



**Health
Information
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Authority**

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:	Marian House Alzheimer Unit
Name of provider:	West of Ireland Alzheimer Foundation
Address of centre:	Ballindine East, Ballindine, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	05 March 2025
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0045412

About the designated centre

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

Marian House Alzheimer Unit is a purpose-built facility located in the village of Ballindine, Co. Mayo. It is a specialist dementia care service that provides 24-hour respite care for nine male and female residents. Care is provided for people with a range of needs, and in the statement of purpose, the provider states that they are committed to providing quality health and social care that is focused on ensuring residents maintain their independence during their stay. Residents' rooms are single or double occupancy. The communal areas consist of a sitting room, a dining room, a conservatory and a visitors' room. There is a safe, secure garden area that is readily accessible to residents, and it has been cultivated with plants and shrubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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How we inspect

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
Wednesday 5 March 2025	09:15hrs to 15:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

The inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. This respite service promoted a rights-based approach to care where residents' independence was promoted, encouraged and facilitated.

The inspector met with several of the residents present in the centre during the inspection and spoke with relatives who were visiting at the time of the inspection. All residents spoken with gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre. Similarly, relatives said "they would not know what to do, if this service was not available" they also said "that their relatives received top-quality care in this centre".

Following an opening meeting with the person in charge, the inspector commenced a walk about of the designated centre, where they had the opportunity to meet with residents and staff as they commenced their daily routines. The day of the inspection coincided with the transition day in the centre. This meant that the existing nine residents were due for discharge, and nine new admissions were scheduled. This was a busy time for staff and residents, although the transition was well-planned and well-coordinated.

The centre is a single-story purpose-built facility which has recently been extended to provide additional bed spaces and communal facilities. Currently, the designated centre is registered to provide nine beds for people living in their own homes with a diagnosis of dementia. At the time of this inspection, the registered provider had completed the redevelopment works to the centre and had submitted an application to the office of the Chief Inspector to register an additional 10 beds.

The designated centre had been redeveloped and reconfigured to a high standard. Resident bedrooms and all communal spaces were decorated and furnished with high-quality fixtures and fittings. Residents had access to an internal courtyard, which had been developed to take into account the needs of the residents. Rooms and communal areas that formed part of the original centre were repainted, redecorated, and blended in well with the newer part of the centre. There was effective use of signage to help with way-finding in the designated centre.

A number of staff and resident interactions were observed, and residents who had communication needs were supported by staff in a positive manner. Residents were given time and space to make their views known. These interactions confirmed that staff were aware of resident's needs and were able to respond to those needs in a constructive manner. Residents who walked with purpose were supported by staff in a dignified manner, and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

Several residents said that they felt safe in the designated centre, while other residents were unable to share their views. However, the inspector observed that residents appeared comfortable and relaxed in the presence of staff.

The inspector observed a lunch time meal and found that there were enough staff on duty to support residents at meal times. Several residents required staff to help them with their eating and drinking, and this was provided in a person-centred manner. Menus viewed offered choices at each meal. The lunch time meal consisted of three courses, and residents appeared content with the portions of food offered to them. Specialist diets were catered for, and residents who needed textured meals were offered choices at meal times.

During the walk around, the inspector observed residents attending a mass service while others were engaged in either group activities or following their own individual routines. There was a varied activity schedule in place which covered the entire week. Communal rooms were well set up to provide activities for residents, and there was equipment in place to provide music and arts & crafts activities. Most communal areas displayed pictures of residents engaged in either group or individual activity.

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

Capacity and capability

This unannounced inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspector also followed up on actions that the provider had committed to take to address the findings of the previous inspection in July 2024. Findings from this inspection confirmed that the provider had implemented their compliance plan to come into compliance with the regulations.

Marian House Alzheimer Unit is a specialist dementia care service that provides 24-hour respite care for nine male and female residents. The centre is run by The West of Ireland Alzheimer's foundation, who is the registered provider. The Chief Executive Officer (CEO) is actively involved in the running of the centre and reports to the board. The person in charge reports to the CEO and is supported in their role by a team of experienced nurses, care staff, household, and catering and maintenance staff.

There are quality assurance systems in place to ensure care and services were safe and appropriate. The audits and management reports were reviewed and signed off by the senior management team. Where non-compliance or improvements were identified, and an improvement action plan was implemented. The majority of audit systems were working effectively, although systems to ensure complaints were

managed in line with procedures did not identify lapses in the implementation of this policy. This is discussed in more detail under Regulation 34: Complaints.

