Marymount University Hospital & Hospice, OSV-0000582, 28 November 2018

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Marymount University Hospital & Hospice
Name of provider:	Marymount University Hospital & Hospice
Address of centre:	Curraheen Road, Curraheen, Cork
Type of inspection:	Unannounced
Date of inspection:	28 November 2018
Centre ID:	OSV-0000582
Fieldwork ID:	MON-0022329

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Marymount University Hospital and Hospice is a purpose-built facility, on the current site in Curraheen, since 2011. The specialist palliative care service and the designated centre for older adults operate from the same premises. Management and governance arrangements cover both services. There is an educational resource centre on site. The designated centre section provides accommodation for up to 63 older adults. There are beds available for 12 respite residents and also intermediate palliative care beds. Admissions are arranged following a pre-admission assessment. There is 24-hour nursing care provided as well as medical, allied health and pharmacy provision. Staff are provided with relevant training and care is based on best-practice evidence. Physiotherapy is available for 37 hours each week. Care plans are developed within 48 hours of admission and residents are involved in this process. The building is set in extensive grounds and provides secure parking facilities. The centre is also serviced directly by public transport. The designated centre is laid out over three floors with central access via the main entrance on the ground floor. There is lift access to all floors. Facilities such as the main canteen and education centre are located on the lower ground floor. Resident accommodation is located on all three floors, comprising 51 single bedrooms with en-suite shower rooms and three four-bedded rooms. The resident accommodation on each floor accommodates 21 residents and the layout of these units is similar. These units are named as St John's, St Camillus's and St Anne's. All single rooms are fitted with facilities to improve the quality of life for residents, such as, an overhead hoist and individual communication and entertainment consoles for residents. Each unit has a spacious, communal sitting and dining area. Residents have access to a large oratory for religious services. Residents use the designated activity and recreation area on the ground floor and a separate gymnasium, equipped with walking rails and stair steps is provided to support rehabilitation. There is a weekly activity programme which is informed by residents' likes and preferences. Social outings, advocacy meetings, community visits, pet visits and volunteer involvement support the residents to remain socially involved. Residents on the lower ground floor have access to enclosed garden areas and outdoor smoking areas, with plentiful seating. The sitting rooms on the upper floors open out to a communal balcony that affords views of the local countryside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62

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
28 November 2018	08:15hrs to 18:45hrs	Mary O'Mahony	Lead
28 November 2018	08:15hrs to 18:45hrs	Michelle O'Connor	Support

Views of people who use the service

Inspectors spoke with a number of residents who stated that they were very happy in the centre. They expressed satisfaction with the staff, the medical care, the activities and their accommodation. They said that they felt safe in the centre and that they were treated with respect and kindness. Relatives also said that they had very good communication with staff and they were welcome at any time. Survey results reflected the views of residents who were seen to enjoy the lovely surroundings and person-centred decor. Residents on the lower ground floor had direct access to the gardens through their bedroom patio doors. Those who resided in the upper two floors were facilitated to use the lift to access the garden, the activity room and the in-house oratory and shop. Residents who smoked said that they were happy with the heated outdoor areas made available to them, where they were seen to sit with family and friends. Residents said that the doctors were very attentive and they felt that they could raise any issues of concern with staff members. They were aware of the advocacy service and they had attended meetings with staff where they had been consulted on relevant issues in the centre.

Capacity and capability

There was a robust governance and management system in the centre which supported good care for residents and resulted in regulatory compliance. There were clear lines of responsibility and accountability in place. The management team had the support of the Board of Management, the fund-raising committee and administration staff. Relevant committees had been set up to support areas such as risk assessment, audit and training. Documentation seen by the inspector following audit of incidents indicated that each event had led to change in practice, where required, and staff had been informed of any new process. This proactive response to events was evident in positive findings under the Quality and Safety dimension of this report.

