



# 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:	14 January 2026
Centre ID:	OSV-0000108
Fieldwork ID:	MON-0048922

## 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
Wednesday 14 January 2026	11:10hrs to 18:30hrs	Mary Veale	Lead
Thursday 15 January 2026	07:55hrs to 16:00hrs	Mary Veale	Lead
Wednesday 14 January 2026	11:10hrs to 18:30hrs	Laura Meehan	Support
Wednesday 14 January 2026	11:10hrs to 18:30hrs	Sinead Corbett	Support
Wednesday 14 January 2026	11:10hrs to 18:30hrs	Bernadette McDonald	Support
Thursday 15 January 2026	07:55hrs to 16:00hrs	Laura Meehan	Support
Thursday 15 January 2026	07:55hrs to 16:00hrs	Sinead Corbett	Support
Thursday 15 January 2026	09:30hrs to 16:00hrs	Bernadette McDonald	Support

## What residents told us and what inspectors observed

Overall the centre appeared to be a nice place to live and the residents were generally very complimentary about the care they received from the staff. Residents told inspectors that they were "delighted with the place" and "the service is incredible". In their feedback residents' spoke highly of the staff who cared for them, telling inspectors "staff are super here" and "the staff are excellent". Some residents who could not verbally communicate their needs appeared comfortable and content. Some residents were observed to have their hair and makeup nicely done to their preference which promoted a sense of individuality. Staff were knowledgeable about the needs of the residents and they were observed to interact in a kind manner with residents. During the walk around, inspectors observed that there was a relaxed atmosphere in the centre and residents were going about their day in line with their own preferences for example, residents chose when they wished to get up, what activities they wanted to participate in and the food that they ate.

This inspection was a two day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended). The inspection was conducted by four inspectors. Inspectors spoke to 19 residents to gain insight into their lived experiences in the centre. Inspectors also spoke to staff and spent time observing the environment and reviewing documentation.

On the first day of the inspection, inspectors arrived to the centre in the late morning. Inspectors were informed by staff that an inspection from another service was also taking place on that day. Inspectors began the inspection by conducting a walk-around of the premises. The inspectors observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the days and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the days in which the inspectors observed laughter and banter between staff and residents. The inspectors observed staff treating residents with dignity during interactions throughout the days. Residents' said they felt safe and trusted staff.

The Marley Nursing Home is located close to Rathfarnham Village in south Dublin near the M50 motorway. The centre is located within a short driving distance of the local shops and amenities. The Marley Nursing Home is a modern three story designated centre registered to provided care for 190 residents. The centre provides long-term care, convalescent care, respite care and Dementia care. The centre has five units; Grange, Ticknock, Whitechurch, St. Sabh's and Threerock. These units are spread out over three floors. Each unit has a dining room and day room. In

addition, on the ground floor there is a spacious coffee dock area, a multi-purpose room and an oratory. The communal spaces were adequate in size to meet the needs of the residents. Handrails on corridor areas and in bathrooms supported residents to mobilise independently and corridors and rooms were wheelchair accessible.

Residents had access to two outdoor areas; a large internal courtyard area and an internal garden. The courtyard had wooden benches and tables for residents to sit and enjoy the outdoor space. A dedicated smoking area for residents was located in the courtyard. Close circuit television (CCTV) was installed in corridors and a sign alerting people to this was seen in the coffee dock area. A lift on the ground floor was out of order and was cordoned off with tape and signage in place. A second lift was available in centre for residents, visitors and staff to use.

Bedrooms were all single occupancy rooms with en-suite facilities. The size of the bedrooms met the requirements under the regulations. All bedrooms had a television, call bell access, adequate space for personal items and lockable storage. The bedrooms were well decorated and maintained and were personalised with the residents' own possessions and photographs. Bedrooms appeared clean and warm.

Visitors were seen visiting residents in communal spaces and in bedrooms throughout both days of the inspection. One resident told inspectors that their visitor brings in a pet to visit and that they enjoy those visits. Another visitor told inspectors that they had no complaints, if they did they would discuss it with staff, they gave positive feedback about the care in the centre.