The management team and staff were open to feedback and demonstrated a commitment to continuous improvement. The registered provider maintained sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents.

A review of training records and discussions with staff confirmed they had access to regular training and refresher training updates. Staff demonstrated good knowledge about key areas of safe working practices, such as fire evacuation procedures and infection prevention and control standards. Staff were observed to work co-operatively to ensure that residents' needs were met, and this helped to create a positive, caring environment.

The provider had completed fire safety improvement actions from the previous inspection in July 2024, and this ensured that there were adequate checks and precautions in place to ensure residents were protected from the risk of fire. Staff had received additional training in fire evacuation procedures, and regular fire drills were completed to ensure their skills were maintained.

The annual review for 2024 and the quality improvement plan for 2025 included feedback from residents and staff. The improvement actions were implemented at the time of the inspection. The records of governance and management meetings showed that the quality improvement plan was reviewed regularly to ensure the changes were implemented.

The provider maintained a policy and procedure for complaints. The centre had received one complaint since the last inspection in July 2024. However, the procedure outlined in the complaints policy was not followed when managing this complaint. Although records confirmed that the complainant was satisfied with the outcome, there was no recorded evidence available to show that this complaint was investigated in line with the complaints policy.

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

The registered provider submitted an application to vary the conditions 1 and 3 of their registration under section 52 of the Health Act 2007. This application was being processed at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to carry out their roles. Both planned and worked rosters were reviewed, and records showed that staffing levels were maintained in all departments. Gaps on the rosters were covered by the centre's own staff working additional hours.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements. As a result staff demonstrated appropriate knowledge and skills in their work.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2,3 and 4 were stored securely and were accessible for inspectors on this inspection. Additional archive record storage rooms had been created following the last inspection. These were locked, and access to the records was managed by the person in charge. Access to staff and current resident records was also secure and managed effectively.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The monitoring of how complaints are managed and recorded was not effective and, therefore, did not identify inadequate practices or identify an improvement plan to address this issue.

Judgment: Substantially compliant

Regulation 3: Statement of purpose
There was an updated statement of purpose available in the designated centre, which contained the information set out in Schedule 1 of the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The records showed that there had been one formal complaint that had been investigated and addressed to the complainant's satisfaction; however, there was no record of how the complaint had been investigated.
Judgment: Substantially compliant
Quality and safety
<p>Residents enjoyed good quality care and support from a staff team who knew them well. This ensured care was person-centred and that daily routines were flexible. There was a relaxed and welcoming atmosphere in which residents could spend time socialising together or with their families and friends.</p> <p>Residents were found to be comfortable in their lived environment with accommodation and communal facilities designed to cater for their assessed needs. There were resources available to ensure that the premises were maintained for the comfort of residents using this service. The provider had completed redevelopment work to extend the layout of the centre with a view to providing an additional 10 registered beds. These works also incorporated the redecoration of the existing centre.</p> <p>The provider had completed an extensive schedule of works to improve fire safety in the designated centre since the last inspection. These works had been assessed and signed off by the provider's competent fire safety engineer. In addition, the provider had provided ongoing staff training in fire safety, and fire evacuation drills and staff were knowledgeable about fire evacuation procedures and the resident's support needs in the event of a fire emergency in the centre.</p> <p>Residents had access to a range of health care services, which included a general practitioner (GP) service. There were arrangements in place for residents to access health and social care services such as dietitians, speech and language therapists</p>

(SALT) and tissue viability nursing (TVN) to provide support with wound care if required. There was effective communication networks with public health nursing to ensure safe admission and discharge of residents.

Staff and resident interactions were observed by the inspector and were found to be supportive and positive. The provider had maintained good levels of communication with residents ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were informative and covered topics such as resident care, food and catering, resident activities and infection prevention and control issues. In addition to the structured resident meetings the provider kept residents, and their families informed either verbally or through regular written communication.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred. The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant safeguarding training and were clear on what may be indicators of abuse and what to do if they were informed of or suspected abuse had occurred.

The provider maintained a restraint register. The inspector found that the provider was working towards a restraint-free environment at the time of this inspection. There were no bed rails in use in this centre. Residents families and friends were made welcome and were actively encouraged to be involved in the care of the residents. The inspector spoke with visitors, who gave very positive feedback about the care and support that their loved ones received at the centre.

Residents' right to privacy and dignity were respected. Staff were observed to knock on resident's doors prior to entry and explained to the residents the purpose of their visit. There were opportunities for residents to engage in the activity programme in-line with their interests and capabilities. Several residents were seen to engage in planned activities throughout the day, while some residents preferred to observe and enjoy the social experience.

Regulation 11: Visits

Visits by residents' families and friends were encouraged, and the inspector observed several visitors attending the designated centre during the day. Residents' access to their visitors was unrestricted, and there were facilities available for residents to meet their visitors in private in other locations apart from their bedrooms.

The inspector spoke with some visitors who confirmed that they found the service to be well-managed and that residents were well cared for.

Judgment: Compliant

Regulation 17: Premises

The provider had redecorated and improved the quality of the premises in the older part of the designated centre. There is dedicated personnel on site to ensure that the maintenance of the building is prioritised. A review of records confirmed that equipment used in the running of the service is serviced regularly to ensure optimum performance. The centre was clean and well-maintained with sufficient storage facilities available on site.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a range of nutritious meals from a seasonal menu. Food was freshly cooked on the premises and was served from the main kitchen. Snacks and drinks were served throughout the day. There were sufficient staff to support residents at meal times.

Residents who had specific nutritional needs had a care plan in place to direct staff on safe and appropriate care. For example, residents who needed textured diets or thickened fluids had clear care plans in place, and these were communicated to care staff and to the catering team.

Judgment: Compliant

Regulation 20: Information for residents

There was an up-to-date resident's guide available for residents and their representatives to inform them about the care, services and daily routines in the designated centre. This included the terms and conditions relating to residency in the centre, the complaints procedure and the visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that included the required information as per Schedule 5 of the regulations. There was also a plan in place for responding to a major incident in the centre.

Incident reports were recorded and communicated to the person in charge and the provider. Incidents were reviewed, and where improvements were identified, these were communicated to the relevant staff and implemented.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was found to have implemented their compliance plan to address fire safety concerns identified at the last inspection held in July 2024. This included:

- Fire stopping to the ceiling in the storeroom.
- A more comprehensive record of evacuation drills focused on both night and day evacuation scenarios.
- Regular simulated evacuation drills of the largest fire compartment.
- Ongoing review of personal evacuation plans (PEEPs).
- The provision of fire maps identifying fire compartments.
- The provision of a dedicated fire compartment for the kitchen, plant room and laundry facility.
- The removal of bolts and non-fire retardant material on fire doors.
- Works to ensure all self-closing mechanisms were working effectively.
- Replacement of glazed window panels with fire-rated glazing.
- The replacement of directional signage to indicate the nearest fire exits.
- The introduction of regular checks on the operation of fire doors.

Judgment: Compliant

Regulation 6: Health care

A review of residents' medical and care records confirmed that residents were provided with appropriate evidence-based healthcare. Residents had good access to their general practitioners (GP) and to other health and social care professionals as required. Residents who required support with their mental health needs had timely access to community psychiatric services. There were arrangements in place for residents to access palliative care services when required.

Judgment: Compliant

Regulation 8: Protection

The provider had robust systems in place to ensure residents were protected from abuse. These included safeguarding training and updates for all staff working in the centre. In addition, any allegations or incidents of abuse were recorded and investigated by the person in charge.

Records showed that all staff were up to date with their safeguarding training. Staff who spoke with the inspector were able to give a good account of the types of abuse they needed to be alerted of and what to do if they witnessed such an incident or a resident raised a concern with them. Staff said that they were able to talk with the nurses or the person in charge if they had any concerns.

At the time of this inspection, the provider was not a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had dedicated staff responsible for the provision of activities. There were suitable facilities available for residents to engage in recreational and occupational opportunities. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis. There was information regarding an independent advocacy service available in the centre.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0045412

Date of inspection: 05/03/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The monitoring of how complaints are managed and recorded has been reviewed: All complaints will continue to be discussed at monthly management meetings and a robust documentation review will be undertaken to ensure that all actions and improvement plans are addressed within the appropriate time frames. This action was completed on the 04/04/25	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints documentation has been reviewed to ensure clarity on how a complaint is investigated with any learnings clearly outlined in an Improvement Plan with appropriate time frames for actions to be completed. This Action was completed on the 04/04/25.	

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	04/04/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	04/04/2025