A detailed statement of purpose was available to both staff and residents. It contained a statement of the designated centre's aims, objectives and ethos of care. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Inspectors found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These were centre- specific and referenced the latest national policy and guidance. A comprehensive policy on Medication Management was currently under review by the

head pharmacist and was being updated with new practices in line with national guidelines.

Mandatory staff training was ongoing and included fire training, safeguarding, responsive behaviour (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment), moving and handling and infection control. Management had scheduled staff to attend training refresher courses in the coming months to address gaps before the end of the year. Staff were encouraged to avail of further education within the on-site training facility and conference opportunities were advertised on notice boards. The centre had a comprehensive induction programme in place for new staff and volunteers. Staff spoke highly of the annual performance appraisal system with they found helpful to identify training goals and support them if there were challenges in the workplace.

Inspectors viewed evidence that staff were recruited and records maintained, in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The centre had ensured that the required regulatory Garda vetting (GV) disclosures for staff were available for all employees. These were easily accessible to inspectors. Nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann.

Volunteers were Garda (police) vetted and supervised appropriate to their level of involvement in the centre. A volunteer coordinator was responsible for the recruitment and induction of all volunteers in the designated centre. The person in charge told inspectors that volunteers were a valued force within the designated centre and they occupied diverse roles such as activities coordinators, advocates, shop assistants or providing one-to-one conversation with residents.

There was a recently updated complaints policy and procedure in place with had been approved by senior management. This reflected recent senior staff changes. Inspectors were satisfied that time and consideration was afforded to the complaints process and all complaints were recorded and dealt with appropriately. These records were viewed by inspectors.

Residents and relatives were provided with a contract of care on admission. This stated the room occupancy, en-suite facilities and any additional service charges.

Regulation 14: Persons in charge

The person in charge was knowledgeable and fulfilled the requirements of the regulations. She was enthusiastic about best practice in older adult and palliative care. She was supported by a nurse management team and administration staff.

Judgment: Compliant

Regulation 15: Staffing

The roster indicated that staffing levels were adequate to meet the needs of residents. Staff files were in good order and were securely stored. Staff were seen to be familiar with residents, to be knowledgeable about their care needs and were aware of their life stories and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory and appropriate training was made available to staff. There were some gaps noted in training, however, these staff were scheduled to attend the relevant training sessions before the end of the year. Staff were supervised by senior staff and where issues arose training was updated and a supervision plan was put in place.

Judgment: Substantially compliant

Regulation 21: Records

The required records were accessible and available to inspectors.

Judgment: Compliant

Regulation 23: Governance and management

There was a good governance and management system in the centre. This ensured that the service provided was safe, consistent and appropriately managed. The annual review of the quality and safety of care was available to residents and inspectors.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts set out the fees for services and the consultation process for residents' input in their care and room choice.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was compliant with the requirements of Schedule 2 of the Regulations.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had their roles and responsibilities set out. All relevant training was afforded to them.

Judgment: Compliant

Regulation 31: Notification of incidents

On reviewed the recorded incidents inspectors noted that a required notification had not been submitted. This was sent in retrospectively.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were well managed and documented and the satisfaction of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies were up-to-date, adopted and implemented.

Judgment: Compliant

Quality and safety

Residents were supported to experience a good quality of life which was respectful of their wishes and choices. Their needs were met by excellent health-care services, opportunities for social engagement and spacious, bright, homely accommodation. Care plans were individualised, updated regularly and there was evidence that residents were consulted when these were being developed. Allied health professionals were available to augment optimal care. Consultant, general practitioner (GP) and pharmacy services were involved in multi-disciplinary meetings for residents and their families. Clinical assessments took place using evidence-based tools, such as the MUST (Malnutrition Universal Risk Management) tool, and care plans were reviewed when any change was indicated.

The inspector spoke with one of the clinical nurse managers (CNM) who stated that arrangements were in place in relation to accessing local pharmacy services. A detailed audit was seen by inspectors on medicine management which highlighted good practice and identified areas for improvement. Relevant training was provided in medicine management for nursing staff. The inspector reviewed documentation in relation to medicine management and found that the administration of medicine was appropriately recorded. Learning from any errors was disseminated to all staff which encouraged good practice and minimised repetition of errors.

Marymount designated centre was well resourced with regards to the provision of activities. A manager coordinated a busy weekly schedule at locations throughout the building. Residents were supported by three activity support staff and two volunteers. Residents were given a choice of activities including music, art and crafts, knitting, gardening, bingo, cards and social outings. Residents with higher dependencies were also facilitated with hand massage, beauty therapies and one-to-one interactions. Mass was held four times weekly in an oratory and also streamed live to residents' bedrooms. Communion was distributed daily by ministers. Visits from local pastors and religious leaders were also arranged. Residents' feedback was sought through meetings and surveys, a number of which were viewed by inspectors. The majority of these were seen to contain positive comments. There were a number of different advocacy options available for residents. There was a dedicated resident advocate available and regular advocacy meetings took place. Advocates met with residents individually, if required and access to a national advocacy body was also facilitated.

In-house catering was provided from a central kitchen which was directed by well qualified personnel. Most residents chose to take breakfast and supper in their bedroom but lunchtime presented an opportunity for some residents to socialise together. A list of residents on special diets was communicated from the ward to the central kitchen along with daily menu choices. Kitchen staff were aware of residents with special requirements from the details on a communication white board and they also checked residents' preferences. Referrals were made to dietitians and speech and language therapists (SALT) when required. Assistance with meals was provided in a dignified manner and the provision of assistive cutlery enabled a number of residents to dine independently.

There was an up-to-date comprehensive risk management policy and health and safety statement. Two risk registers dealt with operational and corporate risk. These were informed by a Health and Safety Committee report and monthly environmental checklists.

Residents were safeguarded through the provision of training and staff supervision. Residents said they felt respected by staff and felt safe in their care. Residents enjoyed the privacy afforded by the single room en-suite bedroom accommodation which was available to them. Respite residents were accommodated in spacious well laid out four-bedded rooms. There was an up-to-date policy on residents' private property. The finance manager was responsible for maintaining finance policies, procedures and proper record keeping. A full reconciliation took place each month and an external audit took place annually. Additional services such as podiatry or hairdressing were invoiced and recorded electronically. Private property accounts were set up for residents through a local bank. Residents could make lodgements and withdrawals on-site. There was a clear policy on voluntary donations and inspectors were satisfied that financial systems were transparent and accurate. The use of bed rails was carefully monitored and residents with dementia were supported to mobilise independently around the centre due to the use of alert bracelets.

A fire safety policy outlined the procedure and evacuation priorities to be followed in the event of a fire. Staff spoken with by inspectors were knowledgeable regarding their particular role upon hearing the fire alarm and recalled fire drill scenarios. Daily and weekly in-house checks took place, along with quarterly and annual servicing of fire equipment and emergency lighting. This proactive approach indicated to inspectors that the area of fire safety was well managed and risks were minimised and controlled.

Infection control processes were robust and the centre was noted to be very clean. This meant that there was a low incidence of infection which led to improved outcomes for residents in the quality of their lives. Personal laundry was done in the centre and the bed linen and towels were outsourced.

Regulation 10: Communication difficulties

Residents with communication difficulties had been provided with assistive communication devices, which were used to communicate with inspectors when required.

Judgment: Compliant

Regulation 11: Visits

Visitors were plentiful and were facilitated to visit at any time.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were seen to have a number of personal possessions in their rooms. They had been provided with spacious wardrobes and a locked drawer for valuables.

Judgment: Compliant

Regulation 17: Premises

Premises were spacious and nicely decorated. The majority of residents had single rooms with en-suite shower and toilet facilities. There was a very spacious four-bedded room on each unit which was equipped with two en-suite shower rooms. Communal space was plentiful and there were lovely seating alcoves around the corridors and units. A 'jacuzzi' assisted bathroom was available on each floor.

Judgment: Compliant

Regulation 18: Food and nutrition

The chef was found to be aware of residents' nutrition needs and preferences. Food was varied, a menu was available at each mealtimes and modified diets were nicely presented. There was a central kitchen as well as unit kitchenettes where some meals were served up to residents. Snacks were available throughout the day and residents were given a late evening snack.

Judgment: Compliant

Regulation 26: Risk management

The risk register was comprehensive and updated. The health and safety statement was relevant and the risk policy complied with the regulations.

Inspectors found that signage was required for the storage of oxygen and a personalised risk assessment was required for a resident with a choking risk.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection control training had been afforded to staff. Hand washing opportunities were plentiful and hand sanitiser gels were located around the units. Staff were seen to follow good practice guidelines and cleaning staff were equipped with a colour-coded cleaning system. Appropriate colour-coded refuse bags were in use where required and clinical waste was disposed of in line with policy guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management systems complied with local and national guidelines. The requirements of the regulations on fire safety were seen to be complied with, fire safe doors were installed and maintained, equipment was serviced and fire drills were documented in sufficient detail.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management was supported by audit and good pharmacy involvement. Staff training was updated and staff followed the guidelines laid down by their regulatory body. Medications were returned to pharmacy when no longer in use. Controlled drugs were carefully and correctly managed and administered.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were detailed and included documentary evidence of residents' involvement. Care plans were updated four monthly or as required.

Inspectors found that a more detailed care plan was required for a resident who experienced the behaviour and psychological symptoms of dementia (BPSD). This would have provided guidance for staff in supporting the resident and managing the behaviour in line with the policy guidelines for such behaviour.

Judgment: Substantially compliant

Regulation 6: Health care

Allied health care specialists supported residents' social and medical care. The physiotherapist, the podiatrist, the optician, consultants and the general practitioner (GP) attended regularly. SALT and dietitians were available through referral of by private appointment. The dentist, the pastoral team and the advocate were accessible to residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The policy was up-to-date and staff were afforded appropriate on-going training.

Judgment: Compliant

Regulation 8: Protection

An relevant policy supported best practice in the protection of residents. Training was updated and refreshed on a regular basis.

Judgment: Compliant

Regulation 9: Residents' rights

Advocacy was available to residents and information on complaints was displayed. Residents met with staff and minutes of meetings were documented. Religious practice was facilitated and residents were supported to vote. There was a wide ranging activity programme available.

Inspectors found that some groups were small however. It was not clear if all residents were encouraged to attend the various activities, as not all staff were aware of the type of activity on offer each day. Sitting rooms and dining rooms were not used to their optimal level for example, only two residents were seen in the sitting rooms during the day of inspection. This may have been impacted on by the fact that activities were rarely held on individual units but in an activity room located on the ground floor.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Marymount University Hospital & Hospice OSV-0000582

Inspection ID: MON-0022329

Date of inspection: 28/11/2018

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The small number of outstanding staff will be compliant with mandatory training by December 2018. • Review of training cycle will be undertaken to ensure staff attend refresher training prior to their due date.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • Systems in place, however, one Notifiable Incident unreported in error. All Notifiable Incidents to be reviewed by the Risk Committee and this will be a standing item on the risk meeting agenda.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management:	

• Oxygen signs ordered and put in place and added to the risk register. • SALT review requested for resident

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: • Detailed care plan based on best practice to be implemented for resident with behaviour and psychological symptoms of dementia.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Residents are offered a choice to attend the daily activity in the activity department. We will endeavor to facilitate more ward based activities in conjunction with the activities department.

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	01/01/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	17/12/2018
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	28/11/2018

Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	29/11/2018
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/01/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	29/11/2018