

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Marian House
Centre ID:	OSV-0000693
Centre address:	Holy Faith Convent, Glasnevin, Dublin 11.
Telephone number:	01 837 6165
Email address:	marianhouse_hfc@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Holy Faith Sisters
Provider Nominee:	Paula Phillips
Lead inspector:	Ann Wallace
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 July 2017 08:30 To: 04 July 2017 19:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

There were 23 residents in the centre during the inspection and three vacancies. All of the residents were members of the Holy Faith or neighboring religious orders.

The inspectors met with residents and their representatives/relatives, the provider nominee, the person in charge and staff. A number of questionnaires from residents and relatives were returned to the inspector during the inspection. The collective feedback from residents and relatives/representatives was one of satisfaction with the service and care provided.

The inspector found that there were robust governance and oversight arrangements in place. There were sufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose and there was a clearly defined

management structure in place at the centre.

The building was warm and comfortably decorated and visually clean. Fittings and equipment were clean and well maintained.

Residents who spoke with the inspector stated that they felt safe in the centre. There was an adequate complement of nursing and care staff on each work shift. A range of activities was facilitated by an activity coordinator and a team of volunteers which helped to ensure that residents were able to pursue hobbies and past times as well as their spiritual activities each day.

Most residents spoken with were complementary of the food and told the inspector that they could have a choice at each mealtime. Catering staff were familiar with each resident's food likes and dislikes.

A total of 11 Outcomes were inspected. Nine outcomes were judged as compliant with the regulations and two outcomes relating to medication management and suitable premises were judged as substantially compliant.

The action plan at the end of this report identifies any areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose. There was a written statement of purpose which documented the aims, objectives and ethos of the centre and stated the facilities and services which were provided for residents. The inspector found that the statement of purpose reflected the care and services provided for the residents and the ethos of the centre. The document was reviewed regularly and was last updated June 2017.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an on-going basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that there were systems in place to monitor the quality of care and experience of the residents in the centre.

The service provided in the centre was seen to be in line with the statement of purpose. The inspector found that there were sufficient resources made available to provide safe and effective care and services for residents.

There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom the inspector spoke were clear about the reporting structure. The provider nominee worked three days at the centre and was available outside of these hours if needed. She worked closely with the PIC and was knowledgeable about the residents and the day to day issues within the centre. The provider nominee reported back to the Deputy General Leader of the convent and the convent's leadership team and the advisory board.

The PIC worked full time at the centre. She was supported in her role by a clinical nurse manager [CNM] which is a new post within the centre's governance structure.

Clinical governance meetings were held monthly. The centre had fire safety, health and safety and falls committees who reported into the clinical governance meetings. A review of meeting minutes showed that key issues such as staffing, training, complaints, audits, incidents and concerns about individual residents were discussed and management plans drawn up to resolve issues raised.

As part of the on-going governance within the centre the PIC carried out a range of monthly audits on practice in the centre and used the findings to identify areas for improvements. Areas audited included complaints, incidents, care plans, medications, use of bedrails and falls. The centre had completed an annual review of the quality and safety of care delivered to residents against the National Standards for Residential Care Settings for Older People in Ireland. The review included feedback from residents and relatives on the quality of services provided in the centre, a review of practice from 2016 and areas for improvement for 2017. The report was available to residents and their representatives/relatives.

The inspector found that the centre had appropriate arrangements in place to supervise staff in their work. Nursing and care staff were supported and supervised in their day to day work by the PIC and the CNM who worked opposite each other. The CNM worked a flexible roster in order to provide support and supervision at weekends and out of hours when required. Support staff in catering and housekeeping were supervised by the person in charge. There were regular staff meetings including staff handover meetings at the beginning of each shift and after lunch each day. Meetings were minuted. Staff told the inspector that they had regular contact with the PIC and the CNM in the centre and that senior staff were approachable

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of

the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced manager who worked full time in her role as Person in Charge [PIC] at the centre.

The PIC was a qualified nurse who had worked in older persons services for more than ten years. The PIC was committed to providing person centred care for residents and had made a number of changes and improvements in the centre following their appointment to the role.

