



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:	19 May 2021
Centre ID:	OSV-0000108
Fieldwork ID:	MON-0033049

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 close to the M50 motorway. It is a purpose built centre containing 124 single bedrooms with full en suites over three floors. 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:	106
--	-----

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 May 2021	09:00hrs to 18:20hrs	Deirdre O'Hara	Lead
Wednesday 19 May 2021	09:00hrs to 18:20hrs	Siobhan Nunn	Support
Wednesday 19 May 2021	09:00hrs to 18:20hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were happy with the care they received within the centre and were observed to be content in the company of staff. Inspectors observed many positive interactions between staff and residents and overhead staff discussing topics of personal interest to residents with residents. Overall, inspectors observed a relaxed and happy environment. During the inspection there was a calm atmosphere in the centre throughout the day.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. Inspectors observed the same process being implemented with visitors right through the day.

On entering the centre flowers had been delivered for a flower arranging activity later that day. Residents attended mass in the oratory during the morning and expressed their joy about the return of the priest and being able to use the oratory following the lifting of lockdown restrictions. Residents talked to inspectors about how happy they were to be able to receive visitors again. There was a large print copy of the annual review and statement of purpose available to residents in the entrance lounge, on top of a grand piano which had been donated by a former resident.

The centre is a large building set over three floors. The corridors within the centre were decorated with pieces of art by local artists. There was ample communal space where residents were able to relax and an enclosed courtyard which was well maintained. Inspectors observed residents in the courtyard sitting enjoying the fine sunny weather, and were told that a classical singer had performed in the courtyard during one Level 5 lockdown and that residents had been able to view the concert from windows looking onto the courtyard.

Bedrooms were spacious with sufficient storage space for residents' possessions and a secure locked space available in each room. All bedrooms were single rooms with their own en-suite. The provider had plans to increase the size of the centre from 124 beds to a 192 bedded centre with the provision of additional communal space, including a coffee shop and outside spaces with walk ways for residents and their visitors to enjoy. The building works were on-going and were anticipated to be completed early next year.

Feedback from residents were reflected in comments such as 'the overall quality of care you get here 'the best' and 'staff are so kind and helpful' and 'friendly'. Residents said they enjoyed getting the newspaper every day and that staff chat away to them and they felt well cared for. They remarked that the food was very good and there was 'plenty of it'. Dining areas were well laid out and the food was

seen to be well presented, where residents who needed assistance were helped in a supportive and unobtrusive way. The chef was seen to speak with residents during their meal and was well known to residents and spoke with them as they walked through the centre. Pictorial menus were available to assist residents with their meal choices.

Feedback from families showed that they were supportive of staff and appreciated the updates they received. Family members who spoke with inspectors said that they were kept informed of any changes to their loved ones condition and were very happy with the care they received. They said that visiting was well managed and they were able to book visits in advance.

Activities on offer on each floor were displayed on notice boards with pictorial aids. These included, flower arranging, afternoon tea, walking groups to the nearby park, sing-a-longs, drama events and one to one activities.

Residents said they could get up or go to bed when they liked and this was seen where some residents preferred to stay in bed until later in the morning and others got up early to have their breakfast in the dining room. Resident seen to move freely through the centre.

One of the recommendations from an analysis of safeguarding incidents prepared by the person in charge, was to leave key coded doors open between the units on the second floor, to reduce the risk of increased responsive behaviours. Doors had to remain closed to reduce the potential risk of cross infection due to COVID 19, until the inspection day, when a door specialist reset the doors so that they remained open. This enabled residents to move freely around the floor.

Inspectors spoke with staff who confirmed they were aware of the complaints procedure and talked abuse zero tolerance to abuse. They explained how they would protect residents and report any complaints or concerns of abuse. Residents who spoke with inspectors said that if they have any concerns or complaints, they were dealt with quickly and they were comfortable highlighting issues to staff members.

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 centre was well managed by an established management team who were focused on improving resident's wellbeing and life in The Marlay Nursing Home. There were effective management structures in place that ensured care was provided in a safe and sustainable way.

