



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

Issued by the Chief Inspector

Name of designated centre:	Marymount Care Centre
Name of provider:	Humar Limited
Address of centre:	Westmanstown, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 March 2023
Centre ID:	OSV-0000065
Fieldwork ID:	MON-0039578

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. Some 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:	137
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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 15 March 2023	08:00hrs to 19:00hrs	Margo O'Neill	Lead
Wednesday 15 March 2023	08:00hrs to 19:00hrs	Lisa Walsh	Support

What residents told us and what inspectors observed

The inspection took place in Marymount Care centre over the course of a day and during this time inspectors took the opportunity to speak to residents and visitors to gain insight about living in the centre and about the service provided. Residents were very positive regarding all aspects of the service. They reported to inspectors that they felt safe and secure living in the centre and they were happy with the support they received from staff.

Marymount Care Centre, a purpose built two storey designated centre, was found to be warm and comfortable throughout. The centre comprised of five different units and has 140 registered beds. Of these registered beds, 88 are single en suite rooms and 17 are twin en suite rooms. The remaining beds are in ten single rooms and two twin rooms as well as two twin bedded apartments. All bedrooms viewed were observed to be spacious and provided sufficient storage and display space for residents' belongings. Most bedrooms had en suite facilities of a sufficient size to allow residents to undertake activities independently or with support from staff as required. Residents were positive in their feedback regarding their bedrooms and bathroom facilities.

Throughout the premises Saint Patrick's Day decorations, such as bunting had been hung and put on display to enhance the atmosphere and festivities for the upcoming public holiday. Lounge and sitting areas throughout were seen to be spacious and decorated to a high standard. Areas contained appropriate comfortable seating and contained features such as fireplaces and pianos, creating a homely comfortable environment for residents to enjoy. Overall these areas were calm and relaxing to sit and spend time in with the exception of one lounge area the St. Anne's sitting area. Inspectors spent time in this area observing and found that a small number of chair sensor alarms were in use. Inspectors found that when these activated, the alarm sound was loud and disturbed the otherwise calm atmosphere. This was discussed with management who undertook to review this.

There were several dining spaces throughout the centre where residents were observed to attend for their meals. These were bright, spacious and nicely decorated. Dining rooms contained tables that were laid with care to enhance residents' dining experience. Enable tables were also observed; these provided greater comfort and accessibility for residents who used wheelchairs and other mobility equipment when dining.

There were several safe internal courtyard gardens for residents to access. These were furnished with seating areas for residents to use when spending time outdoors and paved to facilitate residents' mobility. The centre also provided a pitch and putt area for residents to use and enjoy.

In two evacuation route stairwells, there were items such as hoists, wheelchairs, a cleaning trolley and bikes inappropriately stored. This was highlighted to

management and all of these items were removed on the day of inspection.

Residents reported they were satisfied with the food on offer to them, with residents saying that the 'food was very good' and that 'additional servings were offered' during meal times. There were sufficient staff available to provide support to residents who required assistance during meal times and this support was observed to be discreet and respectful with staff sitting with residents and asking permission before providing support.

An oratory, located off the main entrance and reception area, was available to residents. This was found to be a calm and comfortable space, laid out with appropriate seating for residents and decorated with religious items to enhance the space.

There was a social and recreational programme on offer in the centre. Activities included live music, a baking club, arts and crafts, exercise classes and quizzes. Residents were observed during the day to actively engage in activities such as a reminiscence group which was held in the Oak lounge. There was also an active knitting club; residents had crafted small knitted hats for new-born babies. Some examples of these were framed and on display in the Oak lounge also. Organised outings had recommenced for residents and inspectors were informed of an upcoming trip to Knock and a trip to a local college for lunch, musical bingo and beauty treatments. Residents and visitors spoke positively about the activity team.

There was open visiting in place for relatives and friends of residents. Visitors were observed attending the centre over the course of the inspection. There were practical infection control and prevention precautions in place to manage any associated risks. Visitors reported positively regarding the service and that there was good communication from staff regarding changes with their loved ones.

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

The registered provider had arrangements in place to ensure that the centre was resourced sufficiently to effectively deliver care in accordance with the centre's statement of purpose. There was an established management structure in place and the management team were well known to the residents. Inspectors found a good level of compliance to the regulations, however action was required under the following regulations to become fully compliant; Governance and management, Individual assessment and care plan, Infection control and Medicines and pharmaceutical services.

The registered provider for Marymount Care Centre is Humar Ltd. There is a defined

management structure in place with clear lines of authority. Company directors are based on site and are present in the centre on a daily basis. The person in charge is responsible for the daily operations in the centre and she is supported by two assistant directors of nursing, clinical nurse managers, nursing staff, carers, activity staff, maintenance and catering teams.

