Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Marian House
Centre ID:	0693
Centre address:	Holy Faith Convent Glasnevin Dublin 11
Telephone number:	01-837 6165
Fax number:	01-837 3556
Email address:	marianhouse_hfc@yahoo.ie
Type of centre:	☐ **Private** ☒ **Voluntary** ☐ **Public**
Registered provider:	Holy Faith Sisters
Person authorised to act on behalf of the provider:	Sr. Mary Lalor
Person in charge:	Fran Lamude
Date of inspection:	16 and 17 August 2011
Time inspection took place:	**Day 1** Start: 09:10 hrs Completion: 18:10 hrs **Day 2** Start: 07:30 hrs Completion: 16:20 hrs
Lead inspector:	Ann Delany
Support inspector(s):	Sheila McKevitt
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Marian House is a 25 bedded centre providing general and respite care to members of the Holy Faith Order. The centre is located approximately three kilometres from Dublin city centre and is serviced by several city bus routes. The centre is situated on the ground and first floor of the three storey original convent building and can be accessed from the convent on both the ground and second floors.

The provider has applied to provide general and respite care for a maximum of 26 female residents including lay persons.

Accommodation includes 24 single and one twin room, of which nine single bedrooms contain an en suite shower, one single room contains en-suite toilet and wash-hand basin, six single bedrooms share an en suite containing toilet and wash-hand basin, four single bedrooms share en suites with a shower, toilet and wash-hand basin and four single bedrooms share en suites with a non assisted bath, toilet and wash-hand basin. The twin room has a wash-hand basin.

Facilities on the ground floor include an entrance foyer, reception area, one large and one smaller sitting room, dining room, oratory, clinical room, two nurses' office, activities room, two store rooms, assisted shower and toilet, sluice room, kitchen, staff kitchenette, change and rest area.

First floor facilities include; a central seating area, records store, administration office, sitting room with kitchenette, assisted shower and toilet, hairdressing room, laundry, linen room, boiler room, two store rooms.

Externally there are secure grounds with high walls and gates. The large grounds are well maintained with shaded seating areas for residents use. Car parking for staff and visitors is available to the front and side of the building.

A Closed Circuit TV (CCTV) monitoring system is also in place.

Date centre was first established:			2008	
Number of residents on the date of inspection:			20 (one in hospital)	
Number of vacancies on the date of inspection:			5	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents	5	6	4	5

Gender of residents	Male (X)	Female (✓)
	0	20

Management structure

The Provider is the Holy Faith Congregation and the nominated person on behalf of the Provider is Sister Mary Lalor. Fran Lamunde is the Person in Charge and is supported by a senior staff nurse. All nursing, care, catering and household staff report to the Person in Charge, who reports to Sister Mary Lalor.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The inspectors found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and *the National Quality Standards for Residential Care Settings for Older People in Ireland*. This was reflected in the positive outcomes for residents evidenced throughout the inspection and confirmed by residents and relatives. Overall, the inspectors found that resident's received a high standard of clinical care. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the needs of residents, including those residents with a diagnosis of dementia.

Inspectors found that staff were knowledgeable about the residents and their needs. There was a sense of good teamwork, with all members of the team involved in meeting daily to discuss residential care needs. Staff were observed interacting with residents in a very respectful and caring way.

Residents' access to healthcare was of a good standard. All the health services required to promote residents health and wellbeing were facilitated. There were appropriate staff numbers and skill mix to the assessed needs of residents, and to

the size and layout of the designated centre. Residents were facilitated to exercise choice and personal autonomy and their views were sought and listened to.

While policies, procedures, systems and practices regarding managing risks were in place some risks were identified on inspection such as insecure windows on the first floor, inappropriate facilities for cleaning equipment and the high temperature of the hot water in the centre. Other areas identified for improvement in order to comply with legislation related to contracts of care, statement of purpose and the complaints process. These are described under the outcome statements and related actions are set out in the Action Plan at the end of this report.