On the first day of the inspection, a display board with the day's scheduled activities was observed in the coffee dock area and in the multi-purpose room. Activities included an exercise class, mass and music. Information on upcoming Yoga classes was also displayed on the display board. There were televisions in residents' bedroom and in the dayrooms. In addition, a radio was playing soft music in the coffee dock area. Residents had access to daily newspapers and newspapers were seen in residents' bedrooms and in communal areas. Wi-Fi access was available in the centre. Information about advocacy was displayed throughout the centre. Residents told inspectors that they chose if they wished to participate in activities or not. Other residents were observed chatting together in day rooms. Some residents were getting their nails done later that day in the centre. Residents confirmed that they had access to internet services in the centre. Visits and outings were encouraged. Over the days some residents left the centre to enjoy a meal in a local restaurant and one resident went to the cinema.

Roman Catholic Mass was celebrated in the centre fortnightly. A large number of residents were observed attending mass in one of the day rooms. Outside of mass, the centre's oratory provided a space for prayer and quiet reflection. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved.

Residents were largely complimentary about the quality and quantity of food in the centre, for example, one resident said that the food is "too nice" and another said there was "plenty". Residents were seen to have access to drinking water during meals and in their bedrooms. On both days of the inspection, inspectors observed the lunch time meal being served to residents on the four unit's. Residents sat together in small groups at tables that were set with napkins, cutlery, a jug of water and condiments. A wheelchair accessible table in Grange seated residents. A small number of residents were seated in armchairs, which were too low for the residents to sit at a table comfortably. The inspector observing was told by staff that this was a temporary measure in place to meet the current needs of the residents and there was a plan in progress to resolve the issue. Residents were offered soup or fruit, followed by a choice of two main courses and lastly a choice of two desserts. The food appeared nutritious and modified diets were well presented.

Staff were seen to support residents that required assistance in a respectful manner, sitting beside them and talking with them during the meal. There was a relaxed atmosphere in the dining room with soft music playing and residents were seen chatting to each other. Pictorial and written menus were displayed on boards in dining rooms and menus were also displayed separately on notice boards in the communal areas. Residents said that they have a choice of what to eat for each meal. One resident said that they indicate their choice for lunch and tea time meals a few days in advance. While the feedback from residents was generally positive about the food, there were a small number of negative comments made by residents to inspectors; one resident told inspectors that they did not like the variety of food offered. However, they said that the staff in the kitchen make them food according to their own preferences. Another resident said that they provided feedback regarding the lack of variety and quantity of food at a residents' meeting and while there was some improvement, this did not fully resolve the issue for them. Another resident said that they choice their lunch time and tea time meal three days in advance and would often forget what they had ordered. This is discussed under Regulation 18: Food and nutrition.

The centre provided a laundry service for residents. All residents' whom the inspectors spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

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 now these arrangements impact on the quality and safety of the service being provided.

## Capacity and capability

The inspectors found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in March 2025. On this

inspection, the inspectors found that areas of improvement were required in relation to care planning, residents rights, the premises, food and nutrition, governance and management, infection prevention and control, fire safety and medication management.

The registered provider had applied to renew the registration of The Marley Nursing Home. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

The registered provider for The Marley Nursing Home is Brehon Care. This company is part of the the Care Choice group. The company has four directors, one of whom represented the provider for regulatory matters. The person in charge (PIC) worked full-time Monday to Friday in the centre and was supported by three assistant director of nursing (ADON), six clinical nurse managers (CNM), a team of staff nurses, healthcare assistants, housekeeping, an activities co-ordinator, catering, maintenance staff and a physiotherapy. The person in charge was supported by a director of governance. The person in charge was also supported by shared group departments, for example, finance and human resources.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspectors spoke with, were knowledgeable regarding infection prevention control and safe guarding procedures. Fire safety training was scheduled to take place the week following the inspection.

Two medication products were found out-of-date, an immediate compliance action was issued on the first day of this inspection to ensure residents had all medicinal products available to them. Inspectors were satisfied that all residents who's medication was observed out-of-date had their medication replaced before 5pm on the first day of inspection.

Records of clinical governance meetings, staff meetings and daily huddle meetings which had taken place since the previous inspection were viewed on this inspection. Governance meetings, health and safety meetings, and staff meetings took place quarterly. The PIC held a head of department meeting weekly in the centre. There was evident of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection falls audits, meal time audits, care planning audits, catering audits, observational audits and medication audits had been completed. Notwithstanding theses good practices identified, further improvements were required in oversight of infection prevention and control,

fire safety and medication management systems. This is discussed under Regulation 23: Governance and management.

