



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:	22 May 2023
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0039533

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 10 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, conservatory and visitors' room. There is a safe, secure garden area that is readily accessible to residents and this 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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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 22 May 2023	09:10hrs to 16:50hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were happy and content with the support provided to maintain their health and social care well-being. Residents said that staff were kind and caring and that they would do anything for you. Observations carried out on the day confirmed that residents were comfortable in the company of staff. Marian House Alzheimer Unit provides a respite service for the local community and was found to have high occupancy rates since the last inspection. There were nine residents living in the centre on the day of this inspection. Residents normally reside in the centre for a period of two weeks however the provider is flexible in their approach to this. The provider facilitated short stays for residents who had difficulties being away from the usual environment for two weeks.

While feedback from residents was positive regarding their quality of life, more focus was required on areas of the service that had the potential to impact on resident's choice in particular, the availability of external facilities required improvement so that residents could enjoy an outside space that was suitable for their needs. The inspector also found that some improvements were required in relation to the centre's assessment and care planning process, these findings are discussed in more detail under Regulation 5.

Following an opening meeting the inspector took a tour of the premises where they met and spoke with residents in the corridors and in the dining and day rooms. The centre is a single story purpose built facility, which provides up to 10 beds respite care for people living in their own homes with dementia. The building consists of eight single bedrooms and one twin bedroom. All rooms with the exception of two single rooms have full en-suite facilities which included a shower, toilet and wash hand-basin. Additional assisted showers and toilet facilities were available along the corridors.

Communal accommodation was seen to be appropriately decorated and homely and the inspector saw that this space was plentiful. The inspector observed many positive interactions between staff and residents. It was clear that staff were aware of the assessed needs of the residents and were able to respond in an appropriate manner to meet those needs. Residents who required support with their personal care or way finding were supported in a timely and discreet manner.

Residents who presented as anxious were given time and space by staff to discuss their concerns or worries. Residents said that they felt safe in this centre and that staff would look after them if they had a query or concern. All residents observed on the day were wearing suitable clothing and well-fitting footwear.

The inspector found the meal service to be a positive experience for residents. The dining area was well laid out with sufficient numbers of tables and chairs available for the residents to use. Furniture which resembled a country style dresser brought a sense of home to the dining room area. Many of the residents who required

support with their eating and drinking were provided with timely assistance in an empathetic manner. Residents who expressed a view said that they liked the food on offer and that they could ask for an alternative meal if they did not like what was on the menu.

The inspector observed staff providing a range of activities throughout the day. Residents who were in attendance were provided with support and encouragement to participate and enjoy the activities provided. Activities observed on the day included, relaxing music therapy, jigsaws, aromatherapy, ball games, a physical activity game which was well- received by the residents and sensory tactile activities where residents experienced the feel of different textures on their skin.

Building works to increase the capacity of the centre were ongoing. The negative impact of these works on the centre found on the last inspection had largely been mitigated by the provider. Separate facilities were now available for the provision of sluicing and cleaning stores and improvements were found regarding storage. The additional internal storage that had been created was being used to ensure the separate storage of clinical and non clinical items. This was a significant improvement from the previous inspection.

Despite these positive actions on behalf of the provider, inspectors found that on the day of the inspection the visitors room was being used as a temporary office by the provider. This meant that residents had to wait for this area to be vacated before they could use it to meet their visitors otherwise they had to meet their visitors in other areas of the designated centre. The provider carried out a number of actions to improve fire safety concerns identified at the last inspection as described under Regulation 28.

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

Overall, the inspector found that the designated centre was well-managed for the benefit of the residents who used the service. Management and staff ensured that residents generally had a good quality of life in the centre. The inspector found that the registered provider had taken a number of actions to come back into compliance with Regulation 28, fire safety and Regulation 27, infection prevention and control, while improvements were also found regarding the maintenance and availability of records. There were two breaches of condition one of the registration found on this inspection and are discussed in more detail under Regulation 23, governance and management.

This was an unannounced risk inspection carried out by an inspector of social services 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 the actions taken by the provider to address issues of non-compliance found on the last inspection in November 2022.

There were governance and oversight systems in place to monitor the quality of care provided to residents, however some of these systems were not sufficiently robust to ensure that the service was safe, appropriate, consistent and effectively monitored and are described in more detail under Regulation 23. Other areas of the service which required actions to comply with the regulations are described under the theme of Quality and Safety and under the relevant regulations section of this report.

Marian House Alzheimer Unit is a specialist dementia care service that provides 24-hour respite care for 10 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. There is a full time person in charge who was now re-established in their role having returned to the centre shortly before the last inspection held in November 2022. The person in charge reports to the CEO and is supported in her role by a team of experienced nurses, care staff, household, and catering and maintenance staff.

