, the housekeeping staff have another cleaning schedule for deep cleaning and environmental cleaning of the dining rooms. Compliance to these schedules is monitored by the housekeeping manager and catering manager, spot checks are carried out at various time of the day and recorded.
- A bed stored under the stairs temporarily was removed on the day of inspection.
- Bed wedges and activity equipment were removed and placed in their designated storage areas.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The Following improvements have been put in place post inspections as follows:

- In relation to the pre-assessment form V6, we have instructed our clinical health care assessors to ensure that all relevant comprehensive information is in place in order to inform care needs to the admitting nurse. Additionally, on the day prior to the resident's admission, the CNM/ADON will check to make sure that all preparation for the resident's admission have been completed, including information gathering to ensure a safe admission.
- The Director of Nursing will check adherence to the policy CL-013, Management of Admissions.
- Refresher Training in using The Pre-Admission Assessment form will be given and all new users trained in how to complete a comprehensive assessment.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The Following improvements have been put in place post inspections as follows:

- One residents Speech and language advice sheet was removed on the day of inspection, staff were made aware of GDPR compliance.
- 19 bedrooms were locked on one level when the residents were up and in the day room. These rooms are now unlocked at all times. We have a risk assessment in Place for locked doors and we are in the process of asking our residents what their wishes and preferences are in relation to this. The associated care plan will consider the residents ability to unlock the doors themselves (Marlay have thumb lock doors, not key doors). A risk assessment completed to reflect the rationale of why the door was locked and any safety issues associated with locking the doors. Informed consent will ensure that residents are exercising choice.
- The doors to the garden area are now unlocked for ingress and egress
- We have removed the key pad locks to the assisted bathrooms and access is now open however, a risk assessment is in place, to ensure that one access area, with a chemical store, next to the assisted bathroom is safe, this door has key code door.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	03/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	05/01/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/10/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/11/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/11/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	12/09/2023