



**Health
Information
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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:	Marymount Care Centre
Name of provider:	Humar Limited
Address of centre:	Westmanstown, Lucan, Co. Dublin
Type of inspection:	Announced
Date of inspection:	10 February 2025
Centre ID:	OSV-0000065
Fieldwork ID:	MON-0037205

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:	139
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How we inspect

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
Monday 10 February 2025	09:20hrs to 17:25hrs	Lisa Walsh	Lead
Tuesday 11 February 2025	08:45hrs to 15:40hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful, kind, patient and respectful towards residents. The inspector met many of the residents during the inspection and spoke with some residents in more detail. Feedback from residents was that they were happy living in Marymount Care Centre. Residents were highly complimentary of the staff in the centre and the care they received, with one saying staff were "wonderful". Other feedback from residents was that they were "really well cared for, everyone is helpful and kind" and "staff know my needs well". Residents spoken with had no complaints or concerns and said that if they did, they would happily raise them with management in the centre. While residents' were very complimentary of staff, four residents' gave feedback that at times staff can be very busy and that they would like to spend more time with them.

Following an opening meeting, the person in charge accompanied the inspector on a tour of the centre. Marymount Care Centre is located close to Lucan Village in Dublin. The centre is a custom-built facility registered to accommodate 140 residents and provides long-term residential care, respite residential care and convalescence care services to adults over 18 years of age. There was one vacancy on the day of inspection. It is set out over two floors with access between the floors and levels via lifts and stairs. The centre is divided into five units referred to as Maple, St Anne's, St Therese's and St Anthony's, St. Francis and St. Clare's. The Maple unit consisted of four different parts, referred to as, St. Martin's, St Michael's, St. Joseph's and St Brigid's.

The centre's design and layout supported residents' free movement and comfort, with wide corridors, sufficient handrails, and armchair seating within communal areas. Overall, the centre was clean and bright with a very relaxed atmosphere. Communal space consisted of an oratory, nine sitting rooms/lounge, three large dining rooms, a quiet room and a library. The majority of the communal space was decorated to a very high standard and gave a feeling of comfort and home, with large windows which overlooked well-manicured gardens and scenic views for residents. Some parts of the centre were due to be refurbished, such as, St. Francis and St. Michael's and were not as pleasantly decorated as the rest of the centre. However, the management team had already identified a programme of refurbishment for these areas in their quality improvement plan.

There were activity schedules displayed on notice boards in each unit of the centre and each unit had its own activity staff. On the first day of inspection, residents watched Mass on the television in the morning. Following this, a large group of residents' attended a reminiscence session, which residents fully engaged with and were having friendly banter with staff. One resident spoken with described it as a "howl". In another part of the centre, a large group of residents' attended Sonas and were dancing and singing with staff after it finished. Other residents' had some one-to-one activities like massages, knitting or nail care. In the afternoon, there was

live music, singing and dancing for residents to enjoy. Residents spoken with said they enjoyed the activities and spoke about particular activities which they enjoyed. For a small number of residents, who remained in their unit and did not attend the group activities, the inspector observed periods of time that residents' went without staff interaction or appropriate supervision.

On the second day of inspection, residents continued to enjoy activities throughout the centre such as ball games, arts and crafts, music and dancing.

The inspector observed the mealtime in the dining rooms on both days of inspection as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Each table was nicely set and had a menu for residents to choose from, with two dinner options available to them. Residents' were also offered a variety of drinks available to them to choose from. Overall, residents were complimentary of the quality of food on offer. However, some residents who completed feedback surveys said that the food and dining experience could be better, with a small number reporting that they would like more food variety and one said they would like more interaction from staff during meal times.

Visitors spoken with were also complimentary of the staff and the centre, with one visitor spoken with saying the resident was "very well looked after and always in great form when they visit". Another visitor spoken with described the centre as "very welcoming and homely". However, a small number of visitors spoken with said that their relative is not always informed of the activities that are happening.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. Improvements had been observed by the inspector in relation to fire precautions. However, some improvements were required in relation to individual assessment and care plans and premises. This will be further discussed later in the report.

