

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



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|--|---|
| Centre name: | Marian House |
| Centre ID: | 0693 |
| Centre address: | Holy Faith Convent |
| | Glasnevin |
| | Dublin 11 |
| Telephone number: | 01- 8376165 |
| Email address: | marianhouse_hfc@yahoo.ie |
| Type of centre: | <input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Registered provider: | Holy Faith Sisters |
| Person authorised to act on behalf of the provider: | Sr. Mary Lalor |
| Person in charge: | Frances Lamude |
| Date of inspection: | 30 July 2013 |
| Time inspection took place: | Start: 09:00 hrs Completion: 16:30 hrs |
| Lead inspector: | Siobhan Kennedy |
| Type of inspection | <input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced |
| Number of residents on the date of inspection: | 26 |
| Number of vacancies on the date of inspection: | None |

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 Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing 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 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*.

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.

| | |
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| Outcome 1: Statement of Purpose | <input checked="" type="checkbox"/> |
| Outcome 2: Contract for the Provision of Services | <input type="checkbox"/> |
| Outcome 3: Suitable Person in Charge | <input checked="" type="checkbox"/> |
| Outcome 4: Records and documentation to be kept at a designated centres | <input type="checkbox"/> |
| Outcome 5: Absence of the person in charge | <input type="checkbox"/> |
| Outcome 6: Safeguarding and Safety | <input checked="" type="checkbox"/> |
| Outcome 7: Health and Safety and Risk Management | <input checked="" type="checkbox"/> |
| Outcome 8: Medication Management | <input checked="" type="checkbox"/> |
| Outcome 9: Notification of Incidents | <input type="checkbox"/> |
| Outcome 10: Reviewing and improving the quality and safety of care | <input type="checkbox"/> |
| Outcome 11: Health and Social Care Needs | <input checked="" type="checkbox"/> |
| Outcome 12: Safe and Suitable Premises | <input checked="" type="checkbox"/> |
| Outcome 13: Complaints procedures | <input checked="" type="checkbox"/> |
| Outcome 14: End of Life Care | <input type="checkbox"/> |
| Outcome 15: Food and Nutrition | <input checked="" type="checkbox"/> |
| Outcome 16: Residents' Rights, Dignity and Consultation | <input type="checkbox"/> |
| Outcome 17: Residents' clothing and personal property and possessions | <input type="checkbox"/> |
| Outcome 18: Suitable Staffing | <input checked="" type="checkbox"/> |

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and records in relation to persons working at the centre.

The matters arising from the previous inspection (13 actions) carried out on 12 July 2012 were examined and were found to be satisfactorily actioned. These issues related to the administration of PRN medication, risk management and

documentation/records in relation to care planning, statement of purpose, complaints policy and resident's guide. These matters were satisfactorily addressed.

Residents were positive about their day-to-day life experiences. They expressed satisfaction with the centres' routines and activities, meals provided and were complimentary of the staff team. No issues or concerns were identified to the inspector. A group of relatives, who communicated with the inspector considered the provision of care to residents to be of a high standard.

The provider and staff team facilitated the inspection process as the person in charge was not available. They provided the documents/records for inspection and were knowledgeable in respect of residents' preferences/choices, health and social care, interventions and treatments. The inspector heard from the provider, the staff nurse in charge at the time of the inspection and staff members that the person in charge has many years experience in nursing care and leads the team in implementing the legislation and Standards in relation to the residential care setting. Staff members confirmed that good relationships exist between all grades of staff and the management team.

The inspector found that the centre was substantially compliant with the Regulations. Measures were put in place to protect residents from abuse. Risk management systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. Residents' wellbeing and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied healthcare. Medication management procedures and systems were appropriate. There were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences.

The design and layout of the centre was suitable for its stated purpose, providing comfortable facilities in a homely way. It was well maintained and residents availed of the opportunity to personalise their own bedrooms.

At the time of inspection staffing levels and skill mix were found to be adequate to meet the needs of residents. Staff had opportunities to participate in relevant and mandatory training. Those staff members who communicated with the inspector presented as knowledgeable and competent in carrying out their duties and responsibilities.

The Action Plan at the end of this report outline improvements required in order meet the legislative requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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: Leadership, Governance 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 1

There is a written statement of purpose that accurately describes the service 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

Actions required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Make a copy of the statement of purpose available to the Chief Inspector.

