### Compliance Monitoring Inspection Report

**Designated Centres under Health Act 2007**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Marian House</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0063</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kimmage Manor</td>
</tr>
<tr>
<td></td>
<td>Whitehall Road</td>
</tr>
<tr>
<td></td>
<td>Dublin 12</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 4064449</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mariannursing@eircom.net">mariannursing@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☒ Private ☐ Voluntary ☐ Public</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Congregation of the Holy Spirit</td>
</tr>
<tr>
<td>Person authorised to act on behalf of the provider:</td>
<td>Fr. Peter Conaty</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Regina Sheridan</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>5 September 2012</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 09:10 hrs  <strong>Finish:</strong> 16.30 hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Deirdre Byrne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Carol Grogan</td>
</tr>
<tr>
<td>Purpose of this inspection visit:</td>
<td>☒ to inform a registration/renewal decision ☒ to monitor ongoing regulatory compliance ☐ following an application to vary conditions ☐ following a notification ☐ following information received</td>
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<tr>
<td>Type of inspection</td>
<td>☒ announced ☐ unannounced</td>
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About monitoring of compliance

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

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

Regulation has two aspects:
- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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 inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<table>
<thead>
<tr>
<th>Outcome 1: Statement of Purpose</th>
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<tr>
<td>Outcome 2: Contract for the Provision of Services</td>
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<td>Outcome 3: Suitable Person in Charge</td>
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<td>Outcome 4: Records and documentation to be kept at a designated centres</td>
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<td>Outcome 5: Absence of the person in charge</td>
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<td>Outcome 6: Safeguarding and Safety</td>
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<td>Outcome 7: Health and Safety and Risk Management</td>
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<td>Outcome 8: Medication Management</td>
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<td>Outcome 9: Notification of Incidents</td>
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<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection inspectors met with residents, visitors and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.
This report sets out the findings of a monitoring inspection that was carried out to assess 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. A total of 10 outcomes which are outlined above and detailed in the body of the report were used to inspect against on the inspection.

Inspectors met with the person in charge and the provider's provincial health care manager. She outlined to inspectors a potential change in the nominated person in behalf of the provider as a result of recent elections within the organisation and arrangements to notify the Authority within the appropriate time.

Inspectors found that residents' health and social care needs were met. There was a high standard of evidence based nursing care provided. Residents were seen regularly by a general practitioner GP (GP) and had access to allied health services. Assessments and care plans were regularly reviewed and provided clear and up-to-date information on a residents care needs.

Robust systems were in place to protect residents from suffering harm or abuse. Staff were knowledgeable of the policy and procedures in place. There was a proactive approach to continuous improvement of knowledge and learning amongst staff.

There were good systems in place to manage risk. Staff had received up-to-date training and were suitably knowledgeable of procedures to follow in the event of fire.

Actions from the previous inspection had been addressed such as residents' privacy and dignity being respected through the provision of blinds on bedroom door windows and the provision of information with the inclusion of the most recent inspection report in the Residents’ Guide.

One area for improvement was identified by inspectors which was the requirement for staff to have three references.

This is discussed, along with all other findings, in the body of the report and included in the Action Plan at the end of the report.
Section 41(1)(c) 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.

Theme: Governance, Leadership and Management
Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 3
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

Outstanding action(s) required from previous inspection:
No actions were required from the previous inspection.

Inspection findings
The inspectors were satisfied that compliance in relation to this outcome was met.

Regina Sheridan was the person in charge in the designated centre. She was a suitably qualified and experienced nurse. She showed good governance and leadership, there was regular contact with staff and meetings were held every three months. She demonstrated authority and accountability in the running of the centre and reported to the senior management in relation to staff decision making. She was knowledgeable in relation to clinical matters and ensuring there was suitable care provided to residents. She demonstrated to inspectors her knowledge of the requirements of the Regulations. For example, she was able to explain to inspectors the requirements of the notifications process.

She was supported in her role by a nurse who deputises in her absence.
Outcome 4
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:
Regulations 21-25: The records to be kept in a designated centre
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.

