



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

Issued by the Chief Inspector

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:	14 February 2022
Centre ID:	OSV-0000582
Fieldwork ID:	MON-0034841

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:

55

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
Monday 14 February 2022	09:20hrs to 17:00hrs	Siobhan Bourke	Lead
Tuesday 15 February 2022	09:20hrs to 15:45hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

Residents were very positive about their experience of living in this centre. From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life. The inspector met with many of the 55 residents living in the centre and spoke with 10 residents in more detail to gain an insight into their lived experience. Residents told the inspector that staff were kind and caring and respected their choices.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspector was guided through the centre's infection control procedures by the reception staff who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out and recorded. Following an initial meeting, the assistant director of nursing (ADON) for older persons services accompanied the inspector on a walk around the centre to meet the residents and staff. It was evident to the inspector that the residents knew the ADON well and that she was aware of their individual care needs. During the walkaround of the centre in the morning, staff were assisting residents to get up and dressed for the day. A number of residents told the inspector they were looking forward to the day's activities especially the physiotherapy exercise class that was being held in one unit's sitting room.

The centre was warm, bright and exceptionally clean throughout and there was a relaxed homely and friendly atmosphere. The centre was over three floors in three distinct units, with similar layout in each unit. There was 17 single rooms with en suite shower and toilet facilities and one four bedded room with en suite shower and toilet facilities in each unit. The inspector saw that residents' bedrooms were spacious with plenty storage facilities for residents' clothes and belongings and comfortable seating. Rooms were seen to be decorated with residents' personal possessions and photographs. The inspector saw that en suite showers and toilets were spacious and very clean. Residents' bedrooms also had balconies that some residents had decorated with plants and flowers.

The four bedded room in each unit was used for residents admitted for respite care and had recently reopened to admissions. The inspector saw that each resident in these rooms had access to individual entertainment units and had plenty space at each bedside for storage and chairs. However, there was only two privacy screens in each of these rooms for residents' use which may impact residents' privacy.

Residents had a choice of communal spaces in each unit and also had access to other communal spaces on the ground floor of the centre such as the oratory and reception area. Each unit had a large day room and spacious dining and sitting room as well as comfortable seating area with access to TV in each of the reception areas. The inspector saw residents sitting in the reception area watching music on TV or reading newspapers. The dining and sitting room in each unit had been recently renovated to a luxurious hotel style standard with beautiful curtains, lighting and

memorabilia such as an old style record player and decorative wall mounted china . There was also a section of these rooms with sofas and armchairs, fire place and large screen television. The rooms also had a number of small round tables for residents mealtimes.

Residents had access to well maintained outdoor spaces on each unit. Residents on the lower ground floor had access to a garden and walkway area with a heated seating area, while residents on the other floors had also had an outdoor balcony area with seating. Residents from each unit could access all levels of the centre via a passenger lift. The centre also had a gymnasium and activities rooms and a shop for residents use.

Residents appeared well cared for and were relaxed and engaged in the company of other residents and staff. Residents told the inspector that they were very happy with the care and service provided in the centre. One resident told the inspector that "if you were feeling low, they would do everything to cheer you up" They reported that staff were quick to respond to call bells and couldn't do enough for them. Residents' views and opinions were sought through resident meetings and satisfaction surveys. They told the inspector that they felt safe in the centre and were encouraged to give feedback or raise concerns. A resident told the inspector how their health had improve no end since they came to live in the centre and how much they looked forward to physiotherapy sessions and art therapy. Residents admitted for respite care told the inspector how much they appreciated the care and attention they received. The inspector observed many examples of discreet and person-centered care throughout the inspection.

The inspector saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. The inspector saw that meals were served from a heated trolley to ensure they were as hot as possible when served to residents. During the days of the inspection, approximately five or six residents were seen to eat in each of the three dining rooms while the remaining residents chose to eat in their rooms. The inspector saw that staff provided discreet assistance when required. There were regular offerings of drinks and snacks throughout the day. On the first day of inspection, the inspector saw that residents were provided with cupcakes and shortbread "love heart" shaped biscuits to mark the St. Valentine's day celebrations. Residents who spoke with the inspector were very happy with the range of food on offer and confirmed that choices were available at all times.

