



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

Issued by the Chief Inspector

Name of designated centre:	Marian House
Name of provider:	Holy Faith Sisters
Address of centre:	Holy Faith Convent, Glasnevin, Dublin 11
Type of inspection:	Short Notice Announced
Date of inspection:	12 November 2020
Centre ID:	OSV-0000693
Fieldwork ID:	MON-0031107

About the designated centre

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

Marian House, Glasnevin, is a Nursing Home run by the Holy Faith Sisters. It is a Holy Faith congregational facility, which seeks to care for Sisters of the Holy Faith and female residents in a comfortable, homely environment supported by qualified nurses and carers.

Marian House is purpose designed to provide care for residents with a variety of Needs and can accommodate maximum of 26 female residents. There are 24 single rooms and 1 double room in the centre located on two floors. It is surrounded by landscaped gardens with country views. The secure outdoor enclosed courtyard has seating areas for the residents.

A General Practitioner is also in attendance. Marian House staff is guided by the current and future best practice guidelines for the care of its residents.

To achieve the homes objectives, a holistic approach to the wellbeing of each resident is

adopted so that each person may retain as much control and independence as possible. The values of dignity, respect, confidentiality, supportive enabling and friendliness inform all aspects of life in Marian House. Careful attention is paid to the spiritual, social, emotional and physical needs of residents, thus promoting the wellbeing of all.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 12 November 2020	09:05hrs to 17:40hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

The inspector observed residents moving freely throughout the centre and noted walks were available on the grounds of the campus and access to a well maintained internal courtyard. The courtyard had a selection of brightly coloured seating, well-kept raised beds and grab rails to assist safe access to the area.

Staff were knowledgeable regarding the needs and preferences of residents. Residents who spoke with the Inspectors said that they were kept informed with regard to information about COVID-19 by the staff and through regular communication from a member of the Holy Faith order and the person in charge. They understood the reasons for visiting restrictions but missed seeing their family and were looking forward to visiting starting again in the centre. They said that staff were very kind and gentle and did everything in their power to keep them safe. Other residents said that they enjoyed the food offered and had plenty of choice. Where residents needed assistance with eating and drinking they were assisted in an encouraging and discrete manner. Residents expressed that they couldn't speak more highly of the staff as they were so gracious, willing and always ready to help with any requests for assistance and that call bells were answered promptly.

There was a range of activities on offer such as music, touch therapy, bingo, arts and crafts, games and bowling. A mass and prayer service was available each day in the centre and religious occasions were acknowledged or celebrated throughout the year.

Control over residents' daily life was facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents said that should they have a concern or a complaint it was dealt with quickly. Staff who spoke with inspectors reported that they felt supported in their role and were provided with regular training.

Capacity and capability

Marian House is owned and managed by The Holy Faith Sisters. Prior to the COVID-19 pandemic, the designated centre had been inspected in 2018 and had achieved good levels of compliance across the regulations inspected. Following this inspection the provider submitted plans to the Chief Inspector setting out how they would address the issues identified in those areas, and showed a willingness to make improvements. However, areas such as governance and management and records required improvement.

This was a short-term announced inspection and the registered provider

representative had been informed about the inspection on the afternoon of 11 November 2020 before the inspection was scheduled. This was done in order to ensure that the inspector was aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them.

To assess the assurance arrangements in place, the senior management team were requested to provide a number of documents on the morning of inspection. This included for example, the allocation of staff, training records, emergency plans, resident notes, the risk register and the complaints log.

The centre was well managed by an established management team who were focused on improving resident's wellbeing. The service was led by a person in charge, who was suitably experienced and qualified for the role. Staffing was sufficient to meet the residents' needs and there were qualified nursing staff available at all times. Records showed that a second reference was not available for two staff members. There were effective management structures in place that ensured care was provided in a safe and sustainable way.

There were systems in place to monitor the service, however there were gaps identified during the inspection which were not identified when the infection control audit tool was used and there were gaps in the completion of care plans within 48 hours of admission. This is discussed further in regulation 27: infection control and regulation 5: individual assessment and care plan.

An annual review had been completed to monitor how the service was meeting resident's needs however it did not include evidence of consultation with residents. The person in charge assured the inspector that resident views in satisfaction surveys would be included in the next annual review.

Whilst staff records reviewed contained all the required information and documentation there was one reference not in place for 2 of the staff. Staff had access to a wide variety of training, and were supervised in their roles. Regular education sessions took place. Staff were aware of the lines of accountability and authority in the centre and were provided with and were clear about the standards that were expected of them in their work.

Residents who spoke with the inspector knew how to make a complaint and said that issues or complaints made by them were dealt with quickly.

Regulation 15: Staffing

Rosters showed that there was at least one registered nurse on duty at all times in the centre. The Inspector found that staff allocations were managed to meet priority needs and to ensure the safe and appropriate delivery of care and services for residents. Contingency arrangements were in place for staffing should an outbreak

OCCUR.