Feedback from staff, residents and their relatives/representatives was that the PIC was approachable and that the focus of her work was the residents and the quality of their care and ongoing lives at the centre

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. This was further confirmed by a review of records which indicated that training in elder abuse detection and prevention was on-going and staff had received this mandatory training. This training was supported by a policy and procedure on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

Staff had attended training on the management of behaviours that challenge [responsive behaviours] and there was a policy in place to guide practice. Staff spoken with were very familiar with residents' behaviours and adopted a person centred approach and they could describe particular residents' daily routines to the inspectors. Residents who displayed responsive behaviours had a care plan in place which identified triggers for the behaviours and the appropriate response to support residents and to keep them safe. Staff had received training in caring for older people with cognitive impairment or dementia.

Restraint management procedures were in line with national policy guidelines and a restraint free environment was promoted. Where risks were identified a comprehensive risk assessment was completed and a plan of care to manage the risk was discussed and agreed with the resident and their representative/relative. The inspector saw evidence of alternatives to restraint being used such as bracelet alarms. Staff spoken to were aware of the use and potential risks of restraint

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the health and safety of residents, staff and visitors was actively promoted.

The centre had a comprehensive health and safety and risk management policies in place which met the regulations. There was an up to date Health and Safety Statement and a centre specific risk register. The centre's risk register was reviewed regularly and had recently been updated. The centre had an emergency plan in place which provided guidance to staff on the contact numbers and the alternative accommodation for residents should a full evacuation of the centre be required.

Training records showed that staff had access to a range of health and safety training including moving and handling, infection control, fire safety, first aid and cardio-pulmonary resuscitation. Staff who spoke with the inspectors demonstrated a good awareness of health and safety issues and were able to articulate specific risks relating to their work and the measures that were in place to manage that risk. Staff were observed to be following appropriate health and safety practices in their day to day

work.

Records showed that fire drills were carried out regularly and included a night time scenario. Staff interviewed demonstrated that they had taken part in a recent fire drill and that they knew what to do in the event of a fire including the centre's evacuation procedures. Fire action signs were on display throughout the building. Fire exits were clear of obstructions. Evacuation equipment was available for those residents who were identified as needing full support during an evacuation. Each resident had a personal emergency egress plan [PEEP] which clearly outlined the resident's needs in terms of mobility, communications and cognitive impairment in the event of an emergency evacuation.

Maintenance records confirmed that fire equipment was serviced regularly. The centre was compartmentalized through the use of fire doors which closed automatically when the fire alarm sounded.

The inspectors found that the centre had appropriate processes in place to assess and reduce the risk of residents absconding. Risk assessments were completed and recorded for each resident and appropriate care plans were in place for those residents who had been identified as being at risk.

Staff were observed to follow the centre's infection control guidelines. The inspectors found that staff washed their hands regularly and wore personal protective equipment such as aprons and gloves. Hand sanitizers and hand washing facilities were in place around the centre

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there was a comprehensive medication management policy in place which provided guidance to staff on all aspects of medication management from ordering, prescribing, storing and administration.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of

medication error in the sample reviewed. The prescription sheets reviewed were legible and clear. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the GP as suitable for crushing.

Nursing staff had completed training in medication management and audits were completed monthly by the management team. Medication errors were recorded and the learning outcomes were recorded. Although medication administration practices in the centre had improved in line with the requirements from the previous inspection the inspector found that further review and improvement was required.

Medicines were being stored safely and securely in the clinic room which was secured.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that resident's wellbeing and welfare was maintained by a high standard of evidence-based care and appropriate medical and allied health care was available. The arrangements to meet residents' assessed needs were set out in an individual care plan for each resident.

Samples of clinical documentation including nursing and medical records were reviewed

which indicated that all residents admitted to the centre were assessed prior to admission.

Comprehensive assessments were carried out and care plans were developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including assessment for the risk of malnutrition, falls and pressure ulcer development. Care plans were developed based on the residents' assessed needs. In addition, there was documented evidence that residents and their representative/relative, where appropriate, were involved in the care planning process, including end of life wishes and care preferences.

Based on a sample of records viewed by the inspectors, residents' health needs were met and they had timely access to General Practitioner (GP) services including out-of-hours services. There was evidence of referral to and review by allied health services such as dietetics, speech and language, chiropody and physiotherapy.

All residents who spoke with the inspector during the inspection expressed satisfaction with the care services provided at the centre.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that in most areas the layout and design of the centre met the needs of the residents and was appropriate for its intended purpose. However the shared bathrooms and shower room on the first floor did not meet the needs of the current residents.

The centre is an adapted building annexed to the main convent building. It consists of 24 single rooms and one twin bedded room. The original building has been extended to provide extra bedroom accommodation and a communal lounge and dining room on the ground floor. The ground floor accommodation was arranged around a pleasant inner courtyard garden.