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Since the last inspection the statement of purpose had been updated (August 2012) to contain the matters outstanding and specified in the previous inspection report. For example, the registered number of residents whom the centre can accommodate, date of registration, expiry date and conditions of registration. The statement of purpose described the facilities and services provided by the centre and cover the matters as listed in Schedule 1 of the Regulations.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider is the Holy Faith Congregation and the nominated person is Sister Mary Lawlor, who was on duty throughout the inspection. The inspector was informed that the person in charge, Frances Lamude is a registered nurse and works full-time in the centre. The person in charge has experience in the area of nursing older people as well as postgraduate qualifications in management. The provider informed the inspector that the person in charge and the management team in consultation with staff have devised policies and procedures and have set up systems and practices to implement the legislation and standards in respect of residential care. The person in charge has a deputy to work in her absence. However, the person in charge was not available during this inspection and therefore the senior nurse was in charge of the centre. The inspector heard from staff members and residents that the person in charge is available, approachable and has a person-centred approach to the provision of care.

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:**Resident's Guide**

Action required from previous inspection:

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; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Inspector's findings:

This matter was satisfactorily implemented as a resident's guide was available and on display in the foyer and in each resident's bedroom. However, on examination, the details in respect of the Health Information and Quality Authority were incorrect.

Staffing Records

Substantial compliance

Improvements required

Documentation in respect of a recently recruited person working at the centre were examined and found to be satisfactory with the exception of having confirmation of the physical and mental fitness of the staff member.

General Records (Schedule 4)

Substantial compliance

Improvements required

The inspector examined the records pertaining to the recording of transactions in respect of residents' monies. The documentation examined did not clearly show the date of the transaction, a running balance of the account and two signatures to each transaction.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents and staff confirmed that measures were in place to ensure residents' safety. One resident showed the inspector the safety measures in the internal courtyard and some staff confirmed that there was a policy and procedure in respect of the protection of residents from abuse. The inspector examined this and found that it included appropriate guidance for staff. Recently the policy/procedure had been implemented satisfactorily. Some staff members described the training they had participated in to protect residents and demonstrated that they were knowledgeable regarding types of abuse, their duty to report any form of abuse and knew that it should be investigated by line management. The provider informed the inspector that there were no ongoing investigations currently.

There was a policy in respect of the management of resident's personal possessions, including finances. See Outcome 4 above. General Records (Schedule 4).

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

Actions required from previous inspection:

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 as follows:

- The hot water temperature at outlets in bedrooms 4, 10, 24 and St. Martha's sitting room was above 43 degrees Celsius.
- The sluice room was only accessible through the designated area for cleaning and storage of household equipment and poses a risk of cross infection.

Inspection findings

The action required from the previous inspection in respect of controlling the temperature of hot water at the above outlets was satisfactorily implemented. The inspector examined the hot water and found that it was being delivered at hand temperature. The inspector was informed that a new digital thermometer had been

purchased and that the hot water temperature is checked on a monthly basis and recorded so that the temperatures can be monitored and addressed.

The action required from the previous inspection was partially actioned in that the room previously containing the sluice room and cleaning room have been divided with the result that staff can individually access both rooms. The inspector examined the sluice room and found that it contained the equipment necessary for sluicing. However, an examination of the cleaning room identified that hazardous liquids were being stored but there was no locking mechanisms on the door and in the interests of residents'/visitors' safety the sluice room door was unlocked.

Overall, the inspector found that the health and safety of residents, staff and visitors were protected and promoted. There was a health and safety statement. However, this had not been updated since 2011 and should be current on an annual basis. It did detail the emergency plan and staff were familiar with it as a health and safety committee had been established and meetings had taken place in order to identify and address potential risks.

The inspector examined the risk register and found that it was kept up to date and highlighted specific areas of risk which were assessed and a plan put in place to either control or minimise the effect of the risk.

The inspector found that the risk management policy had been implemented throughout the centre in the following areas:

- A record of visitors to the centre was maintained in order to monitor the movement of persons in and out of the building.
- The training records found that staff had opportunities to participate in training with regard to infection control, food safety and hygiene and moving and handling.
- A number of measures were in place to control and prevent infection including policies and procedures, availability of wash-hand 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.
- There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing.
- Fire safety information was up to date. Ongoing fire safety training was provided for staff. Staff who communicated with the inspector could describe the fire evacuation plan. Smoke detectors were located in bedrooms and general purpose areas. Emergency lighting was provided throughout the building. There were contracts with external companies regarding the servicing of fire alarms, smoke and heat detectors. 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. Fire evacuation sheets had been fitted to each resident's bed, in respect of immobile residents. A record showed that staff checked the escape routes daily. The inspector noted that there were three steps up to a fire exit door but was informed that the residents located in bedrooms close to this evacuation route would not be able to use the steps to be evacuated.

