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## Marymount Care Centre, OSV-0000065, 26 September 2019

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# 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:	Short Notice Announced
Date of inspection:	26 September 2019
Centre ID:	OSV-0000065
Fieldwork ID:	MON-0027728

## 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:	90
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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
26 September 2019	10:00hrs to 18:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

Residents had been consulted on the progress of the new extension. Regular meetings were held in which residents could give their input on design elements and colour schemes of the new units and their bedrooms. Some residents had requested that they move to bedrooms in the new units and the provider had plans in place to transition people gradually in the coming weeks.

Overall, residents were comfortable and satisfied in the centre and were observed walking through the centre alone or with assistance, coming and going from their bedrooms without restriction, relaxing in the multiple communal areas and enjoying lunch in the dining rooms.

## Capacity and capability

The purpose of this inspection was to review the extended premises following an application from the provider, confirming that the work was complete and that the service was appropriately resourced and ready to admit new residents into the newly-extended building.

The construction of the extended premises was complete and the provider was in the process of recruiting new members of staff to provide safe and effective care for up to 140 residents.

The inspector reviewed an induction plan for all new staff to complete before beginning their regular duties, and this included appropriate orientation to the new build, mandatory training, explanation of policies and procedures and days of shadowing established members of staff to become familiar with the centre and the people living there. Newly recruited staff had, or were in the process of obtaining, all required documentation required under Schedule 2 of the regulations. Staff due to begin first had been vetted by An Garda Síochána.

The provider had plans in place for transitioning existing residents and staff into the new areas of the building in weekly phases, to provide an even spread of new and established staff in all units before admitting new residents. An additional clinical nurse manager had been recruited, and plans for increased supernumerary support at night for all units were in place.

## Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider submitted the appropriate forms to remove the conditions from the designated centre's registration, which restricted admissions to the extended areas until they had been inspected as ready to accommodate residents.

Judgment: Compliant

### Regulation 15: Staffing

The provider outlined in writing the planned increase in staffing resources for all categories of nursing, care and support staff based on the increase in resident numbers. There was also a planned skill-mix of nurses and carers in each new unit. The provider had also recruited additional supernumerary managers for night supervision, due to start when the resident numbers increase.

Established staff from the pre-existing building had been selected to move with residents to the new units of the extension to ensure continuity of staffing for residents. Staff recruitment to fill the remaining vacancies was ongoing. Nurses who had been recruited were scheduled for induction and the provider was in the process of gathering the documentation required under Schedule 2 of the regulations. The newly recruited staff had been vetted by An Garda Síochána, and the provider committed to ensuring that no newly recruited staff would begin their duties with residents until their vetting disclosures were returned.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff were up to date in their mandatory training in manual handling, fire safety and safeguarding of vulnerable adults. Times had been scheduled in which existing staff who would be moving to the new areas of the building would be oriented to these areas.

There was an induction programme structured for newly recruited staff, which included mandatory training, orientation to the building, introduction to policies and procedures, the medication system and resident equipment, and shadowing of established staff in their duties before being included on the staffing roster.

Judgment: Compliant

### Regulation 23: Governance and management

The provider management structure was unchanged from the previous inspection. Members of provider-level management were based on site to provide oversight of general operations of the service as well as clinical oversight. The provider had increased equipment and staffing resources to provide effective care to an increased number of residents in the extended premises. Lines of accountability and responsibility were clear for all categories of staff.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been revised to reflect the new footprint of the building. The staffing complement identified the existing whole time equivalent figures for all categories of staff, as well as those planned for when resident admission to the units is complete.

Judgment: Compliant

### Quality and safety

The purpose of this inspection was to ensure the recently-extended premises was completed and was compliant with the regulations. The focus of the visit was on the environment and practices allowing for a safe service for future residents.

The premises had been completed to a high standard with home-like design elements. Bedrooms and en-suite facilities were of a suitable size and layout for residents of different dependencies and mobility requirements. All bedrooms had sufficient personal storage options for belongings and clothing. Multiple large, comfortable and bright communal areas were available for relaxing, watching television, socialising, attending recreational activities and enjoying meals. All areas were equipped with emergency call bells which were operational when tested. There were suitable storage options available for resident equipment, linens, supplies and medication, and all rooms which required secure doors had them in place. There was a safe and inviting enclosed garden area visible and accessed directly from the primary communal areas on the ground floor.