There were management systems and processes in place to promote the service and ensure that the service was safe, consistent and appropriate to residents' needs. Inspectors reviewed the actions outlined in the compliance plan of the previous inspection and found that they had been addressed. For example in infection control and governance and management. The person in charge had conducted an in-depth analysis of safeguarding incidents and had identified areas of practice to reduce them. This was borne out in the reduced number of notifications received by the Chief Inspector and practice in the centre.

The centre is part of the Care Choice group, and has its own internal governance structures, as well as clearly defined oversight arrangements with the managers in the Care Choice group. The person in charge reported to the Chief Executive Officer, who in turn reported to the Board of Directors.

The communication system in the centre included daily handover meetings and staff meetings. In addition, there were various management meetings and committees, which met regularly, including committees for infection control, quality and safety, clinical governance, safeguarding, activity, maintenance, catering, care team meetings where residents assessed needs were reviewed.

The service had two outbreaks of COVID-19 since the last inspection in September 2020. The first outbreak was notified to the Chief Inspector on 18 September 2020. During this time 13 residents and five staff had tested positive for COVID-19, and sadly two residents passed away. The outbreak was declared over by public health on 9 November 2020. The second outbreak occurred early in January 2021 and closed in early February in 2021, where eight residents and five staff contracted the COVID-19 virus. The provider kept the Chief Inspector apprised of the situation and had sought support from public health to mitigate the impact to the service. A review following each outbreak was completed with the associated learning implemented.

The provider used a suite of audit tools to monitor the care and service delivered. For example accidents and incidents, infection control and fire safety. The provider used this information to review and develop quality improvement initiatives in the designated centre to support residents' needs and service delivery. Improvements were seen such as enhanced safeguarding training for all staff to reduce concerns and daily quality checks to monitor infection prevention and control practice.

The person in charge managed the day to day running of the centre. They had a good knowledge of the assessed needs and support requirements for each of the residents. They said that they were well supported by two assistant directors of nursing, nurses, health care assistants, a catering and household team, a human resources manager, reception staff and one full-time maintenance person.

The provider had an appropriate number and skill mix of staff in the designated centre to support the residents' assessed needs. Nursing staff were available at all times of the day and night. Worked rosters for the designated centre accurately reflected the personnel on duty. The person in charge promoted evidenced based best practice in the provision of care for residents through training and making the

relevant policies readily available to staff. There was a mix of experienced and new staff in the centre, where new staff were seen to be supported in their induction to the centre.

Suitable staff supervision arrangements were in place. These were considered to support staff to perform their duties to the best of their abilities. Roles and responsibilities were clearly outlined and staff were aware of the standards that were expected of them.

Inspectors reviewed a comprehensive directory of residents that included the relevant details of all residents. The certificate of insurance was prominently displayed within the centre. The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

Inspectors reviewed a number of contracts for the provision of services and found them to be in line with the regulations. Those contracts reviewed outlined the terms and conditions of the residency and contained details of additional fees to be charged for additional services.

The complaints policy was displayed in a prominent position in the entrance lounge of the building and on resident notice boards, as well as being included in the residents information guide. An up-to-date policy was in place which identified the person in charge as the complaints officer for the designated centre. Inspectors reviewed 3 complaints two of which were ongoing and one which had been finalised. Records documented the actions had been taken to respond to complaints in a timely manner and the outcomes were recorded. Learning and improvements implemented from previous complaints had been sustained.

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed health and social care needs of residents with regard to the design and layout of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which was provided for inspection. Inspectors saw that it was up-to-date and contained all of the information required by the regulation.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents' against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

Clinical audits were carried out that analysed accidents, complaints, care plans, medications and others. The results of audits were shared with staff for learning.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings. The inspector noted that the annual review of the service for 2020 was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care with the provider, setting out the terms and conditions of their residency and contained the required authorisations. The contracts contained information on the cost of care, including activities and other potential costs.