Residents’ Guide
Substantial compliance ☒ Improvements required* ☐

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* ☐

Directory of Residents
Substantial compliance ☒ Improvements required* ☐

Staffing Records
Substantial compliance ☐ Improvements required* ☒

There were two rather than the required three references for one member of staff and this did not meet the requirements of the Regulations.
Medical Records

<table>
<thead>
<tr>
<th>Substantial compliance</th>
<th>Improvements required*</th>
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<tbody>
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<td>✓</td>
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Insurance Cover

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<tr>
<th>Substantial compliance</th>
<th>Improvements required*</th>
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**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service’s daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection

**Inspection findings**

Inspectors found evidence that the provider had put arrangements in place to prevent the abuse of residents and to respond should any allegations of abuse be made.

Inspectors viewed the centre’s policy on the prevention, detection and response to abuse and found it was clearly laid out and evidence based. It identified the responsibilities of each grade of staff. The policy had been implemented in July following a review over the summer. Staff were also required to review the policy in order to improve their knowledge and help improve their practice on the ground with residents.
Training was provided to staff. Inspectors reviewed records of training which been carried out in January and February 2012. The person in charge and staff spoken to demonstrated their knowledge and understanding of the procedures to follow in the event of an allegation or suspicion of abuse and measures to take to protect residents. No allegation of abuse had been made in the centre. The protection of residents was discussed at each staff meeting.

Additional support was available to residents through the involvement of fellow priests from the order who provided an individual level of personal support.

Arrangements for personal finances were the same as those for other members of the religious order. A bursar with responsibility for financial matters oversaw the administration of monies for residents.

### Outcome 7

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection

**Inspection findings**

Inspectors found that the provider had put precautions in place to manage the risk of fire and other risks in the centre.

There were robust systems in place to ensure the health and safety of residents, staff and visitors was promoted and protected. There was policy in place to guide practice, which was supported by the centre’s health and safety statement.

A risk management system was in place that was proactive and promoted continuous monitoring of risk. Inspectors saw records of daily checks risk related controls such as sharps, windows, footplates on wheelchairs, furniture and oxygen. In addition to the daily checks, the manager had conducted an overall review of safety arrangements in May 2012. All staff had received up to date training in movement and handling arrangements for residents.

Inspectors reviewed maintenance records and found that maintenance issues were responded to in a timely manner and the records were up to date. The provider had arrangements in place to ensure that equipment was kept in good working order and safe for use with residents. A list was kept of equipment checks, maintenance and the person who was responsible.
The provider had prioritised infection control in the centre. There was an infection control policy which provided clear guidelines to staff on maintaining a clean and safe environment. The procedures reflected the policies and staff demonstrated their knowledge of them.

Procedures to follow in the event of a fire were displayed throughout the centre. Suitable fire fighting equipment was provided and daily checks carried out. Fire exits were signposted and unobstructed with daily checks recorded by staff. The centre’s fire alarm and detection system were inspected in July 2012, with the next inspection due in October.

All staff had received training in fire safety and evacuation. The training records stated that the most recent fire training had been in April and May 2012. In addition nine staff had been trained up as fire wardens for the centre. Staff spoken with were aware and very knowledgeable of the procedures to follow in the event of a fire.

Outcome 8
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

Outstanding action(s) required from previous inspection:
No actions were required from the previous inspection

Inspection findings
Inspectors were satisfied that residents were protected by policies and procedures for the management of medication.

There were comprehensive medication management policies and procedures to guide practice. Prescription and administration sheets were reviewed by inspectors. They outlined concisely the residents’ details and their prescribed medication. Each sheet was signed by the GP. Inspectors saw evidence of review of medications at least three monthly by the GP, the pharmacist and the person in charge. Inspectors reviewed the administration sheets and found that they reflected the information on the prescription sheet such as type of medication, the dose and the time of administration.

Medications that required temperature controls were stored appropriately in a refrigerator. Temperatures were monitored by a thermometer and checked daily.