Aspects of the environment had been risk assessed and handrails and grab rails were available as necessary. However, the inspector noted that the carpet in the visitors' room was wrinkled, there was no wash-hand basin in the cleaners' store on the first floor and there was no privacy lock on the bathroom/toilet facility on the first floor.

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

Action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Inspection findings

The action required from the previous inspection was satisfactorily implemented. The inspector was informed that a full review of practices and policies had been undertaken in relation to the storage and administration of medications. The staff nurse on duty told the inspector that she was satisfied that the policy and procedure guided staff in the management of residents' medicines. The inspector observed the staff member in charge of medicines administer these to residents. The system in operation was pre-prepared packs provided by the pharmacist. Prescription and administration sheets were available. There was evidence of GPs reviewing residents' medicines.

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.

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

Actions required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Revise each resident's care plan, after consultation with him/her.

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Notify each resident of any review of his/her care plan.

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Staff were trained in the care planning process. Residents who communicated with the inspector were familiar with their care plans. A full review of care plans had been undertaken by the named nurses.

Marian House is registered to provide general and respite care to 26 female residents which include members of the Holy Faith Order and lay persons. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Since the last inspection the inspector was informed that staff have been trained in the care planning process and that a full review of care plans has been undertaken by the named nurse. Each resident has an individual care plan which contained information in relation to assessing and risk rating resident's' needs, a treatment plan, daily notes on residents' condition/ care and a review and evaluation of care.

Assessors used validated tools 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. Mini-mental assessments were completed by nursing staff. There was evidence that the care plans were regularly reviewed at a minimum of every three months or more frequently should a change in a resident's condition occur. Medical cover was provided by a number of local general practitioners (GPs). A GP out-of-hours service was also provided. A review of resident's medical notes showed that a GP had reviewed the resident's care and provided a good service.

The centre's policy on the use of restraint included a direction to consider all other alternative interventions. The inspector observed that minimal restraint was used and that independence was advocated and supported.

A number of activities took place such as reading, singing, exercises, crosswords and jigsaws. Care assistants, volunteers and the pastoral care team led the organised structural activity programme.

Outcome 12

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

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.

Accommodation includes 24 single and one two-bedded rooms with a variety of arrangements in place with regard to en suite facilities. The ground floor includes an entrance foyer, reception area, two sitting rooms, dining room, oratory, clinical room, two nurses' office, activities room, store rooms, assisted shower and toilet, sluice room, kitchen, staff kitchenette, change and rest area. First floor facilities include a central seating area, storage, administration office, sitting room with kitchenette, assisted shower and toilet, hairdressing room, laundry, linen room and boiler room.

Externally there are secure grounds with high walls and gates. The large external grounds were 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 Television (CCTV) monitoring system was in place.

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 13

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

Actions required from previous inspection:

Revise the complaints procedure to accurately reference the Authority's role and ensure it contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Update the statement of purpose and Residents' Guide to reflect the changes to the complaints policy.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented. The inspector examined the complaints policy and procedure and found that it contained information in relation to the independent appeals person and the role of the Authority in relation to complaints was clear. The inspector also examined the accident log and found that there were only a few minor complaints which had been satisfactorily addressed. The provider informed the inspector that management have a positive attitude towards complaints using them as a useful means to further improve the service. Some residents and relatives reported that they had easy access to the person in charge and they could openly report any concerns which were addressed in a timely manner.

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 discreet and sensitive manner.

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that residents were provided with food and drink at times and in quantities which were adequate for their needs. The inspector observed the lunchtime meal, which was an unhurried social occasion 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. The inspector spoke with staff on duty in the dining room and found that they were knowledgeable about individual resident's specialised needs such as pureed or minced diets. Residents who required assistance with nutritional intake were respectfully assisted. Snacks and drinks were offered throughout the day and jugs with a variety of juices and water were available in communal areas and staff regularly offered drinks to residents. 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.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that the number and skill mix of staff on duty during the inspection were adequate to meet the needs of residents and some residents who spoke with the inspector confirmed that this was the case. They also reported that the staff team were very pleasant and helpful.

The inspector found staff to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. There was evidence from the training records and communications with staff that they had access to education and training. For example, staff had participated in training on moving and handling, fire safety and prevention, food hygiene, infection prevention and control, first aid and dementia care.