There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2024 with an associated quality improvement plan for 2025. The annual review of the quality and safety of care to residents in 2025 was under review.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspectors followed up on incidents that were notified since the October 2025 inspection and found these were managed in accordance with the centre's policies.

#### Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner and were under review at the time of the inspection.

Judgment: Compliant

#### Regulation 15: Staffing

On the days of the inspection there was evidence of sufficient numbers of staff on duty, to meet the residents' needs. Rosters evidenced that there was a minimum of seven registered nurses on duty at all times for the number of residents living in the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. 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 by nurse management.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had a current insurance policy in place for public liability and medical malpractice.

Judgment: Compliant

## Regulation 23: Governance and management

While there were sufficient staff working in the centre on the days of inspection, the provider was required to maintain staffing in line with the statement of purpose Brehon Care was registered against. For example:

- The centre was registered to have a total of three night clinical nurse managers. Rosters provided to the inspectors on the days of inspection evidence that there were two clinical nurse managers on night duty.

Further action was required to ensure that the system of governance and management in the centre was strengthened. For example:

- There were inadequate systems of oversight in place to monitor and respond to issues of concern found by the inspectors, particularly in relation to residents rights, fire safety and medication safety. These issues are discussed further under Regulation 9: Residents rights, Regulation 28: Fire precautions and Regulation 29: Medicines and Pharmaceutical services.

A review of systems is required to ensure the provider has sufficient oversight to ensure that infection risks are adequately mitigated. For example:

- Records of water samples tested for legionella viewed by the inspectors identified a positive legionella test in a sink in the centre since May 2025. Although the sink had a flushing regime was in place, governance and oversight arrangements in place did not assure that the risk was managed fully. The sink was taken out of use on the day of inspection whilst inspectors were in the centre and assurances were received that a replacement sink would be installed within 48 hours.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

A review of a sample of residents' contracts for the Provision of Service confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents as set out in paragraphs 7(1)(a) to (i) of Schedule 4 are notified to the Office of the Chief Inspector within the required timeline of two working days. Quarterly notifications were submitted to the Office of the Chief Inspector to notify of incidents as set out in paragraphs 7(2)(a) to (e) of Schedule 4.

Judgment: Compliant

### Quality and safety

Overall, inspectors found that residents received good quality care. Staff and resident interactions were kind and respectful, and staff had a clear understanding of residents' needs. Residents and visitors were complimentary about the centre and the care from the staff.

Inspectors viewed a sample of care plans. Residents were assessed prior to admission to ascertain if the centre could meet their needs. Care plans were devised by accredited assessment tools to assess each residents needs including, risk of falling, assessment of malnutrition, risk of pressure related skin damage and the support needed to ensure their safe mobility. Care plans were person-centred and reviewed at a minimum of four-monthly intervals. Residents or their families were included in care plan reviews.

Residents had access to a broad range of community based and hospital based services to meet their medical and health needs, for example general practitioners (GP), physiotherapy, dietician, Emergency Department in the Home (EDITH) team, psychiatry of later life and a mobile x-ray service. A GP service attended the centre regularly.

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up-to-date for all staff, and a current safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records seen by inspectors, it was clear the person in charge had provided a robust and person-centred response when investigating and responding

to these allegations. Safeguarding was an agenda item for monthly ward meetings and quarterly management meetings. All residents' who spoke with inspectors said that they felt safe living in the centre. Staff spoken with were clear about their role in protecting residents from abuse and responding to allegations of abuse. A safeguarding awareness day was held recently in the centre. The centre did not act as a pension agent for any resident.

Improvements were found in the labelling system in use for items of residents clothing since the previous inspection. There was a rights based approach to care in the centre. Residents' rights, and choices were respected. Resident forum meetings were held on a quarterly basis. These meetings ensured the residents were kept up to date and participated in the organisation of the centre. They also offered residents an opportunity to provide feedback or suggestions and how to improve the service provided to them, for example, in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Staff were employed in the centre to facilitate a programme of structured activities, these included music, exercise and mass. Residents has access to national and local newspapers, Internet services, books, television, and radio. Residents had unrestricted access to outdoor areas, which was suitable to the needs of all resident living in the centre. Notwithstanding these good practices, further improvements were required to residents rights which is discussed under Regulation 9.

Improvements were found to the premises since the previous inspection. Although the temperature of the clinical rooms remained warm, medications were stored in a refrigerator designated solely for the storage of medications in each of these rooms. The courtyards were observed to be tidy and well maintained. The centre was warm and comfortable. Refurbishment works were complete on the ground and first floors, with the second floor underway. The premises were suitable for the needs of the residents.

