



Report of an inspection of a Designated Centre for Older People

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:	03 August 2018
Centre ID:	OSV-0000065
Fieldwork ID:	MON-0022142

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 males and females 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 a two-storey purpose-built building containing 61 single and 18 twin bedrooms, most with en suite facilities. Communal areas include dining and sitting rooms and several rest areas, library and activity rooms.

The following information outlines some additional data on this centre.

Current registration end date:	05/09/2020
Number of residents on the date of inspection:	87

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
03 August 2018	10:00hrs to 17:30hrs	Nuala Rafferty	Lead

Views of people who use the service

The inspector met and chatted with approximately 10% of residents in the centre. All of the residents were very satisfied with their life in the centre and said they were happy to live there. All were very positive and complimentary about the care they received from staff and spoke very highly of them. None had ever made a formal complaint but knew who they could go to with a problem to have it resolved.

Residents reported that they were happy with the facilities in the centre. They said there were enough rooms where they could chat with their friends and relatives and they were also happy with the amount of space in their bedrooms. Those residents who shared a bedroom said they got on well with their room mate.

The residents felt that their health and social care needs were met. They said they could see the doctor when they needed to and were well looked after.

The residents were all very happy with the variety and amount of activities on offer and talked about recent outings to the national concert hall and a planned trip to Knock. Some residents said they did not join in many of the group activities and were happy to spend their time reading or watching sport on T.V. and their choice to spend their time as they wished was respected.

The inspector also had an opportunity to speak with a small number of relatives who were very happy with the service delivered to their loved ones. The relatives said that they felt the residents were safe in the centre and that staff worked hard to give good care in a friendly and respectful manner. They said that they found the atmosphere in the centre to be very warm and welcoming and that staff engaged with residents in a meaningful way to ensure they were stimulated throughout the day and not left alone or isolated.

Capacity and capability

Management systems within the centre remained unchanged and continued to ensure that the service delivered to residents was safe and contributed to a good quality of life.

On arrival, the inspector found that building works had commenced on an extension to the footprint of the centre. The provider had communicated an intention to the regulator to develop the service earlier in the year and had been granted planning permission. However, to facilitate the new build, the provider had removed nine existing bedrooms, but had not revised the statement of purpose or applied to

amend the conditions of the current registration. The reduced the capacity of the centre and the change of footprint of the existing building meant that the provider was operating outside of the current conditions of registration. This was brought to the provider's attention who acknowledged the omission and agreed to address the issue.

Oversight and governance of the service was provided by the senior management team comprising of a general manager, who is also the representative of the provider entity Humar Limited, the director of clinical care and the person in charge.

Other supports included a corporate manager, facilities manager and supervisors of the catering and household teams.

At an operational level, the person in charge was also supported by an assistant director of nursing and clinical nurse manager who provided supervision and guidance to direct care staff. This inspection found that the person in charge and clinical management team were visible to staff and residents who were familiar with them. The constant presence of some or all of these managers provided ongoing support and leadership to staff to promote a high standard of safe practice.

A system was in place to assess and improve the standard of care delivered in the centre. Data was gathered under a variety of key performance indicators to inform regular audits that were carried out in a number of key areas including: use of restrictive practices, incidence of falls, level of hygiene, nutrition and medication. Evidence that the results of audits were used to improve practice in the centre was available and these were communicated to staff. However, small improvements to the system such as, an overview of the effectiveness of measures in place to reduce risks, or identification of any additional measures to prevent or reduce recurrence of risks would be of benefit, to ensure the process can deliver continued improved outcomes for residents.

The inspector learned that the collation of the quantitative data had not yet been used to inform an annual review of the quality and safety of care. In discussion with the general manager the inspector was told that this report was historically compiled during the third and final quarter of the year to coincide with the company's annual general meeting. Assurances were given that the report would be available by the end of the year.

There were systems in place to ensure the level and skill mix of staff was sufficient and effectively deployed to meet residents care needs in a responsive and timely manner. The inspector found that these systems were implemented and that residents were assisted in a timely manner with close attention to detail.

Robust recruitment processes were in place as part of appropriate safeguarding procedures. This included An Garda Síochána (police) vetting procedures.

A contract of care, agreed with the provider, was signed by each resident, or on their behalf by a nominated person. A sample was viewed and these clearly stated the regular fee payable, the resident's contribution and the services to be provided.

However, the terms of residency for each resident was not identified.

Regulation 15: Staffing

There were sufficient staff on on the roster and with the relevant skills and experience to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised in their work and there was a system of staff development in place. All staff were provided with opportunities to attend refresher training on mandatory areas of practice and on areas specific to their role. However, further training on decision making in the use of restraint was identified as a requirement on the last inspection but was not addressed. Similar findings on this inspection on the decision making rationale for use of restraint emphasised the requirement for staff to be provided with this training.

Judgment: Substantially compliant

Regulation 21: Records

Systems were in place and implemented in practice to ensure that records, as required by the regulations, were maintained, available, safe and easily accessible.