Section 50 (1) (b) of the Health Act 2007
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1
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.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose set out the services and facilities provided in the designated centre. The profile of the residents reflected the statement of purpose. The inspectors observed that the centre's capacity to meet the diverse needs of residents, as outlined in the statement of purpose, was reflected in practice. Staff knew residents as individuals. Inspectors' noted that care was provided in a way that reflected the ethos of the centre with each person feeling "supported and well cared for". This was confirmed by residents and relatives who spoke to inspectors throughout the inspection and in their comments in the resident and relative questionnaires submitted to the inspectors.

The statement is kept under review by the provider and is made available to residents on admission, and following review. The inspector observed that a copy of the statement of purpose was also provided in the lobby area.

However, the statement of purpose did not meet all the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and required to be updated in relation to the

maximum number of residents to be accommodated in the centre, the age range of the residents, the organisational structure to reflect the governance of the centre, the arrangements for dealing with complaints and the number and size of all rooms.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

A system was in place to gather and audit information related to accidents, incidents, complaints, medication management, care planning and documentation. The inspectors reviewed a number of audits completed by the person in charge and staff nurses in the centre. Audits of areas such as falls by residents, medication practices, care planning and complaints were reviewed and results analysed to determine patterns and areas for improvement and development. The daily audit of medication administration resulted in improved practices. The data is discussed at regular meetings with the staff and any requirement to improve care is actioned.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Complaints were viewed positively within the centre. Through interview the provider and person in charge demonstrated a positive attitude towards complaints and viewed them as a useful means to improve the service. Both the provider and person in charge actively sought feedback from both the residents and visitors to the centre.

A complaints policy was in place. The person in charge was identified as the named complaints officer. Residents had access to an advocacy service. The inspectors met and spoke with the advocate who provided the service to residents. An abbreviated complaints process was included in the statement of purpose, residents guide and prominently displayed in the lobby area of the centre. However this process did not identify the appeals process.

There was a low level of complaints in the centre, all of which were verbal complaints. Residents and their relatives reported to the inspectors that they had easy access to the person in charge and they could openly report any concerns which were addressed in a timely manner. The complaints log indicated that complaints were followed through and all complainants were advised of the outcome.

2. Safeguarding and safety

Outcome 4
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.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

There were effective risk management processes in place to protect residents from any form of harm or abuse. Staff spoken to displayed knowledge of the different forms of abuse and all were clear on the reporting procedures. Residents spoken to confirmed to the inspector that they felt safe in the centre.

There was an elder abuse policy in place. However, it was not centre-specific and did not include contact details of the local designated elder abuse officer or the local An Garda Síochána office. Three members of staff had not received training on identifying and responding to elder abuse.

Procedures were in place to ensure the current residents finances were handled in a transparent manner as they are all members of the congregation. However, the centres statement of purpose identifies that lay persons may be accommodated in the centre and therefore a process to safeguard lay resident's money needs to be developed.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

Overall inspectors found that systems and practices in place promoted health and safety of residents, visitors and staff. Measures were in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering and hand rails which were painted red and provided on one side of the wide corridors.

Examples of practice regarding health and safety and the management of risk that promoted the safety of residents, staff and visitors were:

- health and safety committee in place, meetings held quarterly, with representation from catering, household, carers, nursing and management
- medical and care plan reviews following any fall and serious injury
- the environment was extremely clean and well maintained
- records indicated that equipment and services were checked and maintained regularly
- there was a visitors log in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents
- there was a food safety system in place and the inspector viewed records indicating staff had been trained in food safety
- there was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing

There was a documented emergency plan included in the health and safety statement with clear direction to staff on what to do if the centre had to be evacuated for an event other than fire. Staff spoken to could articulate the requirements of the plan.

There was a health and safety statement which had been reviewed in August 2011. All areas of the centre had been risk assessed and risk rated with a review date of August 2012 identified. All incidents and accidents were logged and risk assessed and any risks mitigated promptly.