Residents' nutritional needs were met in the centre and residents had access to water and other drinks throughout the day. Food appeared nutritious and appetising and modified diets were presented well. Residents were generally complimentary about the food and said that they had a choice. In addition, residents' requests for food off the menu accommodated insofar as possible.

The centre appeared clean and household staff were seen cleaning the centre throughout both days of the inspection. Personal protective equipment and hand gel dispensers were placed at many locations on the corridors of each unit. A designated Infection Prevention Control (IPC) link nurse had been identified in the centre to provide specialist expertise and IPC meetings were held. Staff had completed IPC training. On the second day of inspection, the bedpan washer was out of order in Threerock unit, inspectors were told that arrangements were in place to repair this.

Appropriate fire fighting equipment, such as fire extinguishers and fire blankets were located throughout the centre. Evacuation maps were displayed showing the location of fire evacuation routes and emergency lighting was in place. Smoking risk assessments were in use to reduce risk of harm to residents that smoked. A designated smoking area was equipped with firefighting equipment. A fire risk assessment was completed in February 2025 identifying risks in the centre and actions required. Regular fire drills were completed in the centre during the day and night time shifts. Staff had completed training on fire safety. However, a review is required to ensure that all residents can evacuate a safe distance away from the centre in the event of a fire, this is discussed further under Regulation 28: Fire precautions.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. Further improvements were required to ensure that medicinal products which were out of date were appropriately managed. This is discussed further under Regulation 29: Medicines and pharmaceutical services.

## Regulation 17: Premises

The premises was clean, suitably decorated and well maintained. Notwithstanding this good practice, residents did not have access to a bath on the days of inspection. For example:

- The bath was not working on Whitechurch unit. The inspectors were informed that a part had been ordered.
- The bathroom on Threerock unit was not in use due to the room temperature being uncomfortable for staff and residents during use. The inspectors were informed that a thermostat was ordered and plans were in place to replace the thermostat.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents had access to fresh drinking water and were provided with adequate quantities of food. The food presented was wholesome and nutritious. The prescribed dietary requirements of resident were met and in accordance with the individualised care plan of the residents concerned. Adequate numbers of staff were available to assist residents at meals and when other refreshments were served.

Notwithstanding this inspectors identified an area that require further review to ensure residents are clear with regards to their choices relating to meals, for example:

- Inspectors observed that there was a choice for meals. However, inspectors received contradictory feedback from a small number of residents. For example:
  - One resident told the inspectors that they were not offered a choice at lunch time and the choice that was received was not appropriate as the resident had no teeth and did not wear dentures.
  - A second resident told inspectors that they were not offered a choice and said that the meal they received wasn't their preference.
  - At lunch time on the first day of inspection, one of the dining rooms had the previous day's lunch time menu displayed on the notice board with pictures of the previous evenings tea menu.

Judgment: Substantially compliant

### Regulation 27: Infection control

The centre was very clean and there were adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. The sluicing facilities on the premises were clean and well maintained. There was sufficient cleaning staff observed on duty over the day days of inspection. These staff members were knowledgeable about cleaning practices, processes and chemical use. Handwashing facilities were available for staff.

Judgment: Compliant

### Regulation 28: Fire precautions

A review of fire escape arrangements were required to ensure that residents could evacuate to a safe area in the event of a fire in the centre, for example:

- A fire exit in St. Sabh's unit leads to a sloped grass area close to the building via a mulch pathway. There was no other pathway to allow egress from the grass area to a safer evacuation point.

In addition, a review of smoking areas was required as smoking was observed in undesignated areas on the grounds of the centre, including outside a fire exit. This posed a risk to residents who may smoke in areas that are not equipped with fire detection or firefighting equipment.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medications are stored appropriately in the centre and a safe system is in place for checking controlled drugs and for administering medications according to the prescription. A review is required to ensure that there is an effective system in place for identifying and disposing of out of date medications.

Two medication products were found out-of-date on the first day of inspection. An immediate action was issued to ensure residents had all medicinal products available to them. Inspectors were satisfied that all residents who's medication was observed out-of-date had their medication replaced before 5pm on the first day of inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

### Regulation 6: Health care

A review of a sample of care plans demonstrated that the residents are provided with evidence based nursing care. Residents have access to a variety of primary care services, for example, GP, physiotherapy, occupational therapy, speech and language therapy, and dieticians. In addition, residents have access to teams such as the emergency department in the home (EDITH) team and hospital services.