On the day of inspection there was a sufficient number of staff with an appropriate skill-mix on duty to meet the needs of the 137 residents living in the centre. Inspectors were informed that there had been a significant turnover of nursing staff in the months prior to the inspection. Eleven new nurses had been recruited to fill these vacancies; two of these nurses had completed induction with a further six undergoing induction and three more to start in the coming months. There was no agency staff utilised to fill roster shifts; instead inspectors were informed that the centre's own nursing staff covered these shifts and clinical nurse managers prioritised working clinically to provide resident care and support.

Inspectors reviewed a number of assessment and care plan records and found that many were incomplete. Incomplete records pose a potential risk to effective communication and the safe, consistent and effective delivery of care to residents; particularly when there is a significant number of new staff starting in the centre. Although the management systems in place had identified the issues with assessment and care plan records and training for staff had been scheduled, the issue remained outstanding.

Minutes of recent resident meetings were provided to inspectors; from the records it was clear that residents were encouraged and facilitated to raise issues which were subsequently responded to and action plans developed and detailed. The person in charge confirmed they were aware of the recent changes to Regulation 34, complaints procedure, Regulation 20, Information for resident and Regulation 9, Residents' rights. A process of engaging with external advocacy agencies and reviewing resident literature had begun to ensure that the service was responding to these changes so that residents' rights could be supported.

The registered provider and person in charge were aware of their regulatory requirement to notify the Chief Inspector of notifiable incidents that occurred in the centre. Inspectors were provided with a written statement of purpose and found that it contained the required information as set out in Schedule 1 of the Regulations.

A small number of volunteers attended the centre periodically. Inspectors found that volunteer records were well maintained and met the requirements of the regulations.

Regulation 15: Staffing

On the day of inspection there were sufficient numbers of staff on duty to meet the

needs of the 137 residents and with due regard to the layout of the premises.

Judgment: Compliant

Regulation 21: Records

Records requested by inspectors were provided for review.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality and safety of service required strengthening in the following areas:

- Action was required to ensure that areas that had been identified for improvement were addressed promptly with corrective actions. For example, despite incomplete care records having been identified as an issue in January 2023, during the inspection inspectors identified the same issues, which had not yet been fully addressed.
- Oversight of access to screening programmes required attention to ensure that the registered provider could be assured that all residents who were eligible to attend national screen programmes were identified and were facilitated and supported to access these services as required. Although verbally informed that all eligible residents had accessed the appropriate screening programmes, there was no record to indicate that all residents had been identified and had been facilitated to access the required programmes.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available for inspectors and it contained the required information regarding the service and designated centre.

Judgment: Compliant

Regulation 30: Volunteers

A sample of volunteer records was provided to inspectors and found to meet the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

There was an incident log maintained and available to inspectors. Notifiable incidents occurring in the centre were being reported as required to the Chief Inspector.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care and appeared well cared for. They reported to inspectors that they were supported by staff to have a good quality of life. Action was required however in the following areas to ensure compliance with the regulations; assessment and care plan, infection control and medicines and pharmaceutical services.

While it was evident that care was being delivered to a good standard, care records reviewed by inspectors were incomplete. This is detailed under Regulation 5, Individual assessment and care plan.

Residents had access to appropriate medical care and healthcare professionals to meet their identified healthcare needs. Two general practitioners attended the centre on a weekly basis and there was a team of physiotherapists working on site. There was timely access to gerontology consultants, allied health therapists and palliative care specialists.

The premises was maintained to a good standard internally and externally. The centre was laid out in discrete units, each with appropriate communal space that was spacious and decorated in a homely style creating welcoming and homely spaces. Residents reported positively regarding their bedrooms and the communal spaces available to them. Although some inappropriate storage practices were observed in stairwells on the morning of the inspection, action was taken promptly by the provider to remove these items from these areas before the end of the inspection.

The centre was visibly clean and inspectors observed that there was a culture of good hand hygiene practice. Other infection prevention and control practices

required review and strengthening however, to ensure that all practices were in line with the National Standards for infection prevention and control in communities 2018. This is detailed under Regulation 27, Infection Control.

Inspectors observed that staff followed appropriate medicines management practices and medicines were administered as prescribed. There was appropriate processes in place for the handling of medicines, including controlled drugs, which was safe and in accordance with current professional guidelines. Procedures for the handling and disposal of unused and out of date medicines required action however. This is detailed under Regulation 29, Medicines and Pharmaceutical Services.

Regulation 17: Premises

The premises was observed to be secure, comfortable and homely. It was decorated appropriately for the purpose and function of the service. Throughout it was clean and appropriately heated.