Systems to monitor care and welfare support to residents were in place. A schedule of audits which monitored the quality of the service provided was maintained by the provider. There were regular governance meetings held to review the service at local and at management level and to review information gathered on complaints, audits, infection prevention and control, clinical review, training, risk and fire safety.

There were sufficient staffing levels in place with the right skillset and knowledge to meet residents' assessed needs. The inspector observed that residents who required assistance were responded to in a prompt manner. There was good oversight of the staffing requirements that were needed to provide the required levels of care to residents. Staffing was discussed at governance meetings on a monthly basis.

Discussions with staff confirmed their attendance at organised training both in-house and on-line. Staff felt that there was a good range of training available to them to carry out their role effectively. Observations confirmed that staff were knowledgeable regarding measures to promote infection prevention and control through adherence to hand hygiene and the wearing of appropriate the personal protective equipment (PPE). There were opportunities for staff to discuss their work in team meetings or on a daily basis with each other and the management team. The inspector observed staff working together in carrying work tasks and noted that there was effective channels of communication among the team. A review of staff records confirmed that new staff were inducted into the role and that existing staff had their performance appraised on an annual basis.

There was clear documentary evidence that resident records with regard to the directory of residents were updated on a regular basis. The provider had arrangements in place to secure these records and maintain resident confidentiality.

Overall the registered provider submitted notifications in a timely manner which included the submission of quarterly notifications. However this inspection found that bed sensors in use had not been included on the quarterly notifications submitted to the Chief Inspector to identify all types of restraints that were being used in the designated centre.

An annual plan for 2022 was in place and was developed taking into account both residents and their families views on the service.

Regulation 15: Staffing

There was a suitable number and skill mix of staff available to support residents assessed needs. A review of the staffing rosters confirmed that there was a nurse on duty at all times during the day and night. There was a robust system in place to respond to staff absences.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had regular access to appropriate training. There was full compliance regarding staff attendance at mandatory training in relation to safeguarding, moving and handling and fire safety. In addition staff had completed a range of supplementary training such as, care planning, infection prevention and control, cardio pulmonary resuscitation (CPR), medication management, and responsive behaviours. Observations throughout the day confirmed that there was regular supervision and guidance provided to carers by the clinical team.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in line with statutory requirements which captured all of the information as required under this regulation. Records were well maintained, accurate and accessible for the inspector to review.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a number of records relating to Schedules 3,4,5 and 6 and found they were generally well-maintained and up-dated as and when required. Records viewed on inspection were found to be stored and appropriately secured.

Judgment: Compliant

Regulation 22: Insurance

The registered provider maintained a contract of insurance against injury to the residents. The contract indicated that it was due for renewal on the 04 March 2024.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had not ensured that the service was being delivered in line with the centre's conditions of registration. For example;

- The visitor's room was being used as a staff office. This was in breach of Condition 1 of the centres current registration.
- An unregistered area was being used to store supplies used in the running of the designated centre, the registered provider however submitted the required application to vary the current registration shortly after the inspection.

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:

- Systems that monitor assessment and care planning did not identify gaps in the records which meant that staff may not have the information they needed to ensure residents received care support in line with their assessed needs.
- Systems to ensure that all restrictive practices were included on the quarterly notifications submitted to the Chief inspector required actions to ensure the provider complied with the measures set out under Regulation 31.

The registered provider had failed to make sure that adequate resources were made

available to ensure that:

- Residents had access to external grounds which are suitable and safe for use by residents and that such grounds are appropriately maintained.
- Sufficient office space was made available for staff to use. Currently staff are sharing facilities allocated for resident's to receive their visitors.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications were generally submitted in a timely manner. However, notifications with regard to the use of restrictive equipment such as bed sensors had not been submitted to the Chief Inspector on a quarterly basis as required by the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures required under schedule 5 of the regulations were available and had been reviewed in 2021. The registered provider was currently in the process of updating three policies which were due to expire in May 2023.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of ongoing health and social care support to ensure positive outcomes and that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that resident's voices were being heard in this centre. There were however some areas of the service that required improvement in relation to care planning and premises.

On the whole residents needs were assessed prior to admission to the centre. Pre assessment documentation with regard to one resident found inconsistencies in

accessing accurate information and contributed to the resident experiencing a fall in the centre. The inspector found that the provider had reviewed their internal processes to identify more clearly the equipment requirements of residents referred to the service.

While there was a good standard of care planning evident in this centre, two care plans reviewed by the inspector did not provide sufficient up to date information and had the potential to result in poor outcomes for the individual residents.