The inspectors was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for dependent people. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting was provided throughout the building. An inspector viewed contracts of the servicing of fire alarms, smoke and heat detectors. These were serviced by a professional and the last check had been undertaken in August 2011. Fire extinguishers were serviced annually. Routine inspection of the automatic fire door closers and fire panel were undertaken to ensure they were operational. Fire fighting equipment was inspected frequently to ensure it was in place and intact.

There was a safe mechanism in place to evacuate immobile residents in the event of a fire. Fire evacuation sheets had been fitted to each resident's bed. The majority of staff had received fire training. The inspector identified one staff

member who required a refresher course and the person in charge had identified a date for this training to take place.

The inspectors viewed records which indicated that not all of the staff had up to date training in the safe moving and handling of residents.
The inspector identified 13 staff as requiring refresher training. The person in charge had booked a number of staff on a refresher course in September 2011.

A number of measures were in place to control and prevent infection including policies and procedures, availability of hand wash sinks and alcohol hand gels, appropriate use of personal protective equipment, cleaning and maintenance of the premises and segregation and disposal of waste, including clinical waste. However, a number of staff were observed to practice poor hand hygiene technique and the household team were using the sluice room on the ground floor to clean and store their cleaning equipment. The inspectors reviewed a hand hygiene audit which had taken place in the centre where poor hand hygiene technique was observed. However no further training was provided to these staff members.

The inspectors observed a potential risk, which had not been identified by the centre, in relation to the windows in the bedrooms of the first floor which could open and extend out and had no restrictors applied.

The hot water temperature from sinks throughout the building was recorded by the inspector at 45 - 46^{0}C. This posed a potential risk of scalding to residents.

It was reported that staff checked the escape routes daily. However, the inspectors reviewed the fire book and the last log was 13 August 2011. It was also reported that staff members check the emergency lighting on a monthly basis and if any problem they call an electrician.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The processes in place for the handling of medicines, including controlled drugs, were safe, secure and in accordance with current guidelines and legislation. Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements.

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented. Controlled drugs were stored

safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

All medication was reviewed by the prescribing doctor each month or more frequently should a change in the residents' condition occur.

Self administration of medication was facilitated by the centre and there was a procedure in place to support same. Two residents were being facilitated to self administer their medication.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found a good standard of evidence-based care and appropriate medical and allied health care access. The arrangements to meet residents' assessed needs were set out in individual care plans. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments. The incidence of falls was low and there was evidence that falls prevention was appropriately managed. There were no residents with incidents of pressure sores. However, pre-admission or on admission, mini-mental assessments were not being completed by nursing staff though residents with cognitive impairment were being accepted by the centre.

Inspectors also observed the use of 'kylie' sheets on the beds of residents who were identified as being incontinent of urine and at risk of pressure ulcers. There use is not in line with best practice.

The inspectors examined four care plans and found documentation to be comprehensive and person-centered. Each resident had been recently allocated a nurse who took responsibility for the management of their care which was clearly documented. Care plans were regularly reviewed at a minimum of every three months or more frequently should a change in a resident's condition occur. The centre had begun to complete 'key to me' for each resident which referenced personal and lifestyle choices. The inspectors, through interview, documentation review and observation identified that the centre could improve the focus on social assessments to promote residents' social care needs, based on residents assessed preferences, interests and capacities. Residents should also be involved in the care planning process in a more inclusive way.

Medical cover was provided by a number of local general practitioners (GP). A GP out-of-hours service was also provided. A review of residents' medical notes showed that GPs visited the centre on a regular basis. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals. The centre was also visited by the community medicine for old age team.

The centres' policy on the use of restraint included a direction to consider all other alternative interventions. The inspectors observed that minimal restraint was used and that independence was advocated and supported. Discussion around the use of bed rails was documented in one of the residents notes reviewed.

The centre had a policy for the discharge of residents. However, there was no policy for the temporary absence of residents and residents reported that they did go, from time to time, on holidays.

Staff at the centre demonstrated a proactive approach to problem solving and providing good quality of health care for the residents. The staff in the centre had creatively decorated the foyer and bathrooms to provide a pleasant outlook for residents and assist those with a cognitive impairment.