This was an announced inspection which took place over two days in Marymount Care Centre, to assess compliance with the regulations and review the registered provider's compliance plan from the previous inspections in June 2024 and August 2023. A completed application to renew the centre's registration had been received by the Chief Inspector before the inspection; this application was also under review as part of this inspection. In addition, the inspector followed up on a number of

issues of concern received on different occasions from members of the public since the last inspection. The inspector got the necessary assurances in relation to the concerns raised during the inspection.

As part of a granted application to vary condition 1 of the centre's registration certificate in November 2023, changes to the footprint of the centre had been granted, however, the works for these had not been completed at that time. On the day of inspection, the following variations had been completed which were set out in condition 1:

- New office space created on first floor in place of office space, physiotherapy gym and staff room.
- Physiotherapy gym relocated to second therapy room in St Clare's unit first floor adjacent to the Assistant Director of Nursing (ADON) office.
- Respite room/relatives' rest room on first floor relocated to staff room adjacent to lift and office space.
- Staff snug/room relocated next to staff canteen on first floor.

A new hair salon and coffee dock are also to be created, as part of the application to vary, replacing temporary office space off the rose lounge in St Anthony's unit. This was not completed yet, the inspector was informed that work for this was due to be completed in March 2025.

Some additional changes had also been made to the footprint of the centre following the inspection in June 2024. An assisted bathroom in St. Anne's on the ground floor had been converted to an equipment store. On the day of inspection, the bath remained in the room, however, wheelchairs and hoists were also stored there. Also, a shower room, in St. Anne's, had been converted to a chemical store.

There was a clearly defined management structure in place with effective management systems ensuring oversight of the service. The provider had audit and monitoring systems in place to oversee the service. Actions identified for quality improvement were assigned to a nominated person and it was clearly documented when actions were complete. Updates on these actions were discussed in management meetings. The systems in place identified areas for quality improvement that enhanced the service delivered to residents. While the provider had clear systems in place, some actions were required to ensure systems were fully effective.

Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations, with the registered provider in attendance to provide oversight. In addition, there were several different committee meetings to provide oversight, such as, falls prevention, infection control, restrictive practice and safeguarding residents.

The provider had a comprehensive training programme supporting staff in their roles. The registered provider had ensured that staff had access to training. In particular, fire safety training, with three staff members trained to deliver this. In addition, three staff members were also trained to deliver manual handling training. From records reviewed, all staff had completed mandatory training in both

safeguarding vulnerable adults and fire safety. While all staff were appropriately trained, some improvements were required in relation to supervision of residents.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre was received by the Chief Inspector. The application was complete and contained all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 16: Training and staff development

In general, staff supervision met the needs of the residents. However, in one unit enhanced staff supervision was required to ensure residents needs were met. For example, the inspector observed that six residents were in a sitting room in one unit and were left alone for periods of time with no staff available to attend to their needs.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had assurance systems in place, some of these were not fully effective to be assured of the quality and safety of the service. For example, the registered provider had removed a communal bathroom and a communal shower room without informing the Chief Inspector, meaning the centre was not operating in line with condition 1 of their certificate of registration.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of four contracts were reviewed. The contracts of care clearly set out the terms and conditions of the resident's residency in the centre, including the type of bedroom to be provided and the number of other occupants in the room. The services to be provided and individual fees payable by the resident for provision of services were also clearly specified in the contracts.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures set out in Schedule 5. These were available to staff and reviewed at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

Overall, the residents received a good quality of care from a dedicated team of staff. Residents' told the inspector that they felt safe living in the centre. Residents independence, privacy and dignity were upheld through staff policies and practices. The inspector found that the registered provider had taken appropriate measures to ensure a safe and high-quality service was provided to the residents at all times.

However, the inspector identified that some improvements were required in relation to individual assessment and care plans and premises.

It was evident that substantial efforts had been made when developing care plans for residents that reflected their needs. Care staff used an electronic system of assessment and care planning in the centre. Pre-admission assessments took place before the resident's admission. Upon admission, a person-centred assessment and care plans were prepared. There was evidence of review at intervals not exceeding four months, with residents and their families involved in care plan reviews. While care plans in general were very detailed and clearly set out the resident's needs, some gaps were identified in safeguarding care plans.