The provider ensured that residents could maintain access to their own general practitioner (GP) or arrangements were in place for residents to access a local GP service during their admission. The local GP service visited the centre on a regular basis.

Residents nutrition and hydration needs were assessed prior to admission and this information informed well-documented care plans which set out the interventions to meet those needs. Access to dietitian and speech and language therapy was available should residents require additional clinical input.

There were well-established links with psychiatry of old age for residents who required specialist mental health input.

The centre had a risk management policy that included the specific risks as required by the regulations and set out the controls in place to mitigate these risks. There were systems in place to manage risk as part of the risk management strategy and there was good oversight of risk maintained at governance meetings. The person in charge maintained a risk register, which was monitored as per the centres policy.

Overall, the premises was clean and well maintained. The centre had experienced a COVID-19 outbreak shortly before this inspection which affected both residents and staff. Records confirmed that the centre's infection prevention and control policies and procedures were used effectively by the staff team in controlling the spread of infection in the designated centre. An additional store area was now in use which allowed for the segregated storage of clinical and non clinical items. On the day of the inspection staff were observed to be following appropriate infection prevention and control guidelines in their routine work practices.

Resident rights were promoted and respected by the staff team. Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided. It was clear that feedback from residents was used to inform the quality improvement plan for 2022. There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a varied schedule of activities in place which was available and advertised in the designated centre.

Residents also had good access to a range of media which included, television and radios. There was no restrictions on visiting to the centre which was in line with national guidance. Despite all these positive measures, there was a lack of suitable safe outside space for residents which meant that residents may not be able to

enjoy the fresh air and summer weather.

The designated centre was undergoing works to extend and provide additional bedrooms and living accommodation for residents. These works continued to impact on residents access to facilities both internally and externally. For example, the visitor's room was also being used as an office by staff, the smoking area that was in use was not adequately supervised and did not have a nurse call facility for residents to call staff if they needed support.

The provider had made a number of improvements since the last inspection to promote safe and effective fire safety strategies in the designated centre. All staff spoken with were familiar with the fire procedure and confirmed their attendance at simulated fire drills. All areas of the designated centre were monitored by the fire system including the temporary cabins which housed the sluice and the laundry facility whilst the building works were being completed. Fire safety records were well-maintained and available for review. Personal emergency evacuation plans (PEEPS) were available and indicated the support each resident would require in the event of an emergency evacuation. Fire exits were observed to be clear from obstruction.

Regulation 17: Premises

While the inspector found the centre to be clean, odour free and tastefully decorated, there were some facilities that required attention in order for residents to enjoy their lived environment, for example

- The external grounds available for residents recreational use was not suitable. Arrangements for residents to be able to sit out and enjoy the open space were limited due to the lack of appropriate seating and tables. There was no plants, flowers or decorative features in this areas and this space resembled more of a storage yard as opposed to a relaxing facility for residents.
- The residents visitors room was found to be also used as a temporary staff office.
- The location of the outside smoking facility was unsuitable due to its location near other services such as the sluice and laundry facilities. There was no system for residents using this area to call staff if they needed help.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were content with the variety and quantity of food available in the centre. There was a pictorial menu displayed in the dining room for residents to view and confirmed that there were a range of choices available for residents to select. On the day of the inspection the lunch choice was a bacon or fish dish, while the desert choices were rice pudding, strawberry mouse or jelly and ice cream.

Staff were knowledgeable with regard to the type of meal that were suitable for residents to eat such as special or medical diets . A review of care records confirmed that resident's meal preferences were recorded and included any specialist requirements made by dietitians or by speech and language therapists (SALT).

Residents who required support with their eating and drinking were supported by staff in a discreet and professional manner. The inspector observed that residents were provided with hydration support throughout the day.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register was comprehensive and detailed. Risks were kept under review by the person in charge and were reviewed and updated on a regular basis. The risk register identified risks and included the additional control measures in place to minimise the identified risk.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. A recent outbreak of COVID-19 which impacted three residents and three staff members had been reviewed by the provider to ensure that existing contingency measures for effective infection management were in place. The centre was clean and well-maintained. Effective cleaning processes were found to be in place to support and maintain high levels of cleanliness.

Records confirmed that staff had regular access to training in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). Regular resident and staff meetings ensured that all were familiar and aware of the ongoing changes to guidance from public health and the HSE. A review of audit information in relation to infection prevention and control found good levels of compliance in this

centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had effective arrangements in place to protect residents in the event of a fire emergency. A review of fire records confirmed that the fire alarm system was serviced on a regular basis. Fire fighting equipment such as fire extinguishers were also serviced on an annual basis, a review of records confirmed regular testing of emergency lighting. There were records available to confirm daily and weekly checks carried out by the provider regarding emergency exits, fire doors and fire signage. The testing of electrical portable appliances was completed in January 2023.