All single bedrooms were en-suite. The centre had one further wheelchair accessible toilet on the ground floor and was in the process of adapting a ground floor store room into a second wheelchair accessible toilet with shower facilities. The main bathroom had an assisted bath and shower facilities. Grab rails, raised toilet seats and shower chairs were available in these areas.

The en-suite bathrooms on the first floor did not meet the needs of the current residents as residents could not access the step in baths or the step up shower facilities.

Communal areas included the main lounge, a dining room, two further quiet lounges, an oratory and a small conservatory seating area off the main ground floor corridor with comfortable seating for three persons.

The centre was nicely decorated and comfortably furnished. The management team were working towards providing a safe and suitable environment for residents with a variety of needs whilst maintaining a homely, welcoming atmosphere. The layout of the seating and dining areas encouraged social interaction between residents and the quiet seating areas provided a pleasant space for residents who preferred to spend time quietly or who wanted to meet with their visitors.

Residents were observed mobilizing throughout the centre during the inspection, some spending time in their rooms and others choosing to spend time in the communal areas or in the garden and convent grounds.

The courtyard garden provided a safe and pleasant outside space for residents. The area was furnished with seating and tables and contained raised salad and flower beds. The main convent had extensive grounds and gardens which were accessible to the residents. The inspector observed staff walking with residents in the grounds during the inspection. Ground floor bedrooms and some first floor bedrooms had a view of the extensive grounds and gardens.

The inspector reviewed a number of resident's bedrooms. Each room had a wardrobe, chest of drawers and bedside locker for each resident and comfortable seating. Residents had lockable storage space in their rooms. The twin room had screening curtains in place to respect residents' privacy and dignity. Bedrooms were personalized with photographs, paintings and artefacts from the residents' previous lives at the convent. Each resident had a nurse call bell beside the bed.

Storage space for hoists and wheelchairs in the centre was well organized. Storage facilities had recently been reviewed and although storage space was limited the inspector found that equipment was stored appropriately within the space available. The centre had organized a dedicated hoist storage area with recharging facilities. The inspector reviewed the service records for the equipment in use and found that the items had been serviced within the last twelve months. Staff reported that equipment was repaired and replaced promptly if needed.

The centre was clean, well lit, in a good state of repair and was suitably heated throughout. The maintenance records showed that there were systems in place to

service and maintain the building and equipment including fire equipment.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious and cooked fresh each day. The inspector visited the kitchen and found that it was clean, organised and well supplied with fresh fruit, vegetables and meat. The chef on duty had a good knowledge of each resident's likes and dietary requirements. Information on residents' dietary needs and preferences was documented and records were held in the kitchen.

The inspector visited the dining room during lunch and saw that this was a popular social activity. The dining room was decorated for 4th July celebrations as a number of the residents had spent part of their lives in America. Tables were nicely laid out and decorated with napkins and bunting in blue, white and red. Typical American fare was provided for lunch with a choice of two main options and alternatives available if requested. Meals were well presented. Some residents required their meal in an altered consistency and this was well managed by the kitchen and care staff. There were adequate staff to offer discreet support and supervision to residents when required.

Weights were recorded on a monthly basis or more frequently if required. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights.

The inspector reviewed the seasonal menus and saw that choices were available at each meal. Residents spoken with also expressed satisfaction with the food provided. Snacks and drinks were readily available throughout the day.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that there was a person centred approach to providing care and services in the centre that respected individual residents' rights and privacy and promoted their independence and autonomy.

Residents were consulted about how the centre was run and were given the opportunity to provide feedback about the service. This process was facilitated through residents meetings, regular contact with the person in charge and the provider nominee and through feedback processes such as the suggestion box and the annual review. Inspectors found evidence of changes being made in response to residents feedback for example in the daily routines and activities in the centre.

Residents had access to independent advocacy services as needed. Information about independent advocacy services was available on the resident notice boards and in the resident information guide. The resident's meetings were now chaired by an independent advocate.

Residents were supported to attend religious activities of their choice. Mass and prayer services were held daily in the centre's chapel and oratory. The inspector saw evidence of pastoral care provided by sisters from the main convent who visited the centre each day. Staff used information technology to successfully support residents who could not attend the services to participate more meaningfully via satellite communication.

Residents who spoke with the inspector said that they were able to exercise choices in a variety of ways including where to eat, choice of food, how to spend their time and where to spend time in the centre during the day. The inspector found evidence of preferences for care and routine recorded in individual resident's records. Where residents were not able to express their preferences inspectors found that the residents were still consulted and offered choice and that staff worked together and with the resident's representative/relative to put together a routine that suited the resident.