A number of activities took place such as reading, singing, exercises, crosswords and jigsaws. Care assistants, volunteers and the pastoral care team provided the activities. Outings to the local cinema, theatre or city centre for shopping were also facilitated. Activities were discussed at the residents' council. One carer and a member of the pastoral care team had attended sonas training. However, a comprehensive and structured programme of activity was not in place. Staff and management acknowledged the need to provide more structured activity.

Outcome 8
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

While no resident was receiving end of life care at the time of inspection, staff described the person-centred care that would be provided, such as a residents' family being facilitated to be with them, and the emphasis on providing appropriate care and comfort to each resident approaching end of life. The person in charge said that families were provided with refreshments and meals and they could stay overnight if they so wished.

A pastoral care team visited the centre on a daily basis and was available to all the residents. All the residents spoken to spoke highly of the pastoral care team.

The local palliative care team also provided support and advice when required. The person in charge reported that hospice services were provided for residents with a cancer diagnosis who required specialist symptom management. The inspectors reviewed residents' clinical files and found that residents were referred to the palliative care service.

The policy on end of life care required review as it was not centre-specific.

Outcome 9
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.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

The food provided to residents was of a good standard. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Table settings were pleasant and included condiments, matching sugar bowls and milk jugs and appropriate place settings with napkins for all residents. Inspectors spoke to staff serving the meals in the dining room and kitchen staff and found they were knowledgeable about individual resident's specialised needs such as a pureed or minced diet. Residents who required assistance with nutritional intake were respectfully assisted.

The menu was a four week rolling menu and residents had input into the menu identifying likes and dislikes at the residents' council. This information was fed back to the catering supervisor via the person in charge. Residents who needed their food

pureed or mashed were reported to have the same menu options. However, the inspectors sat with the residents for lunch and identified that while there were two choices on the lunchtime menu on the notice board, the residents were not asked about their meal preference. Residents requiring their meal to be pureed had minced chicken for lunch on the two days of the inspection and the food was not presented in an appetising individual portion. The inspectors reviewed the four week rolling menu and identified that there could be a more varied menu. Lamb was identified on the lunch menu every Sunday. The inspectors observed kitchen staff identifying residents' preferences for their tea time meal which had a more varied choice.

The kitchen was suitable in size to cater for the residents' needs. It was clean, well equipped and contained suitable facilitates for the storage, preparation and cooking of food. It was well stocked with a plentiful supply of vegetables, fruit and meat. Kitchen staff had also received mandatory training in food hygiene. A copy of the latest Environmental Health report was available and evidenced that the kitchen was in substantial compliance with all statutory requirements.

Inspectors saw residents being offered a variety of snacks and drinks. Jugs with a variety of juices, smoothies and water were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time they asked for them. A fridge was available in the dining room to residents and provided them with a choice of yoghurts and cool drinks. Residents also had access to a kettle, toaster and chilled water in the dining room.

There was a policy in place to guide and inform staff on the procedures to ensure residents' nutritional and hydration needs were met. Documentation indicated that each resident's weights were checked on monthly basis or more regularly if required. Nutrition assessments were used to identify residents at risk of malnutrition.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The inspector reviewed a resident's file with a completed contract of care contained within. This contract was not centre specific as it did not include the fees or services or facilities provided within these set fees and those services that would incur an additional charge. However it had been signed by the resident.

The person in charge informed the inspectors that a new contract of care had been identified and was being introduced as new residents were admitted.

Outcome 11
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.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Residents received dignified and respectful care. Residents and visitors told the inspectors that the staff were always available and they felt that communication was welcomed and encouraged. The inspector observed good interactions between staff and residents. There was a high level of one-to-one interaction between staff and residents. This communication was consistently observed to be calm and unhurried over the two days of inspection. There was a high visibility of staff in the communal areas.

All residents interviewed indicated that they were satisfied with the level of privacy achieved in all aspects of personal care. The inspector observed that residents were addressed by staff in an appropriate and respectful way. Staff knocked before entering residents' bedrooms and waited for permission before entering.