At the time of inspection there were no medications that required strict control measures (MDAs) in accordance with the Misuse of Drugs (Safe Custody) Regulations, 1984. There were specific procedures to guide practice. Nursing staff were aware and knowledgeable of these procedures.
Residents had the option to self administer if they wished to do so and a procedure was in place to guide practice. At the time of inspection no resident was self administering.

Staff told of training in medication management they had attended and plans were in place to provide further training in the future. Inspectors spoke to staff on the day who demonstrated that they were clear and knowledgeable of the policy and procedures.

**Outcome 9**  
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

**Outstanding action(s) required from previous inspection:**  
No actions were required from the previous inspection

**Inspection findings**  
Inspectors were satisfied that a records of all incidents occurring in the centre were maintained and notified to the Chief Inspector where required.

The person in charge was clear of the legal requirement to make a notification of incidents when necessary. Notifications made to date to the Chief Inspector have been accordance with the Regulations and in a timely manner.

**Theme: Effective care and support**  
The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users’ assessed needs in a timely manner, while balancing the needs of other service users.

**Outcome 11**  
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.
Inspection findings
Inspectors were satisfied that residents were well cared for in the centre and had opportunities to participate in meaningful activities in accordance with their needs. A high standard of evidence-based nursing care was seen by Inspectors and appropriate access to medical and allied healthcare was in place. Centre-specific policies were available to guide staff practice in the areas of care reviewed on inspection.

The centre had the service of its own GP who visited twice weekly. He provided an out of hour's service at weekends and was available on call. Inspectors met with the GP who confirmed this. A physiotherapist visited the centre twice weekly. The notes kept of consultations with the physiotherapist and were viewed by inspectors. Recently the physiotherapist had completed assessments of each resident in the centre, these were part of the ongoing review of residents overall health care. Allied health services such as chiropody, dentistry, dietician, optometry and speech and language therapy (SALT) were available to residents on a referral basis and inspectors saw records of appointments with health professionals.

Residents were fully assessed on their initial admission to the centre. These assessments informed staff of additional clinical assessments to be carried out alongside a fixed number of standard assessments. Where risk was identified, care plans were in place to inform the care to be provided. Inspectors reviewed a sample number of care plans and found that they contained personalised information about residents and the care they were to receive. Assessments and care plans were reviewed on a three-monthly basis and more frequently where necessary. There was also evidence that care plans were developed and agreed with the residents, and where residents were unable to do this, an advocate acted on their behalf.
Falls in the centre were managed well. Residents were assessed on admission. Inspectors reviewed a sample of care plans. They outlined the interventions in place to reduce the likelihood of falls occurring. Ongoing reviews of residents at risk of falls were carried out by the centre's physiotherapist as seen by records kept. If a resident fell, a record of the incident was recorded in the falls diary, an incident form was completed and a post fall assessment were completed. Assessments and care plans were reviewed regularly on a three-monthly basis or more frequently as required. In addition to the risk assessment, staff completed a questionnaire to identify environmental risks such as the condition of flooring and whether the resident’s bed needed to be left in a low position. There were regular audits of falls carried out.

A robust system was in place to manage wounds. Residents were assessed for risk and care plans were in place to guide practice. Inspectors reviewed the care plans for two residents who were at risk of pressure sores. Where wounds had been treated, these were documented in wound dressing charts. Inspectors saw records of the outcome of specialist outpatient care which had been provided to residents where necessary. Assessments were found to be regularly reviewed and care planned accordingly. Staff spoken to were knowledgeable of residents’ needs and the care to be provided.

Good systems were in place to manage the use of restraint in the centre. Inspectors reviewed a number of care plans. Residents were assessed for the use of restraint using appropriate assessment tools. Alternatives to restraint were considered. There was evidence of residents being consulted with or a “community leader” (a nominated confere from the order) was consulted with on their behalf. Care plans were in place to guide practice and documented checks of bed rails were kept when in use. There was evidence of regular reviews carried out of assessments and care plans.

A policy on behaviours that challenge was in place in the centre. Although there was no requirement for the use of the policy, staff were familiar with it and could describe to inspectors how they would manage a situation if it presented itself, such as identifying the behaviour triggers and responding to prevent situations occurring, and how they would respond if there was an incident.