The residents explained the processes that were in place to support those who wished

to exercise their voting rights. The inspector was assured that residents were able to exercise their civil and political right as they wished.

There was access to TV, radio and newspapers and magazines. The inspector observed staff talking with residents about local and national issues. Residents were supported to go to the local shops and to attend events within the local community as they wanted to. There was a telephone available in each bedroom if the resident wanted to make a telephone call in private.

The centre had an open visiting policy with limited restrictions around meal times. The inspector observed a number of visitors attending the centre throughout the inspection. Visitors who spoke with the inspectors said that they were always made welcome and that they were encouraged to have input into the resident's day to day life at the centre. Staff knew the relatives and visitors that visited and were observed to work closely with visitors to provide care and support for individual residents. There were areas for residents to meet with their visitors in private including a comfortable quiet lounge on each floor and a small conservatory seating area on the ground floor. During the inspection the inspector observed a resident meeting with two members of their family and enjoying Independence Day cake and refreshments in the conservatory area.

The inspector found that the centre provided a range of activities and entertainments for residents. The programme was seen to provide opportunities for residents with a range of dependencies to be meaningfully occupied. The groups and 1:1 activities were provided in a variety of areas throughout the centre. During the inspection the activities included music and singing, mass, relaxation and walks in the garden and grounds. The inspector observed staff supporting residents to attend the activities. Where a resident did not wish to attend an activity this was respected by staff and recorded in their records. Resident care plans documented preferences for activities and entertainments and staff knew which activities individual residents preferred to attend. Life stores were collated for all residents which described their past lives and interests including their previous careers within the order. This allowed staff to engage with residents and care for them in a person centred manner.

Where residents had communication needs these were identified in their assessment and a care plan agreed with the resident and their family/representative. The inspector found that communication needs and relevant care plans were recorded in individual resident's records. Staff were aware of residents' communication needs and were seen to provide support to residents when it was needed for example in choosing what to eat and which activities to attend.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet

the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate numbers of staff with the necessary skills and experience to meet the needs of residents.

The inspector reviewed the staffing levels, actual and planned staff rosters, staff training records and spoke with staff, residents and visitors. Inspectors found that there were sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents who lived at the centre. The planned rosters took into account the layout of the centre and the levels of care and supervision required. Staff levels were reviewed regularly in response to changing resident dependencies and care requirements. A new clinical nurse manager [CNM] post had been created at the centre to increase the support and supervision available to nursing and care staff.

Staff files reviewed by the inspector contained the required documents as per Schedule 2 of the Health Act 2007 [Care and Welfare of Residents in Designated Centres for Older People] Regulations 2013. The provider nominee told the inspector that all staff and volunteers working at the centre had Gardaí vetting in place.

There were sufficient housekeeping, catering and administration staff to ensure that the centre was run effectively for the benefit of the residents who lived there. Staff from these departments were observed to be interacting with residents and their visitors during the inspection. Staff were seen to be respectful and cooperative in their dealings with each other and with the residents and their visitors. Residents and their relatives/representatives expressed high levels of satisfaction in their relationships with the staff team at the centre often commenting on their cheerful and helpful manner and their kindness and courtesy.

Training records showed that all staff had been provided with mandatory training in moving and handling, fire safety and prevention of elder abuse.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Marian House
Centre ID:	OSV-0000693
Date of inspection:	04/07/2017
Date of response:	19/07/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

An appropriate action plan had not been put into place following recurrent errors by one member of staff. This was addressed during the inspection and an appropriate action plan was submitted to the inspector before the close of the inspection.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

An action plan was submitted on the day of inspection as noted above.

Proposed Timescale: 31/07/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The en-suite shower and bathrooms on the first floor do not meet the needs of the current residents.

2. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

Our plan is to refurbish the shared bathrooms on the first floor and to replace the baths and showers that are currently in place with bathing facilities more suited to the needs of our residents. The old showers and baths will be removed and replaced with accessible showers.

In the meantime residents on the first floor have access to en-suite toilets and hand-basins. They also have access to assisted toilet and shower facilities in close proximity to their bedrooms.

We are in the process of obtaining quotations for this work which involves the complete refurbishment of 5 bathrooms. Timescale for completion must be discussed and agreed with the builder however we aim to complete this work as soon as possible.

Proposed Timescale: 30/11/2018

