Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

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

Centre name:	Marian House
Centre ID:	0063
Centre address:	Kimmage Manor Whitehall Road, Dublin 12
Telephone number:	01 4064449
Fax number:	01 4920053
Email address:	maniannursing@eircom.net
Type of centre:	☐ **Private** ☐ **Voluntary** ☐ **Public**
Registered providers:	Congregation of the Holy Spirit
Person authorised to act on behalf of the Provider	Fr Peter Conaty
Person in charge:	Regina Sheridan
Date of inspection:	28 September 2011
Time inspection took place:	**Start:** 11:00 hrs **Completion:** 16:30 hrs
Lead inspector:	Finbarr Colfer
Support inspector:	N/A
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Marian House is a single-story, purpose-built centre in a complex of buildings which include a large church, a school, adult education centre and monastery. It provides 27 residential and convalescence places for the elderly priests of the Congregation of the Holy Spirit, including people with a dementia related condition. There are also ten individual apartments and three shared houses which are utilised by more independent members of the Congregation. The complex is surrounded by fields and trees and has extensive landscaped gardens.

The front door of the premises opens into a spacious circular communal room with seating and a piano. Off this room there is a staffed reception desk, two sitting rooms, an oratory, the person in charge's office, and visitor's toilet. The main kitchen and a staff changing room are also accessed from this area.

The bedroom area is divided into four corridors: St. John's, St. Joseph's, St. Teresa's and St. Bernadette's. In total there are 26 single bedrooms and one twin bedroom, all with toilet and shower en suite. Each bedroom has ceiling to floor windows to maximise light. There is a nurses' office and treatment room off St. John's corridor. St. John's is connected to St. Bernadette's by a glass roofed corridor which leads to a bright open area where daily mass takes place.

There are two assisted bathrooms, three toilets, two of which are assisted, a laundry and sluice room. A high standard of decorative maintenance was evident throughout. All of the corridors overlook the well maintained, secure garden areas, with walkways and seating areas for residents.

Location

Marian House Nursing Home is located off Whitehall Road, within five minutes drive of Kimmage and Terenure villages on the Southside of Dublin city. There are several buses to and from the city centre which stop close by on the Whitehall Road.

Date centre was first established:	12 February 1988
Number of residents on the date of inspection:	23 + 1 in hospital
Number of vacancies on the date of inspection:	3

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	6	3	6	8

Management structure

The Congregation of the Holy Spirit is the Provider of the service, and Fr. Peter Conaty is the person nominated to act on behalf of the Provider. Regina Sheridan is the Person in Charge and she reports to Mary Sheehan who is the Health Care Manager, referred to as the manager in this report. The manager reports to the Provider and supports the Person in Charge. The Administrator, Fr. Jude Lynch, has responsibility for fire and safety, accounting, maintenance and upkeep of the centre. He also reports to the Provider. Staff nurses report to the Person in Charge and care staff report to staff nurses.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3*	4 - am 3 - pm	2**	3	1	2***

* Usually two nurses on duty, but an additional nurse was on duty to work on clinical audits
** Kitchen staff were employed by an independent catering contractor
*** General assistant/driver and the manager

Background

This was the second inspection of this centre by the Health Information and Quality Authority. The first inspection was on 22 and 23 September 2010 and was a registration inspection. That inspection report is available on www.hiqa.ie and the centre ID number is 0063.

At the registration inspection, inspectors found that that the provider was generally meeting the requirements of 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*.

However, a number of areas were identified for improvement, including the risk management policy, care planning and opportunities for social engagement, particularly for very dependent residents or those with a dementia related condition.

The areas for improvement were included in an Action Plan at the end of the registration inspection report. The purpose of this inspection was to review the progress in meeting the commitments given by the provider in the previous Action Plan and to verify whether the areas identified now complied with the requirements of the Regulations and Standards.

Summary of findings from this inspection

During this inspection, the inspector found that the provider and person in charge had made substantial progress in completing the actions from the previous inspection.

Actions relating to the risk management policy, care planning, choice for residents in their daily routines, records of residents' property, complaints process, staff supervision and the statement of purpose had been completed. Significant progress had been made on the action relating to social engagement and activities and the manager and person in charge had plans to further enhance this. Further improvement was required in the Residents' Guide.

However, the use of windows on bedroom doors had not been addressed and continued to be a significant intrusion on the privacy of residents.

Each of these items are discussed in the body of the report and there is an Action Plan at the end of the report to address the remaining areas identified in the previous Action Plan.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide and implement a risk management policy that meets the legislative requirements and that facilitates investigation and learning from incidents/accidents involving residents, including near misses.

This action had been completed and the inspector found that there were robust risk management arrangements in place.

The risk management policy had been reviewed and it included specific risks contained in the Regulations. A missing persons' policy had been developed and procedures had been laminated and posted in a number of locations in the building. The manager had researched and developed a new policy on self-harm which included guidelines on responding to suicide ideation and other aspects of self-harm. This policy had been supplemented by a new policy on health promotion.

The provider had retained the services of an external contractor to review the safety statement and to conduct an independent review of the risk assessments of the environment. In addition, the inspector reviewed documentation which recorded regular checks of the fire arrangements, lighting, plumbing and other risk management arrangements.

The inspector reviewed the falls management policy, accident records and the care plans of residents who had fallen. Staff used a validated assessment tool to assess the risk of falls for each resident. Those at risk of falls had a care plan which gave clear guidelines to staff on preventative measures. Falls diaries were being maintained for residents to help monitor their safety and to inform learning. For example, one resident had four falls in the previous four months. One of these had resulted in injury. The falls diary gave very clear details of the context of the falls and the action taken after each fall. Following the most recent fall, the person in charge had provided an alarm which alerted staff when the resident was mobilising.

An audit of falls throughout the centre was being undertaken by the person in charge and the senior nurse. This provided information on the falls and also an analysis of that information including details of locations and times. As a result of the first audit, the provider had increased the input of the physiotherapist from once to twice a week and staff had promoted the correct use of equipment such as hip protectors for some residents. Each resident was being reviewed by the general practitioner (GP), physiotherapist and nursing staff to identify individual measures to protect residents from falls. This had resulted in a reduction in the incidents of falls in the centre.

The person in charge was notifying the Authority about all incidents that required notification.

The person in charge was also undertaking a review of other areas to inform learning and to promote the safety and quality of life of residents. For example, the inspector reviewed an audit of nutrition management. Following the audit, there was a review by the nursing staff, the GP and a dietician. An action plan had been developed which resulted in a reduction in the number of residents assessed as being of high, medium and low risk.

2. Action required from previous inspection:

Provide opportunities for residents to participate in development of activities appropriate to his or her interests and capacities.

This action had been substantially completed and the provider was in the process of enhancing the current arrangements.

The inspector reviewed a sample of care plans and found that they contained information on the social preferences of residents. A new document entitled “A Key to Me” had been completed with residents and it included information on the life history of residents and on their interests and hobbies.

A variety of interesting things were available for residents to do. Many of the residents were former teachers and had indicated the importance of access to newspapers and books. These were freely available to residents and in the morning, the inspector observed many residents reading newspapers in the day room, including residents who were cognitively impaired. The care plan of one resident who had a cognitive impairment stated that access to a newspaper was very important for that resident. The inspector observed staff ensuring that the resident had his newspaper with him throughout the day.

Residents with a cognitive impairment were included in the life of the centre and the activities. The inspector observed staff engaging in individual activities such as hand massage with very dependent residents. Staff told the inspector that most residents, including those with a cognitive impairment enjoyed the regular music sessions. All of the residents were retired catholic priests and it was important to them that they had an opportunity to say mass every day. A concelebrated mass was organised for each morning. The manager had obtained the services of wheelchair accessible transport and arranged regular day trips for residents. The inspector saw photographs of a recent trip to Croke Park for residents including those who had a cognitive impairment.

Residents were supported by staff to maintain their links with their religious congregation. The manager showed the inspector a recently refurbished common room between the nursing home and the monastery. She told the inspector about community celebrations such as the anniversary of ordinations and explained that very dependent residents attended these with staff assistance.

Residents had easy access to three enclosed garden areas which were safe for use by all residents. Each garden area was laid out differently which provided variety and choice for residents. Some residents were particularly interested in the garden and the inspector met one resident who took a keen interest in the garden. Free access to the garden had proved very beneficial to this resident.

In addition to the "Key to Me", the manager had developed a new personal and social assessment tool which she intended implementing. She stated that the information from these assessments would improve the ability of staff to respond to the individual preferences of residents and that these would be included in their care plans.

3. Action required from previous inspection:

Set out each resident's needs in an individual care plan which is developed, agreed and reviewed with each resident and available to each resident or their representative including but not limited to their social preferences.

This action had been completed.

The manager had introduced a new care planning process which required a change of work practices and training for staff. The inspector reviewed a sample of plans and found that the new care plans were based on validated assessment tools used to identify the individual care needs of each resident. The care plans were hand written in a respectful manner and were goal focussed rather than problem focussed. The care plans had been developed with residents and each care plan contained specific guidelines which directed staff practice.

Social preferences were included in the "A Key to Me" section of the care plan, which was discussed under Action 2.

4. Action required from previous inspection:

Maintain an up-to-date record of each resident's personal property signed by the resident.

This action had been completed.

The inspector reviewed the arrangements to protect residents' finances. Staff looked after small amounts of money for some residents. This was kept in individual envelopes in a locked safe. The inspector reviewed the record of residents' finances. All incomings and expenditure were being recorded and residents signed to confirm the balances. A staff member countersigned the record and where a resident was unable to sign, two staff members signed the record. The inspector checked a sample of the finances and found that the balance in the resident's envelope matched the balance recorded in the log.

All residents had a list of their personal property in their files. This had been signed by residents or by two staff if residents were unable to sign.

5. Action required from previous inspection:

Further develop the complaints policy to include a nominated independent person, and ensure that the complaints procedure is displayed in a prominent position.

This action had been completed.

The inspector reviewed the complaints policy and found that it had been updated to include a nominated appeals person. The complaints procedure was on display in public areas of the centre.

6. Action required from previous inspection:

Introduce a process to ensure that all staff members are supervised on an appropriate basis pertinent to their role.

This action had been substantially completed.

The manager had introduced a new staff appraisal process. She had completed the appraisals with many staff and had plans to include all staff. The manager stated that the process had assisted in identifying training needs and further training had been provided to staff across a range of areas including clinical auditing and risk management.

The person in charge who had legal responsibility for the supervision of staff in the Regulations had not been involved in the appraisal process because she had been on extended leave. The manager stated that she intended to involve the person in charge in the appraisal process in future.

7. Action required from previous inspection:

Put systems in place that provides freedom for residents to exercise choice in relation to personal activities such as showering/bathing.

This action had been completed.

Residents now had a choice of when to bathe, and some residents confirmed this to the inspector. The person in charge told the inspector that some residents preferred to have their baths or showers on specific days and staff arranged this in consultation with the resident.

8. Action required from previous inspection:

Review the arrangements for residents to undertake personal activities in private insofar as is reasonable practical.

This action had not been completed.

All of the bedrooms, except the twin room, continued to have windows in the doors. The inspector had full view of the bedrooms as he passed in the corridor, and anyone passing in the corridor would be able to see residents dressing or engaging in personal care. This was a significant breach of residents' privacy.

The manager stated that since the previous inspection, residents had been asked if they would prefer the windows to be blocked. Three residents asked for a curtain and a net curtain had been placed over the windows. The inspector looked at one of these and found that it did not provide the resident with adequate privacy as it was still possible to see into the room.

The manager showed the inspector an example of a form that residents had been asked to sign which stated that "I feel secure with glass panels in the door of my bedroom as they are". All residents had been asked to sign this, including those who may not have capacity to understand what they were signing.

When asked the reason for retaining the glass panels, the manager gave reasons that related to staff working arrangements rather than the privacy of residents. When asked, the person in charge confirmed that a resident who had recently come to the centre on respite had not been asked whether he wished to have the glass panel covered or not.

9. Action required from previous inspection:

Update the statement of purpose to include all of the items listed in Schedule 1 of the Regulations.

This action had been completed.

Following the registration inspection, the provider had submitted a revised statement of purpose.

10. Action required from previous inspection:

The Residents' Guide required further development to be in line with the Regulations.

Further action was necessary to meet this requirement.

The provider had revised the Residents' Guide and it contained useful information for residents, including a standard form of the contract of care and information on the complaints procedures. However, the Residents' Guide did not contain a copy of the most recent inspection report and a copy of the report was not freely available to residents. The manager stated that she would make a copy available in common areas of the centre.

Report compiled by:

Finbarr Colfer

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

30 September 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	**Type of inspection:**
22 and 23 September 2011	☒ Registration ☐ Scheduled ☐ Follow-up inspection ☒ Announced ☐ Unannounced

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Action Plan

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An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre:	Marian House Nursing Home
Centre ID:	0063
Date of inspection:	28 September 2011
Date of response:	27 October 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

All of the bedrooms, except the twin room, continued to have windows in the doors. Anyone passing in the corridor would be able to see residents dressing or engaging in personal care. This was a significant breach of residents' privacy.

Action required:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 4: Privacy and Dignity

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All of the bedroom door windows will be fitted with a custom made roller blind. This action has been progressed today (15 November 2011) with a local blind maker company. We will ensure that no breaches of residents' privacy and dignity occur, particularly with regard to resident's dressing or engaging in personal care.	31/12/2011

2. The provider has failed to comply with a regulatory requirement in the following respect:

The Residents' Guide did not contain a copy of the most recent inspection report and a copy of the report was not freely available to residents.

Action required:

Produce a Residents' 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.

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: Copies of the most recent inspection report are now kept in various locations around Marian House and a copy is also included in the Residents' Guide and this was done as of 29 September 2011.	29/09/2011

Any comments the provider may wish to make:

Provider's response:

The Congregation has committed to undertake a quality of service audit which will review systems and practices as part of quality assurance and continuous improvement. It will also undertake a quality of service audit of the experience of life at Marian House nursing home for residents. This will be research based using a triangulated approach to same.

Provider's name: The Congregation of the Holy Spirit
Date: 15 November 2011