Judgment: Compliant

Regulation 34: Complaints procedure

An up to date complaints policy was in place which identified the key roles of those involved with implementing the policy. The procedure was on display within the designated centre. The complaints reviewed by inspectors were fully investigated

and well documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures were in place. There was a system for updating these to ensure that they remained relevant and provided up-to-date guidance for staff.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' healthcare, social and recreational needs were well catered for.

Inspectors reviewed a sample of residents' care plans and found the standard of care planning was good. A range of validated clinical risks assessments were completed and used to develop care plans that met the assessed needs of residents and their priorities of care. Clinical risk assessments were reviewed at regular intervals or as required by changes in residents' needs. Care plans seen to be developed in discussion with the resident, or with their family as appropriate.

The review of care records showed that residents had access to appropriate medical and specialist services to ensure that their right to good health, well-being and independent living were promoted and maintained. Residents had access to their general practitioner who attended to their needs, a number of times per week. Chiropody and speech and language services were available at least weekly within the centre, and dietetics, physiotherapy, dental, ophthalmology and geriatric services were available to residents as required. Inspectors saw in care plans reviewed that prescribed treatment interventions were delivered to residents as required.

Residents with dementia and or those with responsive behaviour were observed to be effectively and discreetly supported by staff. The person in charge and staff promoted a restraint free environment for residents, and the overall the use of restrictive practice in the centre was low. However, inspectors observed that two corridor doors in the dementia unit were keypad locked which restricted residents' free movement around the floor. Inspectors were told that this had been instigated to allow effective cohorting of residents during the COVID-19 outbreak earlier in the year and to minimise the risk of infection transmission. Inspectors saw evidence that

a return to normal practice of unlocked doors had been discussed and agreed to at a management meeting on the morning of the inspection, prior to the inspectors' arrival. A door specialist reset the doors so that they remained open on the afternoon of the inspection day.

There was evidence of a good standard medication management practices in the centre with an up-to-date policy in place relating to medicines. Inspectors observed that some improvement was required in respect of the labelling of insulin pens as detailed under Regulation 29 below.

Following an analysis of safeguarding concerns in 2020, the person in charge had implemented a number of measures to reduce incidents including a structured walking programme, dementia friendly design in the dining room, resident rest areas and further training for staff. This resulted in a reduction in the number of safeguarding incidents.

Staff had a zero tolerance approach to abuse and told inspectors about their responsibilities to protect residents and report any concerns. They had received training and were aware of the guidance provided by their safeguarding policy. Inspectors reviewed documentation related to 2 investigations of allegations abuse, and found that the centres procedure had been followed and allegations had been thoroughly investigated in a timely manner and appropriate action taken.

The person in charge ensured that residents had access to and retained control over their possessions such as their clothes. Resident clothes were laundered regularly and there was ample storage for residents belongings. Since the last inspection, the person in charge had updated the policy on temporary discharge or transfer of residents, to ensure that residents belongings were safeguarded. Checklists were in place to document residents belongings and inspectors saw evidence that these were audited twice a year. Valuable resident possessions were stored and well organised in the safe. Further work was required to document efforts made to locate found possessions dated from October 2020 and a process to guide staff.

Systems were in place to ensure that residents received appropriate care when they were approaching end of life. Care plans were developed in consultation with residents, their families and medical staff, which detailed residents wishes. Religious items such as candles, candlesticks and a bible were stored together for easy access by staff when required. Checklists were used to record residents property and bags were available for the respectful storage of residents possessions. A ceremony in remembrance for the residents who had died due to COVID-19 was detailed in the 2020 annual report which included the releasing of a doves in their memory.

Infection prevention and control approaches had been implemented to effectively manage and control a potential outbreak in the centre. These included but were not limited to:

- Implementation of transmission based precautions for residents where required.
- Ample supplies of personal protective equipment (PPE) available. Staff were observed to use PPE in line with national guidelines.