Judgment: Compliant

### Regulation 8: Protection

The registered provider has taken all measures to protect residents from abuse, the systems for recognising and responding to abuse incidents and allegations were in

place. Complaints management documentation reviewed by inspectors ensured that all incidents or allegations of abuse were investigated. Staff training in relation to the detection and prevention of and response to abuse was completed. All staff were garda vetted. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The registered provider was not a pension-agent for any resident

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' right to exercise choice was not always upheld by the registered provider. For example;

- Inspectors observed that the dining rooms on Grange and Ticknock units were not used at breakfast time and were informed that some residents had their breakfast in the dining rooms early in the morning on St Sabh's and Threerock units. The majority of residents in these units had breakfast in their bedrooms and a small number of residents had their breakfast in the dayrooms. The tables in the dayrooms of these units were low and residents did not appear comfortable sitting at them for their breakfast meal. This was a repeated finding following the previous inspection.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for The Marlay Nursing Home OSV-0000108

Inspection ID: MON-0048922

Date of inspection: 15/01/2026

## 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>The centre has two supernumerary Clinical Nurse Manager 1 (CNM1) posts assigned to night duty. These CNM1s work alternate shifts, providing continuous management oversight and seven-day coverage during night-time hours. Accordingly, the night-time CNM1 post was not vacant.</p> <p>The Marlay maintains sufficient staffing levels with an appropriate skill mix to meet the assessed needs of residents. Workforce planning is regularly reviewed by the Director of Nursing and discussed at monthly operations meetings with CareChoice, ensuring ongoing oversight of staffing requirements. Two additional CNM1 positions will be advertised in the coming months to further support service delivery.</p> <p>Records of sample reports of water samples tested for legionella which HIQA requested that the sinks be taken out of action that day. The sinks were taken out and a new sink put in place within 48 hours. Additionally, a secondary return pump was put in place in order to circulate the hot water at an even temperature as required. Furthermore, on the day of the inspection, the Person in Charge (PIC) contacted the private provider to seek clarification as to why this recommendation had not been made previously, as the service had followed the advice provided by the private provider to undertake a thorough flushing process and subsequent resampling as indicated. It should also be noted that the outlets located in the ground porch area are in constant use, with water being accessed regularly by both staff and visitors. With this in mind the following control measures are in place.</p> <ul style="list-style-type: none"> <li>• The two sinks were decommissioned on the day of the HIQA inspection.</li> <li>• The Director of Nursing liaised with the private provider and CareChoice Group Facilities Manager to discuss the above control measure.</li> <li>• A new sink was purchased and fitted along with a secondary return pump in order to circulate the hot water at an even temperature.</li> <li>• The Daily risk register was updated with control measures in place for legionella</li> </ul>	

- The private provider to carry out analysis of water for the new sink on the 12th March 2026, remedial action will be taken as per the control programme.
- The IPC Lead in the home will discuss any positive legionaries results in the IPC meetings and give advice if the test results come back positive.
- We continue to carry out a flush programme on the new sink to confirm the effectiveness of the remedial measure of replacing the old sinks.
- The effectiveness of the above measures should ensure that legionella is eradicated and this is measured against the next private provider sampling result

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Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The hydro-assisted bath in the Threerock Unit is fully operational; however, the room temperature during use is not comfortable for staff working in the area or for residents receiving care. As a result, the bath is not currently in use.

- An electrician and a plumber have assessed the issue, and we are in the process of replacing a defective thermostat and carrying out maintenance on the ventilation fan.
- The measure of its effectiveness is that the room allocated to the hydro-assisted bath is fully operational, supports residents personal care needs and maintains a comfortable and safe environment for residents and staff.

The hydro-assisted bath in Whitechurch is currently not operational due to a damaged plumbing connector.

- The issue has been assessed by a plumber, and a replacement part has been ordered to complete the repair, this is now repaired and awaits commissioning by service engineers from private provider.
- The measure of its effectiveness is that the room allocated to the hydro-assisted bath is fully operational, supports residents personal care needs.

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Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Residents select their meals in advance as part of the centre's established meal ordering process. Aide-mémoire systems are in place throughout the home to support residents in recalling their menu choices and to ensure they are aware of the meals available.