Judgment: Compliant

Regulation 22: Insurance

Up to date insurance was in place and was viewed.

Judgment: Compliant

Regulation 23: Governance and management

A governance framework, to support effective management of the service and appropriate leadership to staff, was in place. Sufficient resources to deliver the service in line with the statement of purpose were available.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place. However, in a sample reviewed the terms of residency for each resident was not identified.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was available on inspection for review and it met the requirements. However, the document required to be reviewed to reflect recent changes to the footprint of the centre. This was discussed with the provider representative who gave assurances that the review was underway.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures required by the regulations were in place and were regularly updated in line with current best practice and national guidance. However, some policies required further review and the policy to manage use of restrictive practices was not fully implemented in practice. The policy guiding the use of restraints did not fully reflect best practice such as national guidance from the Department of Health. It also needed to be reviewed to ensure staff were clear on whether a bed rail was used as an enabler, a restraint or as a clinical judgement to maintain safety.

The policy in place to manage admissions, discharges and transfers did not reference the process to follow for a termination of the contract or the planned discharge process associated with this.

Judgment: Substantially compliant

Quality and safety

This unannounced inspection found that a good standard of safe care was delivered to residents in a respectful and personalised manner. Residents had access to a team of medical, nursing and allied health professional services, with referral to these services when required. Residents social needs were met through the provision of opportunities for meaningful engagement. A varied weekly activity programme was in place and there were opportunities for residents to engage in community social events and outings.

The safety of residents was protected in the centre and advocacy services were available to residents to enable them to raise any issues of concern. Residents spoken with said they felt safe in the centre.

Efforts to establish and maintain a restraint-free environment were ongoing and a low level of use of restrictive practices such as bed-rails, lap-belts or recliner chairs was found. Residents were assessed to determine the most appropriate measures to ensure their safety, and alternatives to restraints were available. However, evidence of a clear rationale, on which to base the decision to use a restraint was limited in a sample of documentation viewed.

Residents' care needs were assessed on admission and regularly reviewed every four months or sooner if required. These assessments informed a plan of care for every need. Improvements to some risk assessment processes were required further to the last inspection and although in a sample viewed it was noted that this was completed, inconsistencies remained and some were not in line with national guidance.

Residents' rights were upheld in a variety of ways and they had access to advocacy services if required. A number of residents spoken with felt they had a meaningful routine and enough to do throughout each day. Residents had access to good information about the service and there was evidence that there were regular residents' meetings.

The design and layout of the centre was found to be appropriate to meet the needs of the current resident profile.

Regulation 17: Premises

The centre was warm and well maintained and there was sufficient and appropriate assistive equipment available. The overall design and layout of the premises was

appropriate to meet residents' needs as outlined in the statement of purpose.

Actions required from the previous inspection to provide a handrail in one circulation area on the first floor was addressed.

The premises was tastefully furnished and decorated to create a warm, relaxing and homely environment.

The footprint of the centre had changed since the last inspection. The provider had commenced an extension to the premises, in order to facilitate this extension, nine single bedrooms were demolished. The capacity of the centre was reduced to 88 beds.

The inspector found that the on-going site works were not impacting on residents life in the centre. There was very little noise and no dust. The building site works were completely enclosed and there was no additional throughput of traffic on the premises or in the gardens of the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management was found to be safe and in line with best practice. Actions required to address findings from the last inspection to improve the disposal and return of out of date or unused medicines were addressed.

Judgment: Compliant

Regulation 6: Health care

Medical, nursing and specialist services were available to meet residents' health care needs and regular and timely referral to these services was found when required for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Actions required from the last inspection to review the participation of residents who were not attending group activities and to review the activities available to ensure

they were of interest and meaningful was completed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marymount Care Centre OSV-0000065

Inspection ID: MON-0022142

Date of inspection: 03/08/2018

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Bedrail Assessment and Policy on the Use of Bedrails and Restraint will be revised to reflect our current practice and the 'Policy on the use of Physical Restraints in designated residential care units for Older People (2010).</p> <p>Training on the decision making on the use of restraint will be provided to all staff employed in Marymount Care Centre in line with this National Policy</p> <p>Timeframe: 30th November 2018 </p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Contract of Care will be reviewed to reflect the specific terms and conditions of the accommodation that the resident agrees to be admitted to.</p> <p>Timeframe: 30th September 2018 </p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose is updated to reflect the current footprint of the building</p> <p>Timeframe: Completed </p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Policy on the Use of Bedrails and Restraint will be revised to reflect the 'Policy on the use of Physical Restraints in designated residential care units for Older People (2010).</p> <p>Admission, Transfer and Discharge Policy will be reviewed to ensure a safe, planned transfer or discharge where this is indicated;</p> <p>Timeframe: 30th September 2018</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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	30/09/2018

	reside in that centre.			
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	21/09/2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/09/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/09/2018