Residents had opportunities to participate in the development of activities appropriate to their own interests and capabilities. There was information in resident care plans outlining their likes and dislikes. Staff responded to residents preferences. For example, one resident enjoyed spending time alone without being disturbed, preferably in sunny areas. This resident was observed sitting alone in a sunny glass hallway, he told inspectors he enjoyed the sun and spending time in it. Staff were observed monitoring his comfort and care needs, and checking in with him regularly. Inspectors were shown a new “Spiritual, Health Promotion, Goals and Social Care” assessment that had been completed for all residents. Each contained a very personal and descriptive account of family background, education, and work location along with interests and likes and dislikes. It was hoped these assessments would be used to guide activities more suited to residents preferred likes.
A structured day was in place for the residents. Residents with a cognitive impairment were involved in daily activities in the centre. There were individual staff sessions for some residents and inspectors saw them enjoying such things as hand massage. The residents’ spiritual vocation played an integral part of their life in the centre. Inspectors saw staff supporting residents to maintain the daily routine they would have had prior to being admitted to the centre. An oratory in the centre was available for private prayers and reflection. Mass took place daily at 10.30 am by a fellow priest who visited the centre most days. Music played in the background of the main foyer as residents were observed sitting and reading newspapers.

Inspectors found that residents were encouraged and supported to maintain their independence and mobility. There were exercise classes twice weekly and a weekly “Extend” class, a specially designed programme for the elderly based on mix of physical activities carried out to music. Residents went on walks around the extensive grounds, accompanied where necessary by staff, family or confreres. Independent residents could go visit other parts of the centre by themselves and one resident was seen watering flowers at the entrance. Outings played a small part in the life of residents. One had been arranged earlier in the summer to bring residents to the Botanic gardens, and to a bar afterwards. The centre could avail of suitable wheelchair accessible transport for these trips.

**Theme: Person-centred care and support**

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users’ dignity, privacy and autonomy.

**Outcome 15**

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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection

**Inspection findings**

Inspectors were satisfied that food and drink was provided to residents at times and in quantities adequate to their needs, food was prepared to a very good standard and was wholesome and nutritious.
There were good systems in place to meet the nutritional needs of residents. Food and drinks were freely available and plentiful. Water dispensers were provided throughout the centre. Residents were observed being offered hot drinks and snacks throughout the day. Tea and coffees was served with cups and saucers adding a nice touch. A food assessment chart indicated residents’ likes and dislikes in detail.

Residents’ nutritional needs were also assessed and a recognised assessment tool was used for this purpose. Residents’ weights were being monitored on a monthly basis and more frequently as required. Residents identified as being at risk nutritionally had an individual food plan completed. One care plan reviewed of a resident at risk indicated his weight had been monitored on a daily basis and a daily record of his food and water intake was recorded. Inspectors saw records of reviews by the dietician, including recommendations for responding to residents care needs.

An external company provided the catering service for the centre. Catering staff spoken with were familiar and knowledgeable of residents’ needs, including those who required specialist diets. An in-house dietician reviewed meals and offered advice. The catering staff met with the person in charge regularly to review meals.

A reviewed daily menu was completed by nurses each day and provided to the catering company. A choice of up to four main dishes per course was available to residents. There was one dining room in the centre. Two sittings at meal times were in place with residents who required assistance offered choice of the first sitting. Independent residents could choose to eat at the later sitting. Residents could choose to eat in the dining room or their bedroom. The dining room was bright and nicely furnished with round dining tables neatly set prior to each mealtime. Inspectors observed dinnertime and the meals looked very appetising.

**Outcome 16**  
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  

**Outstanding action(s) required from previous inspection:**
Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.
**Inspection findings**

Inspectors found that residents were consulted with and participated in the organisation of the centre, privacy and dignity was respected and there were systems in place to communicate and enable residents to exercise choice and control over their lives.

The residents were part of a religious order which involved its entire membership in decision making through regular elections. This included the election of the person nominated on behalf of the provider. In a recent election, residents voted for the person who will be nominated to act on behalf of the provider to oversee the running of their centre.