Daily menus and pictorial menus are displayed on the dining room display boards, which are easily accessible to residents. Menus are also displayed on notice boards in communal areas throughout the centre. In addition, residents have the option to change their meal choice on the day, where practicable, and a standard alternative meal option is always available.

To further support residents in understanding and remembering their meal choices, the following measures are in place:

- Daily menus and pictorial menus are displayed in all dining areas and communal spaces to ensure residents have easy access to menu information.
- Staff provide verbal reminders to residents of the meal choices available and confirm their selected option prior to mealtimes. Additionally, a copy of the menu is made available to those residents that wish to stay in their room for meals.
- Care staff support residents who may have memory difficulties by reminding them of their chosen meal prior to it being served. Additionally, for residents living with dementia, families or involved others may request to complete their loved one's menu selections based on known likes and dislikes, and this is facilitated by the home. Where required, residents can also receive a daily menu selection rather than ordering in advance, and this preference is recorded on admission or implemented upon request.
- Residents are offered the opportunity to change their meal choice on the day where practicable.
- A standard alternative meal option is available at all times to ensure resident preference and choice are maintained.
- Feedback regarding meals and menu choices is regularly sought from residents through resident meetings and day-to-day engagement with staff. Recent feedback indicated that the majority of the residents were satisfied with the food and dining room experiences and this was reflected in the HIQA report however, we have taken on board the resident's point of view and the following action to be taken.
- We have had a meeting with the Head Chef and CareChoices Group Catering Manager and agreed to reduce the current 3-day menu cycle to a 2-day menu cycle. This change aims to reduce the time between ordering and residents receiving their meals. We will trial the 2-day menu cycle, and if successful, we will consider reducing this further to a next-day ordering system.
- The Director of Nursing and the Head Chef will discuss these arrangements with the Residents' Sub-Committee and at the full Residents' Committee meeting. This will provide an opportunity to explain the process of ordering meals in advance, the reasons for this approach, and any associated changes. This includes supporting effective kitchen planning, food purchasing, and the preparation of appropriate quantities of meals. Any changes implemented will also be informed by internal feedback received from the residents meeting and feedback on the dining room experience.
- The effectiveness of this measure will be demonstrated through improved compliance with Regulation 18 and the implementation of a revised menu cycle that supports residents' choice and preference. The revised system will also assist residents who may have difficulty recalling their meal selection.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In relation to the sloped grass area at St. Sabhs Unit, we acknowledge that this could potentially serve as a safe evacuation pathway, allowing egress to a safer area. However, it should be noted that this was not identified or indicated during previous inspections, including the new build inspection carried out by the HIQA Fire Officer.</p> <p>Notwithstanding the above, The Marlay Nursing Home is committed to ensuring that the care environment is appropriate to meet the needs of all residents and that a comprehensive emergency plan is in place. Accordingly, the following evacuation plan has been implemented, supported by robust fire safety measures and comprehensive staff training throughout the home.</p> <ul style="list-style-type: none"> <li>• A weekly fire alarm test is carried out, and the operation of all fire doors is checked every Friday at 11:00 am.</li> <li>• We conduct fire drills both during the day and at night every month, and a report is submitted for each drill.</li> <li>• There is an extensive fire safety and training programme in place that includes, annual formal fire training, fire equipment servicing, biannual fire readiness audits.</li> <li>• We have a safety risk register that considers potential hazards and addresses how the associated risk can be avoided or reduced.</li> <li>• Resident PEEPs are reviewed, updated, and communicated to staff as required.</li> <li>• The area in St Sabhs that could potentially serve as a safe evacuation pathway has been surveyed by an external building contractor, and we are awaiting their report regarding the proposed modifications to this area.</li> </ul> <p>These measures ensure that residents can be evacuated safely in the event of an emergency and that staff are appropriately trained and prepared to respond effectively in line with fire safety procedures.</p> <p>In relation to a resident found smoking outside in an undesignated smoking area, this area is not a designated area for smoking and the resident was informed on the day. We have one designated smoking area in the court yard on the ground floor. Therefore, the following control measures are in place.</p> <ul style="list-style-type: none"> <li>• The policy CL-025 Smoking and Vaping permits residents to smoke and vape in designated areas only.</li> <li>• On the day of the inspection a resident was smoking outside St Sabhs unit, he was informed to use the designated smoking area only on the ground floor.</li> <li>• All residents will be asked pre-admission their smoking status and this will be documented.</li> <li>• Residents have a smoking risk assessment in place and consequent PEEPs updated.</li> <li>• The risk of smoking is included in the risk register and is regularly reviewed.</li> <li>• Perspective residents are informed of the smoking policy on admission and informed of the outdoor smoking area on the ground floor.</li> <li>• The risk assessment must consider the residents physical ability and mental capacity to undertake smoking activities safely.</li> </ul>	