Residents and visitors who spoke with the inspector were happy with the visiting arrangements and that visits were organised in a safe way. Residents were facilitated to go on trips out with relatives if they wished.

There was a varied schedule of activities available to residents living in the centre that were facilitated by an activities manager and two activity staff. Activity schedules were clearly displayed on the notice board in the three units and in residents' rooms. Residents gave positive feedback about the choice and quality of activities provided in the centre. The inspector saw group physiotherapy sessions held in the sitting rooms in two of the units. Staff told the inspector that facilitating

the sessions in the sitting rooms promoted residents' independence as they were able to walk to the rooms rather than being assisted or transferred by chair to the gymnasium. On the first day of inspection, residents were seen to enjoy a lively music session and celebration of Valentine's day. Residents told the inspector how they loved the art therapy session, knitting and music sessions held in the centre. As part of the activities programme residents could avail of a weekly session on information technology and computer skills which was reported to be a great resource during the pandemic. Mass was held every Wednesday and Sunday in the centre's oratory and residents told the inspector that they were supported to attend.

The centre had close links with the community. The inspector saw a group of residents were participating in a zoom session reminiscence workshop which was an initiative led out by the city library. Volunteers had returned to the centre and provided live music sessions on the units each week.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were very effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and the centre has a very good compliance history with the regulations. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

The centre is owned and managed by Marymount University Hospital and Hospice who is the registered provider. Hospice services are provided on the same site but are not part of the designated centre.

There is a clearly defined management structure in place with identified lines of accountability and responsibility. The centre is governed by a board of directors and the chief executive officer is accountable to the chairperson of the board. The director of nursing was the designated person in charge of the centre and reported to the chief executive officer. The director of nursing and the chief executive officer were members of the executive committee that held meetings every month.

The person in charge of the designated centre was supported in her role in the designated centre by an assistant director of nursing and clinical nurse managers who worked in the three units. There were sufficient staff available to meet the needs of residents. Activity staffing had increased since the previous inspection to ensure residents had improved access to meaningful activities. Staff at the centre

had access to appropriate training relevant to their roles and the inspector saw that staff were competent and knowledgeable about the needs of residents.

There were robust governance structures in place to monitor the safety and quality of care provided to residents living in the centre. The centre had a quality and safety committee in place that was chaired by one of the board of directors. Review of new and existing policies and procedures, complaints management, risk management and key performance indicators were reviewed through these meetings. Good practices around complaints management were observed and feedback from residents was welcomed and informed ongoing improvements in the centre.

There was a clear process in place for reporting and review of clinical incidents in the centre. Minutes of the risk committee reviewed by the inspector indicated that incidents and risks were reviewed by the multidisciplinary team and recommendations made as required in relation to corrective or preventative actions required.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to the inspector that action plans were implemented from findings from these audits to improve practice. An electronic clinical recording system was being rolled out in the designated centre to replace paper records for documentation of nursing and medication records in the centre. A senior nurse manager was assigned to oversee the project and the system was closely monitored to ensure it was rolled out safely.

There was good oversight of infection prevention and control in the centre. A nurse with expertise in infection prevention and control was employed in the centre and chaired the centre's infection prevention and control meeting that met monthly. A multidisciplinary COVID-19 committee was also held regularly at the centre to respond and implement actions arising from the ongoing COVID-19 pandemic for example visiting guidelines, changes to requirements for personal protective equipment (PPE) and resumption of services.

This was an unannounced inspection to monitor compliance with the regulations. The inspector acknowledges that residents and staff living and working in the centre have been through a very challenging time. The centre had experienced an outbreak of COVID-19 in early 2021 and the person in charge and management team had implemented its contingency plan for management and staffing and its communication strategy for residents and their relatives during the outbreak. From speaking with the person in charge and the management team during the inspection, it was evident that learning from the outbreak to inform future outbreak management had occurred and was recorded in minutes from the COVID-19 committee. However, a formal outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance needed to be developed. This was provided to the inspector following the inspection.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated thorough knowledge regarding her role and governance and management and oversight of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering individualised care.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to meet the assessed needs of residents in accordance with the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of both online and face to face training available to ensure all staff had relevant and up to date training to enable them to perform their respective roles. A training week was underway during the days of the inspection where staff were provided with fire training, moving and handling training, managing responsive behaviour, anaphylaxis training and basic life support. Infection prevention and control training such as hand hygiene and donning and doffing PPE was provided to staff working in the centre by an infection prevention and control specialist nurse. From a review of training records, it was evident to the inspector that staff working in the centre were up to date with mandatory training or scheduled to attend mandatory training in the weeks following the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