Improvements were noted in the oversight of fire safety within the centre with regular fire drills and simulated evacuations now occurring on a regular basis. This was further strengthened by a monthly fire safety audit. There was good knowledge among the staff team present regarding the fire procedures and on the actions they would need take in the vent of a fire emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning required improvement to ensure each resident's health and social care needs were identified and that care interventions were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

Two care plans did not contain the necessary information to guide care delivery, for example

- One resident who was assessed as experiencing behaviour and psychological symptoms of dementia (BPSD), did not have a care plan in place to manage and support this identified need.
- One resident's care plan needed improvement to accurately identify current interventions, while information was recorded in residents progress notes this was not reflected in the resident's care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had timely access to medical and allied health care professionals. There were also arrangements in place for out of hours medical support for the residents. The registered provider ensured that there was a high standard of evidence based nursing care in accordance with professional guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were cared and supported in a person centre manner. Care plans were developed on an individual basis and were found to include resident contributions and where appropriate family members views on the nature of care interventions provided.

There was effective oversight of restrictive practices in this centre, the provider maintained a risk register which was reviewed on a regular basis. In instances where restrictive practices were introduced such as bed sensor's or bed rails, residents care records confirmed that the least restrictive measure was trialled in the first instance. The provider had systems in place to ensure consent was in place before any restrictive measure was used. While the provider ensured that there was rationale behind the introduction of restrictive practices, some of these measures were not included on the quarterly notification forms submitted to the Chief Inspector, this is discussed further under Regulation 23 governance and management.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse.

A review of records relating to two safeguarding incidents found that the registered provider ensured that incident was investigated promptly in line with their safeguarding policy, and that appropriate measures were identified and implemented to protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was a focus on ensuring that residents were provided with activity support that aligned with their interests and capabilities. Information accessed on pre-admission records identified residents likes and dislikes with this information used as a basis in providing individual support. The inspector observed various activities provided on a group and individual basis throughout the day and consisted of sessions on aromatherapy, arts and crafts, quizzes, story telling, jig saws and a relaxing music session.

The provider arranged quarterly resident meetings in order to access residents views on the service and to provide information on the current service. The annual plan of quality and safety for 2022 had been completed by the provider and was found to have incorporated residents views on the service. There were arrangements in place to support residents who required independent support such as advocacy services.

The inspector identified a number of facilities that required improvement in order for residents to enjoy their environment, areas that required action on behalf of the provider are discussed under Regulation 17, Premises.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0039533

Date of inspection: 22/05/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The visitor’s room has been fully reinstated to a visitor’s room only and is no longer dual purpose. The staff member who was using this room when free has been relocated. This action is complete (31/05/23).</p> <p>An Application to Vary was submitted to HIQA on the 31/05/23 to register to external storage units. This action was completed on the 31/05/23.</p> <p>Systems to monitor the assessment and care planning process have been reviewed and updated. This action was completed 31/05/23.</p> <p>All restrictive practices have been included in the quarterly returns for July 2023 including bed sensors. Bed sensors are used in Marian House as part of our falls management protocols. Marian House has and continues to review the documentation and care planning processes for the use of bed sensors within the center in consultation with residents and their families. Marian House continues to promote a restraint free environment. (Action completed 21/07/23.)</p> <p>Residents have access to outdoor space which is safe and secure - the current outdoor space has been planted with flowers and garden seating has been put out for the summer months - this action was completed on the 31/05/23.</p>	
Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All restrictive practices have been included in the quarterly returns for July 2023 including bed sensors. (Action completed 21/07/23.)

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The visitor's room has been fully reinstated to a visitor's room only and is no longer dual purpose. This action is complete (31/05/23).

An application to vary was submitted to HIQA on the 31/05/23 to register to external storage units. This action was completed on the 31/05/23.

Residents have access to outdoor space which is safe and secure. The current outdoor space has been planted with flowers for the Summer. Residents have access to an outdoor space which is safe and secure. The current outdoor space has been planted with flowers for the Summer. Seating has been put in place. (This action was completed on the 31/05/23).

The smoking area has been relocated and systems are in place to ensure residents are safe while smoking. (This action was complete on the 31/05/23)

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Systems to monitor the assessment and care planning process have been reviewed and updated. This action was completed 31/05/23.

Training has been provided to staff to ensure that any identified needs / information is / are recorded in Care Plans in a timely manner. All nursing staff have completed the national frailty programme and assessing and managing pain for a person with dementia. This action is complete 15/07/23.



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.	Not Compliant	Orange	31/05/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	15/07/2023

	consistent and effectively monitored.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	20/07/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	15/07/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/07/2023