- There was increased cleaning and disinfection of the centre.
- A seasonal influenza and COVID-19 vaccination program had taken place with vaccines available to both residents and staff.

Residents rights were respected and they were able to make a variety of choices about their lives within the designated centre. They had a good choice of food and activities to participate in throughout the day. They could stay in their rooms, use indoor or outdoor communal areas, and they could also decide when they wished to get up and go to bed. Residents had access to advocacy services and the activities coordinator linked with local authorities to ensure residents were able to vote in elections. Residents views were gathered through regular residents counsel meetings and satisfaction surveys. During the pandemic smaller sub-committee meetings were held to gather residents views. A comprehensive information pack was available for residents.

Residents were able to receive visitors in the privacy of their bedrooms and in external and internal communal areas. A booking system was operated by reception staff with twenty six slots per day, which enabled visitors to arrange appointments and allowed sufficient time for infection prevention and control procedures to be completed prior to family and friends entering the building. This ensured residents safety and allowed the registered provider to maintain an accurate record of all visitors. Inspectors reviewed a copy of the most recent letter sent to families outlining current advice regarding visiting from the Health Protection Surveillance Centre. Residents spoke to inspectors throughout the day about how happy they were to be able to spend time with their families and friends again.

Regulation 11: Visits

Infection prevention and control measures were in place which allowed residents to receive visitors safely. Inspectors found that the person in charge ensured that the up to date guidance from the Health Protection Surveillance Centre was being followed and was communicated to residents and families. There was sufficient space for residents to meet visitors in private within the designated centre.

Judgment: Compliant

Regulation 12: Personal possessions

Systems were in place to ensure resident property was stored safely and was easily accessible. The provider had a safe which allowed for the safekeeping of resident money and valuables when required.

Judgment: Compliant

Regulation 13: End of life

Care plans were in place detailing residents wishes in relation to their physical, social, and spiritual needs at end of life. Where residents were unable to express their wishes, family members were consulted. Systems were in place to ensure residents religious and cultural needs were met.

Judgment: Compliant

Regulation 20: Information for residents

An information pack was available to residents which contained booklets on the services and facilities provided as well as the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

The provider had ensured that procedures were consistent with the standards expected for the prevention and control of healthcare associated infections in the centre, which was monitored on a daily basis. Improvements were made immediately once it was identified when there were environmental issues or gaps in practice, such as staff training. The replacement of carpets was delayed due to COVID-19 and delivery from abroad. The new flooring material will allow for effective cleaning in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were robust medication management systems and overall the medication practices in the centre were found to be safe.

However, inspectors observed that one insulin pen, although stored securely, had not been labelled with a residents' name. This was addressed on the day of the

inspection. Inspectors were satisfied that there was no immediate risk to the resident and that staff were familiar with their needs and administered the medication appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment of residents' needs was completed on pre-admission and again within 48 hours of their admission. These assessments were used to develop care plans that were seen to be complete and person-centred.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner of their choice, who attended to them frequently in the centre, and to other healthcare services based on their assessed needs.

A high standard of evidence-based nursing care was provided as evidenced by the use of regular clinical risk assessments using validated tools and regular surveillance for signs and symptoms of COVID-19.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed behaviours that are challenging (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had detailed care plans in place which reflected triggers and diversional therapies that worked for them. The care plans and associated assessments were regularly reviewed and updated as required. Inspectors found that there was a low level of bed rails used in the centre.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy guided staff in their response to concerns of abuse, and staff demonstrated their knowledge of the policy through discussion with inspectors. Concerns viewed by inspectors were fully investigated and the person in charge analysed concerns and implemented learning from their analysis.

Judgment: Compliant

Regulation 9: Residents' rights

A variety of individual and group activities were provided for residents within the designated centre. Access to current affairs was made available through daily newspapers, television and radio. Residents exercised their civil, political and religious rights through regular religious services in the oratory, prayers within the centre, and the organisation of voting for residents during elections. Regular events were organised for residents entertainment.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant