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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Marymount Care Centre
Name of provider:	Humar Limited
Address of centre:	Westmanstown, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	04 June 2024
Centre ID:	OSV-0000065
Fieldwork ID:	MON-0043547

## About the designated centre

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

Marymount Care Centre is located close to the village of Lucan in West Dublin, approximately 13 kilometres from Dublin city centre. It is situated in a quiet scenic rural area. Some local amenities are available including the village shops and church. It provides long term and respite general care to male and female residents over the age of 18 years. The service is nurse-led by the person in charge and delivers 24 hour care to residents with a range of low to maximum dependency needs. The centre is comprised of a two-storey, purpose-built building containing single and twin bedroom accommodation for up to 140 people, the majority of which include private en-suite toilet and shower facilities. Communal areas include spacious and homely dining and sitting rooms and multiple other rest areas, library, activity rooms, and secure external garden space.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	137
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 4 June 2024	08:30hrs to 16:30hrs	Yvonne O'Loughlin	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were very happy living in Marymount Care Centre and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

The inspector was met by the person in charge on arrival to the centre. Following an introductory meeting, the inspector walked through the centre and reviewed the premises. The inspector met with the majority of residents during a walk around the centre and spoke with five residents in detail about their lived experience in the centre.

Throughout the inspection, the inspector observed residents relaxing in their rooms and there were many cosy areas and day rooms for residents to have their own private time or meet visitors. There was a prayer room available for residents' use near the main reception which was nicely decorated and used by residents and their families.

Marymount Care Centre, a purpose built two storey designated centre, was found to be warm and comfortable throughout. The centre comprised of five different units and had 140 registered beds. The inspector observed that there was a contrast between areas of the centre that had been refurbished. The older units St Francis and St Michaels were not as bright and pleasantly decorated as the other areas in the centre. The hallways were carpeted throughout and were clean and well maintained with a few minor exceptions in the older section.

The dining rooms were bright, spacious, clean and very nicely decorated. For example, the tables had a tablecloth in the middle with co-ordinated place mats and good quality cutlery and crockery. Residents enjoyed meal times as many were laughing and talking with staff. Many residents told the inspector that the food was 'good quality' and that they had access to choices at mealtimes, this was evidenced by the menus with clear pictures of what food choices were available. The kitchen was clean with a separate area for storing cleaning equipment.

Hand wash sinks were available on each corridor for staff to use. These sinks did not comply with the recommended specifications for clinical hand wash basins but they were clean and in good repair. Alcohol based hand rub was available in wall mounted dispensers along corridors and staff were wearing alcohol gel toggles.

One residents spoken with said that there was plenty of activities to choose from and that in particular they were looking forward to visiting "The Guinness Store House" an Thursday. Activity co-ordinators were on site to organise and encourage resident participation in events. On the day of inspection the inspector observed a "Siel blue exercise class" where 15 residents participated and two residents had

their family members join in. The activity programme for the week was displayed on the notice board in each unit.

Residents had easy access to a secure internal courtyard, which was paved and had ample seating areas for residents and their visitors to use and enjoy. This area was well maintained and provided ample space for residents to relax in the fine weather.

The inspector met with four visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of inspection and visitors were seen coming and going throughout the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This unannounced inspection focused on the infection prevention and control related aspects of Regulation 5: Individualised assessment and care planning, Regulation 6: Healthcare, Regulation 9: Residents rights, Regulation 11: Visits, Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 17: Premises, Regulation 23: Governance and management, Regulation 25: Temporary absence and discharge, Regulation 27: Infection control and Regulation 31: Notification of incidents.

There was a clearly defined management structure in place and this inspection identified it was a well-run centre with a culture which promoted person-centred care. Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of governance and management and quality and safety which is further discussed within this report. On the day of the inspection there were 137 residents living in Marymount.

Humar Limited is the registered provider for Marymount Care Centre. The local management team consists of the person in charge and two assistant directors of nursing and each were aware of their role and responsibilities. There were clear management systems in place with regular meetings held to oversee and discuss the day to day operation of the centre.

The Director of Nursing had overall responsibility for infection prevention and control and antimicrobial stewardship. The provider had an IPC link practitioner who had completed the national IPC link course.

The inspector followed up on the compliance plan from a previous inspection in 2022 and found that some actions had not been addressed. For example, on a previous inspection it was noted that the sluices and housekeeping rooms were dual purpose rooms. On this inspection, the findings were that the house keeping equipment and supplies were stored in the sluice room which posed a risk of contamination to clean supplies and equipment. This is discussed under Regulation 27: Infection control.

An annual review was available and reported the standard of services delivered throughout 2023. The annual review showed that IPC was seen as an important area to continue quality improvements within the centre for 2024.

Inspectors found that the centre had an adequate number of housekeeping staff to fulfill its infection prevention and control needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each unit on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene.

The centre had a schedule for conducting IPC audits, carried out by the management team. The audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. However, the IPC audit schedule had not identified the IPC risks of cross contamination associated with using the housekeeping room and the sluice room as dual purpose rooms. This was a repeat finding from a previous inspection and is discussed under Regulation 23: Governance and management.

Efforts to integrate IPC guidelines into practice were supported by IPC education and training. Staff had received training in IPC practices that was appropriate to their roles and responsibilities. For example, training on antimicrobial stewardship was included in the qualified staff nurses induction programme. IPC training was a blended approach of on- line training and face to face training by the IPC link practitioner.

A policy was available to guide staff in their IPC practices and up to date posters were visible near the hand hygiene sinks to guide staff on good hand hygiene practices and appropriate glove use.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted found that outbreaks were managed, controlled and reported. The most recent outbreak reported was in August 2023.

## Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate for the infection prevention and control and antimicrobial stewardship needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate IPC training. Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. A previous compliance plan had not been implemented. For example;

- The compliance plan from an inspection December 2022 stated that the cleaners storeroom had been relocated to a room with a hand washing facilities. However, on the day of the inspection, the sluice rooms had cleaning equipment and cleaning chemicals stored in the sluice room. Housekeeping staff spoken with on the day of the inspection confirmed that they accessed their chemicals and set up their trolleys for the day from the sluice room. This posed a risk of cross infection.

There were insufficient assurance mechanisms in place to ensure compliance with the *National Standards for infection prevention and control in community services (2018)*. Disparities between the finding of local audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to monitor quality and safety of the service. For example;

- The auditing system had not been updated as agreed from the compliance



plan of a previous inspection that would identify the risks of cross contamination of storing cleaning products and cleaning equipment in the sluice room.

- The IPC audit said that there were foot operated pedal bins in the sluice room for disposal of waste, this was not the case on the day of inspection and is discussed further under Regulation 27: Infection control.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

### Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to actively enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. However, further improvements were required in relation to infection prevention and control and antimicrobial stewardship which will be further discussed under their respective regulations.

The inspector observed staff using personal alcohol gel toggles and wall mounted alcohol gel dispensers to sanitise their hands between episodes of care. Staff observed were in clean uniforms and were bare below the elbow. This meant that staff were adhering to best practice guidelines with regards to good hand hygiene practices.

Some good examples of antimicrobial stewardship (AMS) practice was identified. The volume of antibiotic use was monitored each month which enabled easy trending. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, overall the AMS programme needed to be further progressed and strengthened in order to develop. On the day of inspection staff had limited knowledge of "Skip the Dip", the national programme to stop the routine use of urine dipsticks to test for urine infections. This is discussed under Regulation 6:

## Healthcare.

The Inspector found that there were some local assurance mechanisms in place to ensure that the environment and equipment was cleaned in accordance with best practice. Processes in relation to the standard of environmental hygiene included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. A deep cleaning schedule was also in place and records viewed were consistently signed and dated. Housekeeping trolleys were clean and well organised. However improvements were required in the management and storage of housekeeping supplies and equipment that were stored in the sluice room. This is discussed further under Regulation 27: Infection control.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections. The Inspector identified some good practices in infection prevention and control. For example;

- The residents colonised with multi-drug resistant organisms (MDRO) were clearly identified, and their care plans included detailed information to ensure personalised care and safe practices.
- Waste, laundry, linen and sharps were managed in a way to prevent the spread of infection.
- An infection prevention and control assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to person-centred and reviewed regularly as required. Resident care plans were accessible on an electronic care management system, this now includes the National Transfer Document which is used when residents are moved to acute care.
- The provider had substituted traditional needles with safety engineered sharps devices to minimise the risk of needle stick injury.

The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

Vaccination records for residents were kept up to date and there was a high vaccine uptake for COVID-19 and influenza.

## Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), but further action is required to be fully compliant. For example;

- The linen storage cupboard in St Annes had maintenance jackets hanging beside the clean linen. This meant that clean linen may be contaminated and lead to infection spread. Two other store rooms were carpeted and had items stored on the ground which does not facilitate a surface that is easily

cleaned.

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by,

- Cleaning equipment was stored in the sluice room this increased the risk of cross contamination.
- The domestic waste bin in the sluice rooms were not foot operated and could only be operated by hand, this was not in line with infection control guidelines as it increased the risk of hands being contaminated which may lead to infection.
- The cleaning chemicals were stored in the sluice room that meant that housekeepers prepared their trolleys in a room that was used to discard human waste thus increasing the risk of cross contamination.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an MDRO and those residents that had a urinary catheter.

Judgment: Compliant

### Regulation 6: Health care

The inspector identified some examples of good antimicrobial stewardship. Antibiotic consumption data was analysed each month and used to inform infection prevention practices. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Improvements were needed to be fully compliant. For example; staff showed limited awareness of the "Skip the Dip" campaign, which focuses on avoiding the improper use of urine dipstick tests. These unnecessary tests can lead to over prescribing antibiotics, which does not help the resident and could lead to harmful outcomes like antibiotic resistance.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspector observed kind and courteous interactions between residents and staff on the day of inspection. The IPC link practitioner had developed an information leaflet for residents about good infection IPC practices.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Marymount Care Centre OSV-0000065

Inspection ID: MON-0043547

Date of inspection: 04/06/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Going forward there will be 1 main room dedicated to storing household trolleys, cleaning equipment and the room will also facilitate chemical storage and preparation.</p> <p>Foot operated pedal bins were ordered and have been placed in each sluice room for the disposal of waste.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The maintenance jackets that were in the linen storage cupboard in St Annes had been removed on the 04.06.2024. the day of inspection. A team review was carried out with staff to ensure that they understood the risk of clean linen contamination and how this can lead to infection spread.</p> <p>The monthly store audit has been reviewed and updated to include a check to ensure that all items are stored off the ground. The audit will also identify any items stored that could pose a risk of contamination and lead to the spread of infection.</p> <p>Going forward there will be 1 main room dedicated to storing household trolleys, cleaning equipment and this room will also facilitate chemical storage and preparation.</p>	



Foot operated pedal bins were ordered and have been placed in each sluice room for the disposal of waste.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:  
A Skip the Dip initiative has commenced with all staff, which includes updating our IPC staff information booklet and training and education sessions.

All nurses understanding of the Skip the Dip initiative will be assessed through an audit tool to check/ gauge.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under	Substantially Compliant	Yellow	31/07/2024

	Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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