

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Marian House Nursing Home
<b>Centre ID:</b>	OSV-0000063
<b>Centre address:</b>	Kimmage Manor, Whitehall Road, Dublin 12.
<b>Telephone number:</b>	01 406 4449
<b>Email address:</b>	mollsheehan@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Congregation of the Holy Spirit
<b>Provider Nominee:</b>	Mary Sheehan
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	1

## **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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 April 2017 09:30 To: 04 April 2017 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

The purpose of the inspection was to inform the decision of the Authority in relation to the application by the provider to renew the registration of the centre.

This centre is specifically for the care of older members of the religious Congregation of the Holy Spirit and is situated on the grounds which house other accommodation and a church belonging to the congregation. Care was provided to those members who required fulltime or convalescent care and who could while a resident remain fully active participants in the life of the community.

The inspector was satisfied that there was evidence of good governance structures and a commitment to compliance with the regulations. The provider person-in-charge worked closely together. They had addressed all non compliances identified on the last inspection which was completed in March 2016.

Residents health and social care needs were being met. Safeguarding practices in

relation to vulnerable adults were found to be good. Residents independence and right to choice in relation to their care needs were promoted. There was evidence of continued commitment to staff training. Overall there was good practice in relation to risk management, fire safety procedures, health and safety of residents.

Residents spoken with expressed their confidence in the staff and management, and overall said they were safe and felt well cared for.

The one action plan outlined at the end of this report reflects the one issue to be addressed.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A statement of purpose was submitted as part of the application to renew registration. It had been reviewed in February 2017 and outlined the overall aim of the centre and other details as specified in Schedule 1 of the Regulations. Staff were familiar with its content and a copy was on display in the centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure which was reflected in the statement of purpose.

The Provider Nominee (PN) and Person in Charge (PIC) work full-time. They met daily

and had a formal management meeting approximately once every month to discuss management issues. The provider and person in charge reported to a board who met every month. Minutes of these meetings were available for review and provided assurance that the governance of the centre was strong.

The person in charge was supported in her clinical role by the provider who is a registered intellectual disabilities. She has experience in caring for older persons in a residential setting.

The PIC was auditing areas of practice such as the use of bedrails, medicine management, nursing documentation, development of pressure ulcers and accident and incident and falls. The results of audits were clearly analysed, and communicated to staff at handover, staff meetings. Where action plans were included there was evidence that these actions had been addressed.

An annual review of the quality and safety of care delivered to residents had taken place for 2016. The analysis included resident feedback on the service and a quality improvement plan for 2017 was outlined at the end of the report.

**Judgment:**  
Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
There were no periods for which the PIC had been absent for over 28 days. The provider a registered intellectual disabilities nurse told the inspector that she would be taking over in the absence of the PIC.

**Judgment:**  
Compliant

***Outcome 07: Safeguarding and Safety***  
***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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment***

***is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place.

Residents were safe in the centre. The premises was safe and secure. There was a receptionist at the main door and the entry door to the nursing home was accessed by entering a keycode or by being opened by staff. Both areas had a visitors sign in book in place. There was a policy and procedures in place for the prevention, detection and response to abuse. Staff demonstrated a good knowledge of what constituted abuse and they all had up-to-date refresher training in place. The provider told the inspector that all staff had a vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The provider had reapplied for a renewed vetting disclosure for all staff as a high number of staff were employed in the centre for greater than five years. The inspectors reviewed a random sample of three staff files which confirmed this process had commenced.

The management team did not manage any money on behalf of the residents. Each resident had a lockable key coded safe in their bedroom. The management team did not act as pension agents on behalf of any residents. Members of the community leadership team dealt with these matters on behalf of residents.

Residents displaying responsive had a corresponding behavioural support plan in place. These care plans identified residents triggers, responsive behaviours and diversion therapies all of which were specific to the resident in question. Incidents of behaviours that challenge were being recorded and reported to the residents general practitioner.

There was a low use of restraint in the centre. Where bedrails were in use there was a record of alternatives trialled, tested and failed prior to bedrails being used. Residents with bedrails in use had a care plan in place to reflect their use.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The health and safety of residents, visitors and staff was promoted and protected.