Residents could influence change in the centre as a residents' council was established and it met approximately monthly. Inspectors read the minutes from the meetings and noted that attendance tended to be the same small number of residents. Suggestions by residents had been implemented for example, changes in the menu. There were limitations for some residents on their participation in the organisation of the centre, given their high dependency levels and others with cognitive impairment. To overcome this challenge, an advocate attended the centre weekly and was available to assist residents' express their preferences.

Residents maintained social relationships. Inspectors observed that family contacts were supported, as visitors were welcomed at various times of the day. Residents and their relatives confirmed that flexible visiting was usual and that outings to the

local cinema, theatre or visits into town shopping were facilitated as requested. There were a number of areas available as private areas for residents to spend time alone with their visitors that assured confidentiality.

There was evidence of open communication between the person in charge, staff and relatives, as inspectors observed relatives talking freely with staff. Inspectors observed good interactions between staff and residents and it was obvious that they knew each other well and staff were observed spending time talking to residents and relatives confirmed that this was usual practice.

Inspectors observed that residents had access to televisions, internet, newspapers and each of the resident's rooms had a telephone. There were notices boards located around the building containing information on the activities planned for the day, the menu options and the complaints procedure. Questionnaires completed by relatives confirmed they were satisfied with information provided by staff about their family members' healthcare and general wellbeing.

Residents could practice their religious beliefs and this was observed to be part of the residents' daily routine with options to attend mass daily and to participate in the rosary. A large oratory was provided. Residents told an inspector they were able to practice their faith and worship according to their wishes.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

The laundry was clean, well organised and suitable in size. The inspector spoke with a staff member who works in the laundry. She explained the procedures she follows to ensure that clothing is laundered appropriately and returned to residents. All clothes were discreetly marked to indicate ownership. Any concerns raised in relation to missing items of clothing were handled promptly.

There was a policy on the management of residents' personal property and possessions. An up to date property list was maintained for each resident which was viewed by the inspector. However, these inventories were not signed or dated in two of the files reviewed. Residents were dressed well and according to their individual choice.

Residents' were encouraged to personalize their rooms. During some recent decorative work the residents had chosen the colour of paint for their room. Many residents had framed photographs and ornaments located within their rooms. All residents had adequate storage space for clothes and personal possessions in their rooms. Each resident was provided with a lockable facility within their room to allow them secure personal possessions.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The post of the person in charge was full-time. The person in charge was a registered nurse with the required experience in the area of nursing of older people as well as post graduate qualifications in management. The person in charge demonstrated strong governance procedures were in place, to ensure good operational management, provision of clinical care and the general welfare and protection of residents. The person in charge was supported in her role by a senior staff nurse who worked on a full time basis.

The inspectors interviewed the person in charge and were satisfied she had the qualifications, skills and experience to ensure the centre meets its stated purpose, aims and objectives. She had relevant experience and clinical knowledge to provide leadership for the team.There was evidence that she had a commitment to her own continued professional development. Throughout the two days of inspection she demonstrated knowledge of regulations and standards.

All members of the team, spoken with were clear about their areas of responsibility and the reporting systems. The management structure ensured sufficient monitoring of and accountability for practice.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development

Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the designated centre. Staff were observed to be skilled and motivated. In the questionnaires returned to the inspectors all relatives said they found there was adequate staff on duty.

The inspectors found that the levels and skills mix of staff were sufficient to meet the needs of residents on the days of inspection and a review of staffing rotas indicated that these were the usual arrangements. The inspector also spoke to night staff who displayed a good understanding of evidenced based nursing. The inspector observed that handovers between night and day staff were well organised and ensured the effective communication of residents needs from one shift to another.

All staff spoken to displayed a satisfactory understanding of the regulations and the standards and confirmed that these documents had been made available to them. They were clear about their roles and responsibilities and were able to explain these to the inspector.