There were strong links between the residents and other priests from their order. Residents had good access and connection with their religious order. The centre was part of a larger complex of residential buildings for other priests and residents were included in the activities of the order if they were able. They went on walks in the grounds and visited other parts of the complex. A communal area on the first floor had been designed with the involvement of the residents, and was used by them and the community as a whole. Other priests from the order were seen to visit residents during the inspection and accompanying some on walks. Visiting hours were relaxed and both communal and private sitting areas were available to meet guests.

An in house committee was in place for residents should they wish to raise issues. This committed was facilitated by the provincial health care manager. She outlined also the role of an advocate who regularly visited the centre to meet with the residents. Inspectors spoke to visiting priests to the centre. He told inspectors how he visited everyday and facilitated residents to attend mass, and provided support to residents at end of life.

Residents were supported to dress according to their wishes, and their clothes were well cared for. They could chose when they wished to get up in the morning and what to do during their day. Residents had choice in the times they wished to have meals and two sittings were available. A hairdresser visited the centre on a monthly basis for residents who wished to have their hair cut.

Staff were observed being respectful and friendly, and referring to the residents by their preferred name or title. Bedrooms with windows were now provided with blinds. These blinds were seen by inspectors and could be easily pulled up or down, allowing residents to maintain their privacy. Most doors to rooms were closed and staff were observed knocking and asking permission to enter room before entering. Staff were also observed respecting residents spiritual needs at times of the day, for example, when mass was being said and in their general care of them.

Newspapers were plentiful throughout the centre. Residents were observed reading newspaper in the large foyer. All bedrooms were provided with a telephone and a television. There was also a television in the foyer for residents to watch.
Theme: Workforce
The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18
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

Outstanding action(s) required from previous inspection:
No actions were required from the previous inspection

Inspection findings
Inspectors were satisfied there was adequate staffing and skill-mix to meet residents needs. Staff were competent and sufficiently trained. Staff and volunteers were appropriately supervised and vetted according to best practice. However, one of the staff files did not have the required number of references.

Inspectors reviewed rosters for three weeks and found there were sufficient staffing levels to meet the needs of residents in the centre. There were clear supervision arrangements in place and a policy to guide practice. Inspectors observed staff following good practices and were very respectful to residents. Inspectors spoke to a visiting priest who told them staff were extremely respectful of residents’ spiritual needs. Staff spoken with were knowledgeable about the needs of residents.

A comprehensive training programme was in place and inspectors reviewed the training records which were well maintained. Training that was provided in response to the identified of residents such as continence management, responding to behaviours that challenge and preventing abuse. Staff had recently been sent on a subcutaneous injection training course to provide care for residents with specific needs.
The provider had ensured that the documentation required by the Regulations to demonstrate that an employee is suitable to work in the centre had been obtained. However, one file contained two references rather than the three required by the Regulations.

**Closing the visit**

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

**Acknowledgements**

The inspectors wish to acknowledge the co-operation and assistance of the residents, visitors and staff during the inspection.

**Report compiled by:**

Deirdre Byrne

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

7 September 2012
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre Name:</th>
<th>Marian House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>0063</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>5 September 2012</td>
</tr>
<tr>
<td>Date of response: 4 October 2012</td>
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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.

Theme: Workforce

Outcome 18: Suitable staffing

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

Two references on file for one member of staff did not meet the minimum number required in the Regulations.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Reference:</th>
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<tbody>
<tr>
<td>Health Act, 2007</td>
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<tr>
<td>Regulation 18: Recruitment</td>
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<tr>
<td>Standard 22: Recruitment</td>
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</tbody>
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<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
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<tbody>
<tr>
<td>Provider’s response:</td>
<td>04/11/2012</td>
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<tr>
<td>Going forward Marian house will put in place recruitment procedures for all staff employed as per recruitment policy and as per Schedule 2 of the Regulations.</td>
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**Any comments the provider may wish to make:**

**Provider’s response:**

None received.

**Provider's name:** Reverend Peter Conaty C.S.Sp

**Date:** 4 October 2012