The inspector saw that appropriate Garda Síochána vetting and a written agreement between the centre and volunteers outlining their duties, responsibilities and supervision arrangements were in place.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

2 August 2013

Provider's response to inspection report *

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|---------------------|--------------|
| Centre Name: | Marian House |
| Centre ID: | 0693 |
| Date of inspection: | 30 July 2013 |
| Date of response: | 22/08/2013 |

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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

Outcome 4: Records and documentation to be kept at a designated centre

The provider and person in charge were failing to comply with a regulatory requirement in the following respect:

The details in the resident's guide were incorrect in respect of the Regulatory Authority.

Documentation in respect of a recently recruited person working at the centre did not contain the physical and mental fitness of the staff member.

Documentation examined pertaining to the recording of transactions in respect of residents' monies did not detail the date of the transaction, a running balance of the account and two signatures to each transaction.

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

Action required:

Produce a resident's guide which is accurate and up-to-date and 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:

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.

Action required:

Maintain the records Schedule 4 (general records) of the Regulations in a manner so to ensure completeness, accuracy and ease of retrieval. In particular a record of all monies or other valuables deposited by a resident for safekeeping or received on the resident's behalf which –

(a) shall state the date on which the money or valuables were deposited or received, the date on which any money or valuables were returned to a resident or used, at the request of the resident, on their behalf and, where applicable, the purpose for which the money or valuables were used: and

(b) shall include the written acknowledgement of the return of the money or valuables.

Reference:

Health Act, 2007
 Regulation 21: Provision of Information to Residents
 Regulation 22 Maintenance of Records
 Regulation 18: Recruitment
 Standards 22: Recruitment
 Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:**Timescale:**

Provider's response:

The Resident's Guide has been updated to include accurate details in respect of the Regulatory Authority.

Completed
06/08/13

Documentation regarding the physical and mental fitness of a recently recruited staff member is now up to date.

20/08/13

A new recruitment procedure has been put in place.

15/08/13

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| <p>A new procedure for the accurate recording of transactions in respect of residents' monies, and other valuables, is now in place. A revised document has been designed to record the following:</p> <ul style="list-style-type: none"> (a) Date on which money or valuables were deposited/received. (b) date of return to a resident, or used on their behalf or at their request. (c) A record of the purpose for which the money, or valuables were used on behalf of the resident, where applicable. (d) A written account of the return of the money or valuables. (d) A running balance for each account. (e) Two signatures to each transaction. | |
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Outcome 7: Health and safety and risk management

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| <p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Hazardous liquids would be stored in an unlocked container in an unlocked cleaning room.</p> <p>The health and safety statement had not been updated since 2011.</p> <p>There were three steps up to a fire exit, which some residents could not to use in the event of an emergency evacuation of the centre.</p> <p>The carpet in the visitors' room was wrinkled.</p> <p>There was no wash-hand basin in the cleaners' store on the first floor.</p> <p>There was no privacy lock on the bathroom/toilet facility on the first floor.</p> |
| <p>Action required:</p> <p>Put in place written operational policies and procedures relating to the health and safety (Health and Safety Statement), including food safety, of residents, staff and visitors which is the current on an annual basis.</p> |
| <p>Action required:</p> <p>Implement the written risk management policy/procedure throughout the centre by addressing the above risks.</p> |
| <p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 30: Health and Safety Regulation 32: Fire Precautions and Records Standard 26: Health and Safety |

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
|--|------------|
| Provider's response: | |
| A lock has been fitted to the door of the cleaning room on the ground floor where hazardous liquids are stored. The room is kept locked at all times. | 21/08/2013 |
| The Health and Safety Statement has been revised and updated. | 22/08/2013 |
| <p>We sought advice from our fire safety consultant regarding the three steps up to the fire exit on the ground floor. His explanation as to why these steps are not a cause for concern is as follows:-</p> <p>"There are two (internal) stairs serving the ground floor of the nursing home section of the building providing progressive (horizontal & vertical) escape routes for the evacuation of the residents to places of refuge in other parts of the nursing home or convent. These are the primary exits and the most essential routes to take should a fire occur (particularly during adverse weather).</p> <p>The third (external/concrete) stairway is available as a surplus exit for the ground floor, but more importantly is the primary escape route for the occupants of the top floor of the convent section of the building where there is just one other escape stairs. Moreover, the concrete stairs have been identified by Dublin Fire brigade as an expedient route for the emergency services to access the ground through to top floor in a fire emergency"</p> | 14/08/2013 |
| The carpet in the visitor's room has been replaced. | 08/08/2013 |
| A wash-hand basin has been installed in the cleaner's store on the first floor. | 20/08/2013 |
| A privacy lock has been fitted to the door of the bathroom on the first floor. | 21/08/2013 |