Information required to be maintained in the directory of residents was available for the inspector to view in the centre. This directory contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector and all records viewed were well maintained. A sample of five staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2020 was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

From a review of a sample of residents' records, it was evident to the inspector that residents had a contract of care which detailed the fees to be charged and fees for any additional services that the resident may require.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose in place that contained information set out in the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's records of accidents and incidents. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints in the centre. The procedure was displayed in the centre for residents and relatives. Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The inspector reviewed the complaints log and found that residents and relatives complaints were investigated and actions arising from the complaints and the satisfaction of the complainant were recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to-date.

Judgment: Compliant

Quality and safety

Supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' needs were being met through good access to health care services, opportunities for social engagement and a well designed premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

The inspector was assured that residents medical and healthcare needs were being met. A general practitioner was onsite at the centre each weekday and out of hours services was provided through Southdoc. Residents were provided with access to

allied health and social care professionals in line with their needs. Residents had good access to both group and individual physiotherapy sessions from staff employed in the centre as required. Referrals were made to other allied health and social care professionals such as occupational therapy, dietetics, speech and language therapy as required.

Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. While overall there was good oversight of wound care in the centre, documentation of scientific measurements of wounds was not consistently recorded this is addressed under regulation 6.

The inspector saw that the premises were well maintained and promoted the independence and well being of residents. There were plenty communal and private spaces for residents use and access to beautiful outdoor spaces. However as found on the previous inspection, the privacy curtains in the four bedded rooms required review. This is discussed under regulation 17.

The inspector saw that residents were provided with meals that were wholesome and nutritious and plenty snacks through out the day.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place. The reporting system in place was clear, and ensured any disclosures or suspicions were escalated and investigated without delay. Where residents were predisposed to significant episodes of responsive behaviours, they were responded to in an appropriate manner by staff, and care plans were comprehensive and person centred. Restraint was being effectively monitored by the management team and reductions in the use of bedrails was evident.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. There was good uptake of COVID-19 vaccination and influenza vaccination among residents and staff in the centre. There was good oversight of infection prevention and control measures through regular audit of standard and transmission based precautions. Protocols were in place in line with the HPSC guidance to ensure the ongoing safety of residents and staff.

The inspector saw that from a safety perspective, the registered provider was demonstrating a proactive approach to fire safety and was seeking out ways to improve the safety for residents in the centre. For example, an audit of fire doors was completed in November 2021 and an action plan was in place to address the findings of the audit. A number of staff were provided with fire warden training.

Residents' rights were protected and promoted. Staff were observed to respect

residents' autonomy, privacy and dignity. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance.

Regulation 11: Visits

At the time of the inspection, residents could nominate a support person to visit in line with national health surveillance and protection guidance. Due to the co-location of the centre with the palliative care services, remaining visits were scheduled to manage the footfall in the centre. Visitors were assessed for potential symptoms of COVID-19, prior to visiting a resident. Visitors' names were recorded and they were provided with access to hand hygiene facilities and face masks. Residents and visitors who spoke with the inspector were satisfied with the arrangements in place for visiting.

Judgment: Compliant

Regulation 13: End of life

The inspector saw that residents end of life care assessments and care plans were reviewed on an ongoing basis and updated as required. These included consultation with the residents and where appropriate family members. Residents and staff had access to the community palliative care team based on site if required.

Judgment: Compliant

Regulation 17: Premises

The centre had three four bedded rooms that were designated for residents who were admitted for respite care. While the inspector saw that the multi-occupancy rooms were spacious, with plenty storage space for personal belongings, review of the arrangement in place to ensure residents privacy was required as found on the previous inspection. The inspector saw that there were two portable screens available in each of the rooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were complimentary about the food and choices available at meal times. Residents' nutrition and hydration needs were assessed and closely monitored in the centre. The inspector saw that residents were offered drinks and snacks through out the day. The lunch time meals appeared wholesome and nutritious and specialist consistency meals also looked appetising. The inspector saw that there were enough staff available to assist residents with their meals and drinks.