There were no volunteers coming into the centre due COVID-19 restrictions.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training using online platforms and face to face training. There was an ongoing training programme for nurses and care staff and records confirmed that all staff had completed training on infection control, fire safety, safeguarding and moving and handling. All nursing staff had completed training in medication management.

The assistant director of nursing and nurse manger supervised staff in their work, and there was a system of performance appraisal in place for staff.

Judgment: Compliant

Regulation 21: Records

All records were stored in a safe manner and were readily available on the inspection day.

While staff records were found to contain all documentation required under Schedule 2 of the regulations, a second reference was not in place for two staff. Vetting by An Garda Síochana was in place for all staff members before they commenced employment in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

There were systems in place to monitor the service, however there were gaps identified during the inspection which were not identified in the infection control audit tool being used to give the provider assurances that best practice was in place and was effective for oversight at management meetings. This is discussed further

in regulation 27: infection control.

Care plans were person centred and care plan audits were taking place, however gaps were not identified within this process for example the preparation of care plans within 48 hours of admission. This is discussed further under regulation 5.

Regular governance, health and safety and COVID-19 meetings were taking place however records showed that the risk register was not being reviewed at these meetings. There was a detailed outbreak preparedness plan in place and staff knew where this plan was located. The provider had scheduled an outbreak preparedness drill for staff the day following this inspection.

While an annual review had been completed to monitor how the service was meeting resident needs it did not include evidence of consultation with residents and their family. Satisfaction surveys had been completed by residents and the person in charge told the inspector that they intended to include feedback from the survey and resident meetings in the next annual review. Results from the surveys showed that residents were happy with the service provided.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which was advertised within the centre. Records showed they were dealt with promptly, and there were records available to document the outcome and satisfaction level of the complainant.

Judgment: Compliant

Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support. Some improvements required were identified within care plans, infection control and risk management.

The premises provided residents with a comfortable and accessible environment. The centre was visibly clean throughout and was maintained and decorated to a reasonable standard. The inspector was informed that there was refurbishment work due to take place in December of 2020. There was evidence that residents' rights were protected. There were dedicated activity staff, who were supported by care staff to provide residents with a range of activities.

The risk register was under review and required improvement to include all the

measures and actions in place to control identified risks and more information to include the responsible persons for the risk, dates that it was created and any subsequent review.

Infection control audits were taking place, and the person in charge confirmed that they would put in place a more detailed environmental audit tool for the centre which would assist in identifying gaps found during the inspection for infection prevention and control. Care plans were person centred and required review to align with regulation 5.

The residents' committee met regularly and residents were consulted with regarding their care and the service provided. Files inspected indicated that the provider was meeting regularly with residents. The provider valued residents' views and provided them with opportunities to participate in the running of the centre. Residents stated they felt safe in the centre and spoke positively about the care team and management in the centre.

Regulation 26: Risk management

There was a risk management policy in place, which contained measures and actions to guide staff with regard to abuse, unexplained absence of any resident, accidental injury to resident, visitor or staff, aggression and violence and self-harm.

While there was a register of risks in place, it required further development to include the date they were developed, reviewed, a responsible person identified or any additional measures to be put in place to manage the identified risks. Records seen showed that the risk register was under development by the person in charge.

Individual risk assessments were in place for residents, when needed and were reviewed regularly.

There was a detailed plan in place to respond to major incidents and emergencies, including an infection outbreak such as COVID-19.

Judgment: Substantially compliant

Regulation 27: Infection control

Marian house had not experienced a COVID-19 outbreak. Records showed that there were formalised arrangements in place to manage a potential COVID-19 outbreak in the centre. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available

in the centre.

There were systems in place for the on-going monitoring of residents, however gaps were identified in records for staff, to identify signs or symptoms of COVID-19. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Staff were aware of the local policy to report to their line manager if they became ill.

Visitors to the centre were checked for symptoms of infection before they could enter the centre and there was Personal Protective Equipment (PPE) available for their use.

Five staff were trained to take swabs for the detection of COVID-19 and testing was taking place in line with public health guidance.

There were infection prevention and control signs on display and additional signs for respiratory etiquette and hand hygiene and lamination of signs was required, this was partially addressed during the inspection.

Social distancing measures were observed by staff when they were on break. There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of each shift.

There were good systems in place to ensure appropriate PPE was available in line with current guidance. Staff were observed donning and doffing (putting on and taking off) PPE in the correct sequence. Hand hygiene practice and correct use of PPE was good on the day of inspection.

There were safe laundry and waste arrangements in place. Clean and dirty laundry were separated and staff were knowledgeable about infection prevention and control measures required. Records showed that the bedpan washer was regularly serviced and there was a legionella management system in place however water sampling was overdue for testing.