- The risk assessment must identify the physical precautions to prevent fire and the level of supervision necessary to ensure that the resident can smoke without presenting danger to themselves and others.
- The care plan to be updated in relation to the risk assessment and care needs.
- The Marlay acknowledges the residents right to smoke and they are empowered to exercise choice, including taking part in activities that involve an element of positive risk taking.
- We are currently exploring the feasibility of establishing a second outdoor smoking area that could serve St Sabhs Unit and Ticknock Unit. In the interim, residents will be reminded that the designated smoking area located on the ground floor remains the only location currently set up to support safe smoking.
- These measures support residents' autonomy and right to make personal choices while ensuring that appropriate fire safety precautions are in place to protect residents, staff, and the premises.

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Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Two medications were identified as being out of date during the HIQA inspection. These medications were immediately removed from stock and replaced before the 5:00 pm cut-off time on the same day to ensure continuity of safe medication administration.

To prevent the use of out-of-date medications, the expired items were disposed of in accordance with medication management procedures. In addition, the medication stock was reviewed to ensure that all medications currently in use are within their expiry dates. Additionally, the following corrective measures are in place:

- Nurses have been reminded to regularly check medication expiry dates as part of routine medication management and stock control procedures to ensure compliance with safe medication practices. In addition, nurses will complete a weekly checklist to monitor and ensure adherence to the policy.
- The Director of Nursing and the Bleep Holder will be notified via the night report that the above checklist has been completed. Any discrepancies identified will be reported, and appropriate corrective action will be taken.
- We have logged the medication error in the incident report and updated the daily risk register.
- A periodic spot check will be undertaken by the Clinical Nurse Managers/ Director of Nursing/Assistant Director of Nursing to monitor compliance.
- Medication error trends will be reviewed and analysed as part of the 2026 audit calendar to identify patterns, support learning, and implement quality improvement actions where required.

- The Director of Nursing carries out a monthly site report to assist in monitoring the effectiveness of safe medication management. This is linked also to the weekly KPI report monitored by all unit managers.
- An external audit is carried out by Cara Pharmacy periodically throughout the year and reports are sent to the Director of Nursing.
- These measures should ensure that medication errors are reduced and patterns are identified to support learning, and implement quality improvement plans.

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Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: During the HIQA feedback meeting it was stated that a staff member reported that residents do not have breakfast in the dining rooms. This statement is not accurate. On the days of inspection, residents on both Whitechurch and Threerock units, including respite residents, were observed having breakfast in the dining rooms. It is acknowledged that some residents were observed having breakfast in the day rooms, which had also been noted during a previous inspection. However, the dining rooms are used as intended. Residents who do not attend the dining room may choose to have breakfast in the day lounge or receive breakfast in their rooms. These arrangements are based on resident preference and are supported by individual care plans. Despite this, we have reviewed the dining room experience and the following is in place.

- Some residents are currently using the dining rooms for breakfast; however, staff will ensure that residents' use of the dining areas is monitored and guided by their individual care plans. The Director of Nursing will conduct audits of residents using the dining room at breakfast to ensure compliance with care plan requirements.
- Residents who prefer to have their meals in the day room will be further reviewed to confirm whether this reflects their preference or if they would prefer to have breakfast in the dining room.
- Residents will be supported to exercise their choice in relation to where they have their meals. However, where residents choose to dine in the day room, the environment will be reviewed to ensure it is comfortable and suitable for the dining experience, including the provision of appropriate tables and chairs.
- These measures will ensure that residents who prefer to dine in the day room can do so comfortably, with appropriate staff support and equipment, while those who prefer to have breakfast in the dining room are also supported by staff to do so.

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## 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	08/04/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	01/06/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	25/03/2026
Regulation 23(1)(c)	The registered provider shall ensure that there	Substantially Compliant	Yellow	01/08/2026

	are deputising arrangements for key management roles in place.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/06/2026
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with	Substantially Compliant	Yellow	14/01/2026

	national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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.	Substantially Compliant	Yellow	31/07/2026