The centre had a risk management policy, an emergency plan and an updated health and safety statement in place. The risk register was comprehensive and kept updated. It identified risks and specific measures put in place to reduce the level of risk.

Records reviewed on inspection showed that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. All emergency lighting was checked by the maintenance man on a monthly basis and defaults identified were reported for repair. They was evidence that they were serviced on an annual basis. Staff spoken with were clear on what to do in the event of the fire alarm sounding. All staff had completed fire safety training within the past year. Records reviewed showed that fire drills were practiced on a weekly basis. Records of these fire drills were comprehensive reflecting those in attendance, times and any issues identified which required improvement. A fire drill had been practiced with night staff prior to the inspection. The inspector saw that there was adequate means of escape and fire exits were unobstructed.

Accidents and incidents were all recorded in detail and were being followed up on by the management team. There was also comprehensive audits being completed.

Manual handling practices observed were in line with best practice and records reviewed showed all staff had up-to-date training in place. Staff were observed assisting residents to be mobile with the use of mobility aids.

Infection control practices were good overall with hand washing and drying facilities and hand sanitizers were available throughout the centre.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**



The inspector reviewed the practices and documentation in place relating to medication management in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.

All medicines were stored securely in the centre. Medicines were dispensed using a monitored dosage system. Medicines were stored securely within the centre, and fridges were available for all medicines. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each shift. There were procedures in place for the handling and disposal of unused and out of date medicines.

The inspector reviewed the processes in place for administration of medicines, and was satisfied that nurses were knowledgeable regarding residents individual medication requirements. Practice observed reflected the policies.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis. The management team with the general practitioner were conducting reviews of each resident's prescribed medications on a quarterly basis. The person in charge was completing comprehensive medication audits on those prescribed antibiotic therapies, and psychotropic medications.

Medication incidents including medication errors were recorded and nursing staff spoken with were knowledgeable of the procedure to be followed. The person in charge was monitoring medication errors.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The health care needs of residents were met being met and residents had opportunities to participate in meaningful activities, appropriate to their interests.

Residents had access to general practitioner (GP) services and a full range of other services was available on referral including a consultant geriatrician, speech and language therapy (SALT), dietetic services, physiotherapy and occupational therapy. Chiropody, dental and optical services were also provided. Psychiatry for older persons community services were also been consulted. The inspector saw evidence of prompt referral of resident when required: for example, residents who had a fall had been reviewed by the physiotherapist and residents with weight issues had been reviewed by the dietitian. The provider, PIC and GP conducted a clinical review of each residents once each quarter this included a review of their medications.

Nursing assessments, care planning and additional clinical risk assessments were carried out for residents. Those with identified needs had care plans in place to reflect these needs. There was evidence that residents and/or relatives were involved in the development of their care plans. The inspector found that all residents had activity care plans which were detailed and resident specific.

The inspector observed the use of draw sheets and water proof mattress covers on waterproof mattresses. The inspector discussed their use with the provider and PIC as their use is not reflected of evidence based practice. They were removed prior to the end of the inspection and the inspector was provided with written assurance the following day to state they were no longer available in the centre.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The premises was purpose built on the grounds of the complex belonging to the religious order. The centre is accessed via a long well light corridor from this house or via its own separate entrance. The local church, individual apartments, three shared houses and a large communal house for retired members of the congregation are also located on the grounds.

There was ample communal space, including dining and sitting areas, an oratory, and

two suitably located assisted bathrooms and toilets. There was also a visitor's toilet. Although the main kitchen is located in the adjacent community house a suitably equipped kitchen is provided in the centre for serving meals and ensuring that snacks are always available. There were adequate facilities for catering staff. A suitably equipped laundry room sluice room and treatment room was provided.

There were 25 single bedrooms one twin bedroom all with suitably assisted en-suite facilities. The bedrooms were suitable in size and lay-out for the use of assistive equipment and for personal furniture. The rooms were noticeably personalised and photographs of current and past members of the congregation are evident in the centre. The premises were in a good state of repair, comfortably furnished. Redecoration since the last inspection had included the colour coding of doors and the increased use of colour in areas of the centre. It was well lit with natural light and ventilated. The large gardens on the campus there were secure and easily accessible garden areas integral to the building.

Full-time maintenance personnel were employed and the maintenance logs seen by the inspector indicated that any concerns reported are acted upon promptly. A functioning call-bell system was available. Records reviewed showed that equipment including the call-bells, specialist beds, hoists and heating systems were being serviced annually and as required.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***  
***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.***

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

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Complaints made were managed in line with the centres complaints policy.

The complaints policy met the legislative requirements and was clearly outlined in the statement of purpose and the residents guide. The process was clear, accessible to all residents and displayed at the reception desk.

There were few complaints, the inspector reviewed records of those made. All had been fully investigated with clear concise records kept including the residents level of satisfaction with the outcome of the complaint.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents were consulted with and actively participated in the organisation of the centre.

The community leader came into the centre visited each of the residents daily including those with dementia. He reported any issues brought to his attention to the provider and these were addressed immediately. Some of the residents attended community meetings in the Fathers residence next door, they reported back verbally to other residents. Contact details for the national advocacy service were available in the centre.

Residents were treated with dignity and respect. The inspector observed staff treat residents with the utmost respect. Staff appeared to know the residents well, they took time to communicate with residents and did so in a kind and patient manner. Each resident had a detailed communication care plan in place.

Residents privacy and dignity was respected, including receiving visitors in private. They received personal care in their own bedroom or a bathroom which could be locked. Bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private in different areas of the centre. All residents had been registered to vote and they were given the choice at election time. A ballot box was brought into the centre to facilitate those who would not attend the local voting centre. Residents attended Mass said in the centre daily or attended Mass in the church situated on the same grounds as the centre. Residents had access to the local and a variety of daily newspapers.

Residents had access to meaningful activities and had choice in relation to how they lived their life. The inspector spoke with the activities coordinator who organised activities based on the choice of residents and facilitated them to take part. He explained how he lead out on some activities and others were provided by external personal who brought activities of interest to residents into the centre. For example, a

physiotherapist facilitated a weekly exercise class with residents and a musician came in to entertain residents each week. There was now a schedule of activities in place, it was on display in the open plan communal area. Activities provided, attendees and their level of participation was now being recorded in the residents individual file. Each resident also had a detailed social assessment and psychosocial person-centred care plan in place.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the residents.

There was an actual and planned staff rota. The rota now included the hours worked by the activities co-ordinator and night staff. The inspector saw that there was a minimum of one staff nurse on duty at all times and the numbers of staff rostered during the day and night took into account the statement of purpose and size and layout of the building. Residents spoken with confirmed that staffing levels were good and their requested needs to be met.

Residents spoken with told inspectors that staff were kind, patient and they felt well looked after. The feedback received on questionnaires was also extremely positive.

Records reviewed confirmed that all staff had mandatory manual handling, protection of vulnerable residents' training in place and all had attended refresher fire training within the past year. Staff had also been provided with on a variety of topics, such as, dementia care, infection control, prevention of pressure ulcers, medication management, management of responsive behaviours, risk management, auditing and care planning. The activities coordinator confirmed he had received some training on how to deliver dementia focused activities.

A sample of staff files reviewed showed all the required documents had been obtained prior to the staff member commencing work in the centre. A staff appraisal system was in place for all staff, and the management team had commence the process for 2017.

All qualified staff were registered to practice in 2017 with Bord Altranais agus Cnáimhseachais na hÉireann.

**Judgment:**  
Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Sheila McKeivitt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Marian House Nursing Home
<b>Centre ID:</b>	OSV-0000063
<b>Date of inspection:</b>	04/04/2017
<b>Date of response:</b>	04/05/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The emergency lighting was not being serviced on a quarterly basis.

#### 1. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

<sup>1</sup> 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:**

The emergency lighting is now serviced on a quarterly basis

**Proposed Timescale:** 04/04/2017