There were cleaning processes in place which were documented in cleaning sign off sheets for rooms and frequently touched surfaces. However, there were no terminal cleaning guidance or checklist being used to guide staff to effectively complete all environmental cleaning tasks or give assurances to the provider that rooms had been cleaned when a resident had left the room and would not return. The provider discussed with the inspector the use of a detailed infection control audit to monitor infection prevention and control practices in the centre.

Cleaning staff were knowledgeable with regard to safe cleaning processes. There were records kept of patient equipment cleaning schedules by nurses and cleaning staff.

A seasonal influenza flu vaccination programme available to both residents and staff. Records showed that there was a high uptake of the vaccine among residents and

staff.

Other findings identified the following areas for improvement and were partially addressed during the inspection:

- Two bins were not hands free which could lead to cross contamination.
- Access to the hand hygiene sink in the sluice was blocked by bins and there was no hand soap available.
- There was no splash back in the cleaners' room or hand towels available in the hairdressing room.
- A review of cloth cover seating was needed to allow for effective cleaning.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre- admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Improvement was required to ensure residents care plans were prepared within 48 hours of admission. While resident activity preferences were well documented, activity care plans required further development to include resident satisfaction levels. Care plans seen were person centred and reviewed every four months or more often should a resident's condition change or following recommendation of a specialist.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical care. There was a general practitioner linked to the centre, and access to D-doc during out of hours.

Referrals were made to appropriate health professionals when required. For example tissue viability nursing, physiotherapist, speech and language therapy and palliative care. There was oversight of a range of care needs, and regular reviews to ensure appropriate steps were being taken. For example, when residents had falls, or had been reviewed by a wound care specialist the recommendations that had been made for care were described in the assessments and care plans.

The national screening program was offered to residents that were eligible.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. The inspector noted good humoured exchanges between the residents and staff.

While there were opportunities for all residents to participate in activities this was not always done in a physically distanced way. The provider had increased the activity staffing levels to five days a week to provide residents with extra activities and exercise classes due to COVID-19 restrictions. Residents were seen to enjoy exercise classes and one to one therapy such as hand massage. Mass was provided every morning by the priest, where the service was televised from the mass room. Evening prayers took place in the prayer room where seating was arranged in a socially distanced way.

Residents were encouraged to participate and influence the running of the centre. Residents' meetings were held regularly and their feedback was seen to be used to improve the service provided.

Residents' privacy and dignity were respected. Staff were observed to knock on residents' bedroom doors before entering and ensured doors were closed during residents' personal care procedures. Maintaining connections with loved ones was facilitated through telephone calls and the provider also helped residents chat to their families and friends via social media.

Residents said they were kept informed of the measures being taken and the reason for these measures regarding COVID-19, through staff or by letters from the person in charge. Resident's right to vote was upheld where residents were registered to vote in the centre if they wished.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marian House OSV-0000693

Inspection ID: MON-0031107

Date of inspection: 12/11/2020

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: It is standard policy to have 2 references on file for all employees however, there were problems with the two files examined by the inspector. In the first instance the second reference has been requested from an overseas employer and we are awaiting a response. In the second case, a reference has been requested on numerous occasions from the previous employer (an agency) but without success.</p> <p>We will resend our reference requests to both these previous employers.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none">1. A 48-hour Care Plan Audit is now in place for all new admissions to ensure that a care plan is in place within 48 hours of admission in line with the regulations.2. The Risk Register will be reviewed at each future monthly Clinical Governance Meeting3. The results of Residents and Family Satisfaction Survey will be included in the 2020 Annual Review.	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> • The Risk Register will be developed further to reflect review dates and additional measures put in place to manage identified risks. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. A staff member is now assigned on each shift to ensure that there are no gaps in monitoring of staff for signs & symptoms of Covid 19 infection. A new monitoring tool is also in place and the Risk Register has been updated to include this risk. 2. Water sampling was scheduled for 24th June 2020 however the water company's own risk assessment prevented technicians entering nursing homes due to the risk of Covid 19. We have a provisional booking for 5th January 2021. 3. The following items were addressed during the inspection: <ul style="list-style-type: none"> o All infection prevention and control signs were replaced with new laminated signs and additional laminated signs on hand hygiene and respiratory etiquette were posted throughout the nursing home. o A splash back was fitted in the cleaners' room. o Extra clinical waste bins were moved to allow access to the handwash sink in the sluice and a soap dispenser was fitted. o A hand towel dispenser was fitted in the Hairdressing Room. 4. Additional hands-free bins ordered. 5. A risk assessment of the fabric covered seating was undertaken in discussion with residents. Residents' preference is for fabric covered seating. Therefore, we have sourced a fabric and upholstery disinfectant formulated with active ingredients that comply with EN1276 and EN14476 and we are currently developing an appropriate cleaning regime and we will update our risk register accordingly. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A new Care Plan Audit process is now in place for all new admissions. Care plans of new residents will be audited within 48 hours of admission to ensure that their care plans are</p>	

in place in line with the regulations.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/01/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/04/2021

Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/01/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	14/11/2020