All rooms and compartments were equipped with fire-safe doors and glass, and all areas of both storeys of the centre were level, allowing for effective mobilising of people to a place of safety in an emergency. The inspector reviewed documentation and certification identifying an addressable fire detection system, suitable emergency lighting and fire extinguishing equipment. Mandatory in-house fire safety

training was provided to staff. New and established staff members were required to attend sessions to become familiar with the new environment and evacuation from same.

## Regulation 12: Personal possessions

Each bedroom had a large amount of wardrobe and drawer space for residents' belongings, clothing and valuables. The provider had a plan to increase laundry resources as resident numbers increased.

Judgment: Compliant

## Regulation 17: Premises

The premises consisted of a two-storey purpose built building split into nine units of single and twin occupancy bedrooms. Three of these units had recently been built as part of a 50-bedded extension to the designated centre and were vacant at the time of inspection.

Overall the building was safe and suitable in its design, size and layout, and featured nicely decorated bedrooms and communal areas in which residents could spend their day. The location and separation of the extension project was done in such a way so as to not interfere with the day-to-day operation of the pre-existing premises.

The 48 new single bedrooms, and one twin bedroom, were of a suitable size and layout for residents. All bedrooms were featured with a large television facing the bed and remote-controlled lighting options including floor level lights. Bedrooms were furnished and decorated in a comfortable and homely fashion including armchairs or space to bring furniture or decorations from home. Rooms included substantial wardrobe and drawer space for personal belongings and clothing, including lockable storage options.

All bedrooms included accessible en-suite toilets with level access shower areas, fully equipped to assist those with reduced mobility or wheelchairs. Shared toilet and bathroom options were located close communal areas. All bedrooms, communal areas, and en-suite or shared bathrooms were equipped with emergency call-bell devices, which were tested during the inspection.

Each unit of the extension included large living and dining areas which could accommodate all residents in the unit with sufficient additional space to allow for safe navigation alone or with assistance. The communal areas included kitchen facilities from which food could be prepared and served at mealtimes. Additional rest spots were located along hallways as well as smaller living rooms in

which residents could relax away from the busy areas or receive visitors in private. The new wing included a large enclosed garden area featuring outdoor tables and chairs, safe pathways and a putting green. This area could be safely accessed from the main communal areas without restriction.

All hallways were featured with handrails, simply-designed flooring and good use of colour to assist with navigation. Corridors were free of trip hazards and steps, and naturally flowed from the hallways of the pre-existing building. At the time of inspection, the building was clean, and clear of construction work, and other than minor cosmetic snagging, the majority of which was completed before the end of the inspection, was ready to accommodate residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had all required documentation and certification for an appropriate fire detection system for the new areas of the premises, including emergency lighting. Fire extinguishers and fire blankets were in place on the units. Evacuation routes were clearly identified and free of obstruction. All rooms and compartments were equipped with doors and glass panels which were suitable to contain fire and smoke, and all doors were equipped with electronic devices which allowed them to be held open safely and to close automatically in the event of a fire alarm. Staff orientation of the new areas was scheduled for new and existing staff to attend before commencing work in these areas.

Judgment: Compliant

### Regulation 9: Residents' rights

Shared bedrooms were equipped with appropriate screening for privacy of residents. Multiple communal areas and quiet spaces were available for residents to choose where they would like to spend their time.

The inspector reviewed records of meetings held between the provider, residents and family members, through which the residents were kept updated on the progress of the extension and were consulted on the design features and colour schemes of their home. Resident feedback and suggestions had been incorporated into the features of the new extension.

A small increase in staffing resources for activities and recreational engagement was planned when resident numbers increased, and the provider advised the inspector that this would be reviewed as people were accommodated to ensure that this

resource remained sufficient for the increasing number of residents, their needs and preferences.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant

