



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:	23 September 2025
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0048284

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
--	---

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
Tuesday 23 September 2025	08:45hrs to 14:45hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. The Inspector observed and met with residents who were present in the centre during the inspection to gain insight into their respite experience in Marian House Alzheimer Unit. Those spoken to were positive about their experience and were complimentary of the staff. One resident informed the inspector that 'staff were lovely'.

Marian House is a specialist dementia care service that provides respite care. There were residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate appeared to be generally comfortable throughout the day

The centre was experiencing a COVID-19 outbreak at the time of the inspection. The inspector observed that most staff were adhering to transmission based precautions, and there was signage in place to alert that an outbreak was present in the centre. However, the inspector did observe some inappropriate wearing of gloves and long sleeved gowns, which could lead to cross-contamination. Information made available confirmed that the provider was in regular contact with public health teams in the community to help manage this outbreak.

Following an introductory meeting with the person in charge, the inspector commenced a tour of the unit giving an opportunity to see residents in their home environment and to observe staff practices and interactions. Residents were observed taking part in activities inside the building and outside in the enclosed garden. The design and layout of the premises met the individual and communal needs of the residents. The building was clean, well-lit, warm and adequately ventilated throughout. Corridors were sparsely wide to accommodate residents using mobility aids such as wheelchairs and walking aids. Residents had access to a several communal areas on each floor.

Residents' bedrooms that were viewed by the inspector were all clean, contained plenty of storage, and decorated with personal items. Televisions, internet and call bells were provided in these bedrooms.

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 19 beds for people living in their own homes with a diagnosis of dementia. There were 9 residents living in the centre on the day of inspection with 10 vacancies.

Residents were also complimentary of the home cooked food. The dinner time meal was appetising and well presented. Staff were observed to be respectful and discreetly assisted the residents, as required, during the meal times.

Overall, the general environment and equipment viewed appeared visibly clean. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing renovations and refurbishment. Finishes, materials, and fittings in the communal areas and resident bedrooms generally struck a balance between being homely, whilst taking infection prevention and control into consideration.

The centre provided a laundry service for residents. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. A domestic washing machine was used to wash used mops and cleaning cloths. Compliance with thermal disinfection standards could not be assured using this type of machine washing cycle.

There was a sluice room available for the reprocessing of bedpans, urinals and commodes which was clean and contained well maintained and serviced equipment needed for the functions of this room. However, the bedpans and urinals were all stacked in each other on shelving with no drip tray. This practice increases the potential for the spread of microorganisms. Additionally, there was a hose pipe attached to the taps in the sluice sink. The use of a hose may lead to environmental contamination and the spread of infection.

There was no dedicated clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. These items were stored and prepared in the nurse's office. Storing and preparing these items in a general office area, rather than a clinical environment, creates a risk of contamination and cross-infection.

Conveniently located, alcohol-based product dispensers were readily available. There were hand-wash sinks available in the centre which were accessible to bedrooms, and were compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware.

The housekeeping room included a hand wash sink, space for storing and preparing trolleys and cleaning equipment. This room was well-ventilated, clean, with easy-to-clean surfaces. Residents spoken with were very happy with the standard of environmental hygiene. However there were two janitorial units within this room separated by a small wooden partition. The inspector was informed that the kitchen staff used one of these janitorial sinks (Janitorial sink are specifically designed for tasks like emptying mop buckets and washing cleaning tools) and the other was for the use of all other discarded cleaning water. The sharing of a cleaning room between the kitchen and the designated centre can increase the risk of cross-contamination between the food preparation and other parts of the designated centre. The centre did provide separate toilets and changing room for the catering staff which is good practice.

Furthermore, the organisation of storage space required improvement as numerous storage rooms and areas were cluttered, items inappropriately stored on the floor, and equipment and resident supplies were not segregated from each other.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector also followed up on the provider's progress with completion of actions detailed in the compliance plan from the last inspection in March, 2025 and found that they were endeavouring to strengthen oversight and improve existing facilities and physical infrastructure at the centre through ongoing maintenance and renovations. Door alarms had been fitted since the last inspection and the process for monitoring complaints was now being discussed at the regular management meetings.

Marian House Alzheimer Unit is a specialist dementia care service that provides 24 hour respite care. 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 Assistant Director of Nursing (ADON), Clinical Nurse Manager (CNM), a team of experienced nurses, care staff, household, and catering and maintenance staff.

On the day of inspection, there appeared sufficient staffing levels and an appropriate skill-mix across departments to meet the needs of the residents. This finding was reinforced by feedback from residents. Due to the COVID-19 outbreak the unit was split into two separate area in so far as possible, to help contain the spread of infection.

Whilst the person in charge held an IPC certificate the provider had also nominated a senior nurse for training in October for the role of infection prevention and control link practitioner to increase awareness of infection prevention and control and antimicrobial stewardship issues locally, as recommended in national infection prevention and control guidelines.

The registered provider ensured there was a structured communication system in place between staff and management that included daily handover meetings. There

were management systems occurring such as clinical governance meetings, staff meetings and residents meetings. Some meeting records included improvement actions and the responsible person. However, there were no agenda's seen with IPC as a standing item or quality improvements plans post some of these meetings, this was a lost opportunity for quality improvement.

The quality and safety of care was being monitored through a schedule of audits including infection prevention and control, quality improvement plans were developed in line with audit findings. However, the environmental audits were not capturing storage and sluice room issues identified on this inspection.

An annual review of the quality and safety of care delivered to residents had been completed for 2024. The centre had up to date infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions.

A review of training records indicated that staff were up to date with IPC training in line with their role within the centre. There were more dates of training scheduled and training was a mix of face to face and online which is good practice.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken to had a good understanding of the cleaning needs of the centre.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, infrequently used outlets and showers were run weekly. However, documentation was not available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

Regulation 15: Staffing

From the observations of the inspector and from speaking with residents and staff, there were adequate numbers and skill mix of staff on duty on the day of the inspection to meet the assessed needs of residents. Staff were observed to be kind and courteous to residents and responded to their requests for assistance in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Both local and national IPC policies were available to guide and support staff.

Judgment: Compliant

Regulation 23: Governance and management

In general the oversight and management of IPC was good however some actions were required to be fully compliant with the regulations. This was evidenced by:

- There were ineffective management systems to monitor the quality of infection prevention and control measures including equipment storage and environmental hygiene. For example; the sluice room management for commode pans and urinals.
- Multi Drug Resistance Organism (MDRO) surveillance needs more detail to identify and close gaps in infection control and containment.
- Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring. However, there was little analysis of antibiotic usage in terms of volume, indication, and effectiveness. This information will help inform quality improvement plans to maximise the benefit of antimicrobial therapy.
- Staff, management and resident meetings were taking place regularly but in some cases agenda and quality improvement plans were missing. This could lead to specific IPC concerns not being raised or discussed and was a lost opportunity for improvement outcomes for residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of all outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Observations and discussions with residents and staff indicated that there was a rights-based approach to care in Marian House Alzheimer Unit. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff, and residents had opportunities to participate in group or individual activities. These included arts and crafts and music therapy. Residents were consulted with regarding the running of the centre through regular residents' meetings which were well attended by the residents.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. There was also a visitor policy in the event of an outbreak. Although no visitors were met on this inspection, there was evidence that relatives were not restricted during the current outbreak.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

An IPC assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to be person-centred. Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff. The inspector reviewed the management of wound care and catheters and found they were generally well managed and guided by adequate policies, practices and procedures. However, improvements were required in the recording of Multi Drug Resistant Organism (MDRO) history and management in care plans. Findings in this regard are presented under Regulation 5.

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

Notwithstanding the many good practices observed, a number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, appropriate transmission based precautions were not consistently implemented where caring for a residents with COVID-19. There were plenty of supplies of PPE (Personal Protective Equipment) and the inspector did observe some good practices of wearing PPE but also instances of inappropriate wearing of gloves, long sleeved gowns and foot

protectors. Staff were seen by the inspector wearing these PPEs when there was no reason to do so for example when supporting residents with handing out drinks and walking along corridors. The overuse of glove wearing particularly inhibits hand washing and increases the risk of cross contamination during care procedures.

Regulation 11: Visits

There were no visiting restrictions in place. Although there were no visitors on site during the hours of inspection, documentation was seen showing residents were able to meet with visitors during this outbreak. The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits from their nominated support persons during outbreaks.

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 were well maintained. Communal areas areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Outdoor space was independently accessible and safe for all residents living in the centre. However, some areas required review to be fully compliant with Schedule 6 requirements, for example:

- There was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment for kitchen staff. This posed a risk of cross contamination.
- The sluice room contained a hose for washing equipment. The use of a hose may lead to environmental contamination and the spread of infection.
- There was no dedicated clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes, intravenous fluids and to store in-use sharps boxes.
- Storage of items needed review as items were seen stored incorrectly. For example; numerous storage rooms and areas were cluttered, items inappropriately stored on the floor, and equipment and resident supplies were not segregated from each other.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer document was incorporated into the centre document management system. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

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), however further action is required to be fully compliant. For example;

- Inappropriate use of PPE, for example; when handing out drinks and walking along corridors. The overuse of gloves and gowns inhibits hand washing and increases the risk of cross contamination during care procedures.
- Bedpans were observed stacked after decontamination. The sluice room racking required review to ensure that there was enough racking so that cleaned sanitary equipment, such as bedpans, could be inverted while drying and had suitable drip trays.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans and assessments found that in general infection prevention and control information was recorded in the resident care plans to effectively guide

and direct the care of residents. However, it was noted that missing information regarding catheter care was not described in the care plan.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of healthcare specialists.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. Infection prevention measures were targeted towards the most common infections reported. Staff were knowledgeable about the national "Skip the Dip" campaign that reduces the use of urine dipsticks as a tool to indicate if a resident had a urine infection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. Residents also had access to an independent advocacy service.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marian House Alzheimer Unit

OSV-0000358

Inspection ID: MON-0048284

Date of inspection: 23/09/2025

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:	
<ul style="list-style-type: none">Management Systems have been revised to monitor the quality of infection prevention and control measures, to include storage rooms, sluice room and other clinical/nonclinical areas, including the sluice room management of commodes and urinals. All audits when complete will have a quality improvement plan put in place. (Completed).Multi Drug Resistance Organism has been reviewed, with enhancements to pre-admission assessment to capture history of MDRO, with appropriate segregation of residents where the need is identified to close gaps in infection prevention and control.An Antimicrobial stewardship programme is being developed by the PIC and the IPC Link Practitioner to ensure staff awareness and education, data collection and analysis to form quality improvement plans to maximise the benefit of antimicrobial therapy. (31/01/2026).All meetings going forward will have an agenda with infection prevention & control being an agenda item. Any shortcomings identified will have a Quality Improvement Plan prepared and implemented. (Completed)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
<ul style="list-style-type: none">Kitchen and housekeeping now have dedicated janitorial units which have appropriate risk assessment and procedures in place in the event of IPC outbreak. Marian House utilizes a flat mop system which reduces risk of contamination. (Complete).The hose for washing equipment in the sluice room is being replaced with a conventional tap (15/12/25)	

- A dedicated Clinical room has been identified within the centre which will be utilized for storage of medical supplies and preparation of medications. (31/01/26).
- The storage rooms have been reviewed; additional shelving has been put in place. One of the storage rooms is designated for equipment and the other storeroom is designated for health care supplies and PPE. All inappropriately stored items are removed from both rooms. (Completed).

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

Outline how you are going to come into compliance with Regulation 27: Infection control:

- All staff have now completed in house face to face training in Infection Prevention and Control with particular attention on the appropriate use of PPE and the importance of hand washing. A staff member has completed IPC Link practitioner course and will continuously provide guidance to all staff on IPC.
- The racking in the sluice room has been reviewed and replacement racking with appropriate dripping has been purchased and awaiting installation

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	31/01/2026
Regulation 23(1)(d)	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	31/01/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	15/12/2025

	Authority are in place and are implemented by staff.			
--	--	--	--	--