The registered provider had taken measures to protect residents from abuse. Staff were knowledgeable about abuse and how to report suspected abuse in the centre. The registered provider had a local policy and was investigating allegations aligned with the Health Service Executive (HSE) policy. The provider was not a pension agent for residents. Records reviewed evidenced that Garda Síochána (police) vetting was in place before the commencement of staff employment.

Measures were in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident. Resident's family and friends were informed of the resident's condition and permitted to be with the resident when they were at the end of their life. Care plans for residents approaching end-of-life were completed and individualised for each resident. For residents who were sharing a bedroom and approaching the end of their life, if they wished, they were facilitated to have a private room during this time. This was also discussed at the end-of-life committee meetings, where advanced planning for such situations was discussed.

The centre was warm and homely and generally met the needs of the residents. Infection control practices were good. All areas of the centre viewed were clean and clutter free. The issues identified on the last inspection had been addressed. However, the registered provider had failed to engage with the Chief Inspector in respect of proposed changes to the premises and had converted a communal bathroom and shower room into storage.

From a fire safety perspective, the inspector found that the registered provider had progressed their plan from August 2023 to come into compliance with Regulation 28: Fire precautions.

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. There was a policy in place to ensure residents end of life wishes were documented and individualised in their care plan. All residents had an end of life care plan in place which detailed their religious

and cultural needs and any arrangements they wished to have in place. There was also an end of life committee establish to ensure residents needs are met.

Judgment: Compliant

Regulation 17: Premises

Some improvement was required by the provider to ensure that the premises were appropriate to the number and needs of the residents of the designated centre and in accordance with the statement of purpose prepared under Regulation 3. For example:

- Although the bath remained in St. Anne's unit communal bathroom, it was not available to residents' as the room had been converted into an equipment store.
- A communal shower room for the use of the residents', was not available to residents as it had been converted into a chemical store and the shower had been removed. Residents in this unit had en-suite facilities.

The inspector found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations, however improvements were required for example:

- Due to wear and tear some carpets in corridors were sun bleached and needed to be replaced, which was part of the providers quality improvement plan.
- Some chairs were not suitable for residents use as the seating was very low. In addition, some chairs had material which was not easily cleaned and they had signs of wear and tear.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in the centre and control measures in place to minimise the associated risk.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018).

Judgment: Compliant

Regulation 28: Fire precautions

All the issues identified on the inspection report for August 2023 in relation to fire had been addressed in full. The inspector saw that this work was complete during their walkabout the centre and then reviewed records which provided further assurance that the work was fully complete.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were in place and residents' needs were regularly assessed, some further action was required in relation to care plans to ensure the needs of each resident were detailed in an appropriate care plan. For example, some care plans for the residents with safeguarding concerns contained limited and generic information, which did not reflect the individual needs or preferences of the resident and therefore were not effective at informing staff of the appropriate interventions to support the resident.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector 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 inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. Where a safeguarding concern arose the person in charge had fully investigated it and ensured that residents were protected from abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Marymount Care Centre OSV-0000065

Inspection ID: MON-0037205

Date of inspection: 11/02/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: To further enhance the importance of effective resident supervision among staff members we have added this to the mandatory Safeguarding training. A staff supervision observation audit tool has been implemented to monitor the effectiveness of training and this practice on the floor. This audit will be carried out by senior managers and supervisors monthly.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: While areas for improvement were identified by the provider, through the effective assurance systems in place that support the ongoing quality and safety of the service, the Provider will ensure that any changes to the floor plans are communicated to the Chief Inspector.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There was and still is a continued plan to replace some sun-bleached carpets and this quality improvement plan will be completed by the end of year.</p> <p>A plan was in place prior to the inspection to ensure suitable chairs were in place for residents. The Maple area and St. Annes had already received new chairs. All other areas are being assessed to identify chairs that are a suitable height for residents' use. This quality improvement plan will be completed by the end of year.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>We will ensure that the care plans for residents with safeguarding concerns are in line with all other resident care plans in that they are equally as comprehensive and reflective of each resident's individual needs and preferences. We continue to be committed in ensuring that these resident care plans provide clear, detailed, and person-centered information that guides staff in delivering the appropriate interventions.</p> <p>In line with our current care plan auditing system these specific care plans will be reviewed on a quarterly basis or sooner if required.</p>	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2025
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	31/12/2025

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	30/04/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2025