Judgment: Compliant

Regulation 20: Information for residents

The inspector saw that there was a comprehensive residents guide available in the centre and it included all the required information.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place that met the requirements of the regulation. There was an emergency plan in place to respond to major incidents. The risk register was maintained and updated to manage the risks in the centre. The inspector saw that there were effective arrangements in place for the identification, recording, investigation and learning from serious incidents involving residents.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there were effective structures in place for the implementation of infection prevention and control standards. The provider had ensured that staff had access to expert infection prevention and control advice, through a dedicated staff member. The inspector saw that the environment and equipment in use in the centre was clean on the day of inspection. Staff were knowledgeable on effective cleaning practices in the centre. Staff had been provided with fit testing for FFP2 masks and staff were seen to be compliant with appropriate PPE use and hand hygiene on the day of inspection. The inspector saw that there

was good monitoring of standard and transmission based precautions and high compliance reported in audits were reflected in the findings of the inspection. The registered provider had reviewed and updated the centre's contingency plan for managing outbreaks regularly during the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector examined the fire safety register. It was evident that fire fighting equipment was available and serviced regularly. The fire detection and alarm system and emergency lighting system was serviced quarterly. Personal emergency evacuation plans were available for residents and updated regularly. Procedures to be followed in the event of fire were clearly displayed and staff were knowledgeable of the procedures to be followed. Staff were provided in training in fire prevention, emergency procedures including evacuation procedures and the inspector saw that this training was underway on the days of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care plans were updated regularly as required by legislation and thereafter to reflect residents' changing needs. There was evidence that the care plans had been discussed with residents or relatives if appropriate. The inspector saw in a sample of care plans reviewed that residents were comprehensively assessed within 48 hours of admission and care plans developed to support resident's needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. A sample of care plans showed that residents were risk assessed for clinical risk such as malnutrition, falls, infection, pressure ulcers and a risk assessment was in place for residents who smoked.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed a sample of wound care plans. While it was noted that photographs were used as part of wound assessment, completion of a clinical assessment for grading and assessment was not consistently completed to show

improvement or deterioration of wounds.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the nursing management and the staff in the centre and observations of the inspector, there was evidence that residents who presented with responsive behaviour were responded to in a very dignified and person-centred way by staff using effective de-escalation methods. This was also documented in care plans which were specific to the needs of the residents. The usage of bedrails was monitored at the centre and staff told the inspector, they were only used when alternatives and other interventions had failed. 14 residents had bedrails at night to prevent falls or because residents requested them.

Judgment: Compliant

Regulation 8: Protection

The inspector saw that there were effective measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. There were good systems in place for reporting and investigating any allegations of abuse and safeguarding measures were put in place where required. Residents told the inspector they felt safe and protected living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. An activities co-ordinator along with two activities' staff ensured that residents had access to a varied and stimulating activities programme every day. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities.

Residents had access to media and aids such as radio, televisions, telephone and wireless Internet access were also readily available. A number of the residents in the centre had been provided with training on information technology to increase their access to electronic devices to keep them in contact with their families and

community during the pandemic. Residents were facilitated to go on day trips with families should they choose.

Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were held on each unit and there was evidence that relevant issues were discussed and actioned. Resident and relative surveys were undertaken to seek their views on the running of the centre. Residents had access to religious services in accordance with their wishes.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marymount University Hospital & Hospice OSV-0000582

Inspection ID: MON-0034841

Date of inspection: 15/02/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>17.1 Review privacy screens currently in place and explore alternative options</p> <p>17.2 Review of the overall layout of the respite rooms (four-bedded) to enhance the experience of community residents attending for respite</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>6.1 Weekly CNM review of active wound care documentation (EpiCare facilitates weekly reports to aid compliance)</p> <p>6.2 EpiCare competency: upskilling and ongoing support of staff to sustain recent rotation to electronic nursing documentation. This will include the use of cue cards, focus group discussion, refresher training.</p> <p>6.3 Audit of clinical documentation and wound management (mapped within clinical audit schedule). Quality improvement plan (QIP) will be initiated accordingly based on audit outcomes. Audit cycle frequency will be determined on audit outcomes.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under 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.	Substantially Compliant	Yellow	31/03/2022