Judgment: Compliant

Regulation 27: Infection control

Some improvements with the infection prevention and control practices were required to ensure practices were in line with the National Standards for infection prevention and control in communities 2018. Inspectors observed the following issues:

- Storage practices in communal bathrooms and shared bathrooms and en suites required action to minimise the risk of cross contamination. For example; inspectors observed products like barrier cream, hairbrushes, open incontinence wear, and a urinal bottle in communal bathrooms. In one shared en suite wash basins for residents use were stored on the floor and in one shared bathroom there was unlabelled personal hygiene products stored. There was inappropriate storage of a chair and an open linen trolley in another shared bathroom.
- In one utility room there was a significant number of items observed to be stored on the floor. This does not support effective cleaning.
- A review of the number of available wall mounted alcohol based hand gel dispensers was required to ensure that in all areas dispensers were in close proximity for staff, residents and visitors to promote good hand hygiene practices. In one area of the centre inspectors were required to walk out of the area in order to access the closest dispenser.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The procedures for handling and disposal of unused and out of date medicines required action. On the morning of inspection inspectors observed that a small quantity of medicines for return to the pharmacy for disposal were left unsecured in the reception area of the centre. These medicines remained in this area throughout the morning until it was highlighted to staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was inconsistent adherence to the process in place for completing assessment for residents on their admission to the centre. For example; there was a pre-assessment admission in place for all new residents before being admitted; but not all residents had a comprehensive assessment completed on admission despite staff confirming this was the process in place.

The sample of care records provided to inspectors were found to be incomplete and lacked clear information to guide care. For example; five care plans had incomplete detail and did not reflect the information verbally provided to inspectors by staff. Other care records provided such as a record sheet for neurological observations documented following an un-witnessed fall were found to be incomplete.

Furthermore care plans were not reviewed in line with residents' changing needs. For example; one care plan for a resident who had sustained two pressure areas, did not detail any information for the management of one of these pressure areas. There was incomplete information regarding when interventions had been put in place to manage the injuries also.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to appropriate medical care and healthcare professionals to meet Residents' healthcare needs.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Marymount Care Centre OSV-000065

Inspection ID: MON-0039578

Date of inspection: 15/03/2023

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> <ul style="list-style-type: none"> • Care plans transferred to Holistic Care Plan – this has reduced the overdue assessment total in each area and actions now being taken for more person-centred care plans in house. • Care Plan allocations updated and given to each nurse with ‘buddy’ system to involve HCA’s. • Each Nurse educated on how to do person centred care planning by DON, ADON’s and CNM’s. • Care Plan Audit tool reviewed and commenced to audit assessments and care plans. • Care Plan Joe Bloggs example made for nurses to use as a guide. • Care Plan Workbook created and commenced for guidance on Care Planning • Admissions Policy reviewed and completed. • Admissions checklist created to ensure all assessments and care plans completed on admission with timeframe. • External Care plan training was already booked for March and May 2023. • Residents are involved in their care plans and residents care representatives where the resident is unable to verbalise for themselves. <p>- Additional to the ongoing dental, optical and aural screening tracker, diabetic retina screen, cervical screen and bowel screening have been added. The residents are encouraged to participate in the screening programs available to them.</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- There are no personal resident products being stored in a communal bathroom. They are kept in the resident's room/bathroom. An additional weekly IPC audit has been implemented to monitor ongoing compliance.
- Hooks to facilitate hanging basins off the floor have been purchased.
- The additional weekly IPC audit will monitor compliance with appropriate storage of equipment such as chair/open linen trolley in shared bathrooms.
- The utility room observed to have items on the floor has had storage racks installed to support effective cleaning.

Additional wall mounted alcohol-based hand gel dispensers have been installed in the two areas as identified on the day of inspection.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

The small item was removed on the morning of the inspection. Returns medications are stored in Maple Clinical Room for pharmacy collection.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- Care plans transferred to Holistic Care Plan – this has reduced the overdue assessment total in each area and actions now being taken for more person-centred care plans in house.
- Care Plan allocations updated and given to each nurse with 'buddy' system to involve HCA's.
- Each Nurse educated on how to do person centred care planning by DON, ADON's and CNM's.
- Care Plan Audit tool reviewed and commenced to audit assessments and care plans.
- Care Plan Joe Bloggs example made for nurses to use as a guide.
- Care Plan Workbook created and commenced for guidance on Care Planning
- Admissions Policy reviewed and completed.
- Admissions checklist created to ensure all assessments and care plans completed on admission with timeframe.

- External Care plan training was already booked for March and May 2023. Residents are involved in their care plans and residents care representatives where the resident is unable to verbalise for themselves.

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 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	30/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of	Substantially Compliant	Yellow	21/03/2023

	<p>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 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.</p>			
Regulation 5(2)	<p>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.</p>	Substantially Compliant	Yellow	28/04/2023
Regulation 5(4)	<p>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared</p>	Substantially Compliant	Yellow	30/06/2023

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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