A policy for the recruitment, selection and vetting of staff was in place. However this policy did not identify the requirement for a medical or physical fitness certificate. A review of three personnel files found that all documentation as required by the regulations was in place. All staff had received Garda vetting. The person in charge maintained a record of An Bord Altranais professional identification numbers for all registered nurses. This was reviewed by inspectors and seen to be up to date. Volunteers in the centre received an acceptable level of supervision and support and were vetted appropriate to their role and level of involvement.

The provider and person in charge were committed to providing on going training to staff, and both participated in training events. Mandatory training in adult protection had been completed by 31 of the 34 staff. A range of modular training was undertaken by accredited trainers and an inspector reviewed the certificates and attendance sheets issued by trainers in staff files. This included care of the elderly with dementia and behaviours that challenge, hand hygiene and food safety. However, not all staff had received up to date mandatory training in fire safety and the safe moving and handling of residents as identified under outcome five. The person in charge had identified these staff and a program of future planned training was in place.

Half of the care staff had been trained or were in the process of training to Further Education and Training Awards Council (FETAC) level five. The person in charge had also identified places for further members of the care team to undertake this training.

6. Safe and suitable premises

Outcome 15
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The centre was specifically built to meet the needs of dependent older people. The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating. There was an enclosed garden provided with seating available for use by residents. Furthermore, an external seating area was provided close to the main entrance and the area was decorated with potted flowers. The day sitting room was domestic in character and suitable for the range and interest of activities preferred by residents.

Residents were accommodated in single bedrooms with the exception of one resident who was accommodated in a twin room. There was a call bell system in place at each resident's bed with which residents were familiar and found easy to use. Bedrooms and communal areas were found to be comfortably warm. All radiators were fitted with covers to minimise the risk of burns.

The en suite facilities in bedrooms were provided with grab support rails and an emergency call system. Bedrooms and bathrooms were maintained in a clean condition. Cleaners were provided with suitable equipment. Separate colour-coded equipment was used to minimise the risk of spread of infection. Appropriate cleaning chemicals were used including a sanitizer. The sluice room was well equipped with stainless steel sinks, a wash hand basin and storage areas for bedpans. A bed pan washer was provided.

Inspectors found there was appropriate assistive equipment available such as specialised beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. They also aided safety as residents could pass each other without any difficulty. Hand rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

Staff facilities were provided which included a kitchen, toilets, shower and a changing room with lockers. Separate toilet facilities were provided for catering and care staff in accordance with best practice for infection prevention.

As identified in outcome 5 the hot water temperature from sinks throughout the building was recorded by the inspector at 45 - 46^{0}C. This posed a potential risk of scalding to residents. The inspectors also observed that the household team were using the sluice room on the ground floor, to clean and store their cleaning equipment. The inspectors observed a potential risk, which had not been identified by the centre, in relation to the windows in the bedrooms of the first floor which could open and extend out and had no restrictors applied.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings
** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance ☐ Improvements required* ☒

A residents' guide was available and on display inside the foyer and in each residents room. However, the residents' guide contained incorrect details in relation to the provider, the complaints process required updating, the revised contract of care needed to be included and it also required a copy of the most recent inspection report.

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required* ☐

General records (Schedule 4)

Substantial compliance ☒ Improvements required* ☐

Operating policies and procedures (Schedule 5)

Substantial compliance ☐ Improvements required* ☒

There was no written operational policy and procedure for the provision of information to residents or for the temporary absence of a resident.

Inspectors viewed a sample of policies and found that they were not centre specific and as identified in outcomes three, four and eight, some policies did not sufficiently inform practice and required review.

Directory of residents

Substantial compliance ☒ Improvements required* ☐

Staffing records

Substantial compliance ☒ Improvements required* ☐

Medical records

Substantial compliance ☒ Improvements required* ☐

Insurance cover

Substantial compliance ☐ Improvements required* ☒

A copy of the providers insurance was made available to inspectors. The sum insured for patients/staff personal effects was €25,000. This would not be in keeping with Regulation 26 (2).

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory. Inspectors reviewed a record of all incidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications received from the centre.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings

The senior staff nurse deputised for the person in charge. The provider was aware of her responsibility to notify the Authority, and the Chief Inspector had been notified appropriately. Inspectors identified the need for the provider to put additional arrangements in place in the event of a prolonged absence of the person in charge.

Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Ann Delany

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

22 August 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report*

Centre:	Marian House
Centre ID:	0693
Date of inspection:	16 and 17 August 2011
Date of response:	08 September 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect: The statement of purpose did not contain all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
Action required: Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
Action required: Make a copy of the statement of purpose available to the Chief Inspector.

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

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:** **Timescale:**
Provider's response: The Statement of Purpose has been reviewed and now includes all matters listed in Schedule 1 of the Health Act 2007	Completed 30 August 2011

Outcome 3: Complaints procedures

2. The provider is failing to comply with a regulatory requirement in the following respect: The complaints policy did not identify the independent appeals process in place and stated that all complaints needed to be in writing.	
Action required: Ensure the complaints procedure identifies that verbal or written complaints are managed by the centre.	
Action required: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.	
Action required: Update the statement of purpose and residents guide to reflect the changes to the complaints policy.	
Reference: Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The complaints procedure has been revised and is now more user friendly.	Completed 30 August 2011

The policy is under review and will include the independent appeals process.	Completed 12 September 2011

Outcome 4: Safeguarding and safety

3. The provider is failing to comply with a regulatory requirement in the following respect: The elder abuse policy was not centre-specific and did not include the contact details of An Garda Síochána and the Health Service Executive elder abuse officer.
Action required: Review policy on and procedures for the prevention, detection and response to abuse to include contact details for An Garda Síochána and the Health Service Executive elder abuse officer.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The contact details of the local Garda Síochána's station and HSE Senior Case worker are now included in the elder abuse policy. A copy of the Health Information and Quality Authority's notification NF06 is also attached to the policy.	Completed 25 August 2011

4. The provider is failing to comply with a regulatory requirement in the following respect: The policy on residents' finances did not include a process to safeguard lay residents' finances.
Action required: Review the policy on residents' finances to include a process to safeguard lay resident's finances.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The policy on residents' finances now includes a clause to include the safeguard of lay person's finances.	Completed 25 August 2011

Outcome 5: Health and safety and risk management

5. The provider is failing to comply with a regulatory requirement in the following respect:

Potential risks had not been identified, assessed and mitigated. For example:

- the hot water temperature at two outlets was above 43°C
- windows on the first floor were not secure
- Hand hygiene practices were poor posing an infection control risk
- The sluice room was being used by cleaning staff to clean and store their equipment.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Action required:

Provide training for staff on hand hygiene.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: ▪ Hot water outlets checked and adjusted to ensure safe temperature of 43°C ▪ Window restrictors to be put in place Infection control risks:- ▪ Infection control link nurse has completed a four day course on infection ▪ action plan generated following identification of poor hand hygiene technique	Completed 31 August 2011 Completed 06 September 2011 Completed 08 September 2011

▪ rolling out of 3 monthly hand hygiene demonstrations and auditing commencing on 3 October 2011 Sluice Room:- ▪ reputable builder has been engaged to provide a designated area for household staff to clean and store their equipment	08 September 2011 31 January 2012

Outcome 7: Health and social care needs

6. The provider is failing to comply with a regulatory requirement in the following respect: Not all care provided was grounded in best practice as inspectors observed kylie sheets on the beds of residents who were identified as being incontinent of urine and at risk of pressure ulcers. Mini mental assessments had not been completed prior to or on admission though some residents were cognitively impaired.
Action required: Provide a high standard of evidence-based nursing practice.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Health Care Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: 'Kylie' sheets removed from beds to reflect best practice regarding tissue viability. Training on MMSE to be initiated by the community mental health nurse. Assessments to be initiated for all residents on admission and every three months.	 Completed 18/08/2011 31 October 2011

7. The provider is failing to comply with a regulatory requirement in the following respect: There was no policy on temporary absence from the centre
Action required: Provide all relevant information about each resident who is temporarily absent from the designated centre for treatment at another designated centre, hospital or other place, to the receiving designated centre, hospital or other place.

Reference: Health Act, 2007 Regulation 29: Temporary Absence and Discharge of Residents Standard 10: Assessment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A policy will be put in place regarding temporary absence of a resident from Marian House.	31 October 2011

Outcome 9: Food and nutrition

8. The person in charge is failing to comply with a regulatory requirement in the following respect: Food served at lunchtime did not offer choice or variety	
Action required: Provide each resident with food that is varied and offers choice at each mealtime.	
Reference: Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A full review of menus with input from residents, chef, dietician and management to take place to address variety and dietary choices.	31 October 2011

Outcome 10: Contract for the provision of services

9. The provider is failing to comply with a regulatory requirement in the following respect: Each resident had not been provided with a contract of care that complied with current legislation.
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the centre and includes details of the services to be provided for that resident and the fees to be charged.

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The contract for care has been reviewed and now includes all the necessary information. Each resident will be provided with an updated contract.	 Completed 1 September 2011 Completed 08 September 2011

Outcome 16: Records and documentation to be kept at a designated centre

10. The provider is failing to comply with a regulatory requirement in the following respect: The residents guide was not up to date with the name of the provider, standard form of contract for the provision of services, and the appropriate complaints procedure as set out in Regulation 39. There was no policy in place in relation to the provision of information to residents.
Action required: Produce a resident's guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.
Action required: Supply a copy of the resident's guide to the Chief Inspector.
Action required: Put in place written operational policies and procedures for the provision of information to residents.
Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The residents guide has been updated with relevant information. The complaints procedure has been reviewed. A policy on provision of Information to residents to be formulated.	 Completed 01 September 2011 Completed 30 August 2011 30 November 2011

11. The provider is failing to comply with a regulatory requirement in the following respect:

Not all of the policies and procedures as identified in schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were in place or reflected current practice, for example the End of Life Policy.

Action required:

Put in place all of the written and operational procedures listed in schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Management recognises that all policies require reviewing. We have identified and prioritised the policies that require review, with a planned date for completion of the review. This will ensure that each policy reflects practice and is centre-specific.	 29 February 2012

Outcome 16: Records and documentation to be kept at a designated centre

12. The provider is failing to comply with a regulatory requirement in the following respect:

The recruitment policy did not include the requirement for evidence that the person is physically and mentally fit for the purpose of the work that they are to perform at the designated centre.

Action required: Revise policy to include the requirement that the person is physically and mentally fit for the purpose of the work that they are to perform at the designated centre.	
Reference: Health Act 2007 Regulation 16: Staffing Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The policy is amended and now includes the requirement for a Medical Declaration that the person is physically and mentally fit for the purpose of work they are to perform at the centre.	Completed 24 August 2011

13. The provider is failing to comply with a regulatory requirement in the following respect: A copy of the providers insurance was made available to inspectors. The sum insured for patients/staff personal effects was €25,000. This would not be in keeping with Regulation 26 (2).	
Action required: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).	
Reference: Health Act, 2007 Regulation 26: Insurance cover Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The insurance cover has been amended to provide for loss or damage to any one item of resident's property up to the value of €1,000.00.	Completed 02 September 2011

Outcome 18: Absence of the person in charge

14. The provider is failing to comply with a regulatory requirement in the following respect: The systems in place for the prolonged absence of the person in charge were not adequate.	
Action required: Additional arrangements are required to be put in place in the event of a prolonged absence of the person in charge.	
Reference: Health Act, 2007 Regulation 15: Person in Charge Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Management has identified a member of staff to deputise for the nurse manager in the event of a prolonged absence. A period of orientation and assessment of professional skills will take place in relation to development. Further to the role of deputy, she will also initiate the concept of practice development. Relevant notification and documentation will be forwarded to the Health Information and Quality Authority.	31 September 2011

Any comments the provider may wish to make:

Provider's response:

We appreciated the respect, courtesy and professionalism shown by the inspectors to residents, relatives and staff during their time with us.

The inspection was a positive experience for all in Marian House.

Provider's name: Sr. Mary Lalor
Date: 08 September2011