<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Marian House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000693</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Holy Faith Convent, Glasnevin, Dublin 11.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 837 6165</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:marianhouse_hfc@yahoo.ie">marianhouse_hfc@yahoo.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Holy Faith Sisters</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Paula Philips</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>26</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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 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.
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.

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 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
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<tr>
<td>15 July 2014 09:30</td>
<td>15 July 2014 17:30</td>
</tr>
<tr>
<td>16 July 2014 09:30</td>
<td>16 July 2014 15:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</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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Summary of findings from this inspection

This report sets out the findings of an 18 outcome inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration of this centre. As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accidents and incidents forms, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority prior to and during the inspection. These questionnaires were broadly positive of the service provided, and highly complementary of the input of staff. As part of the renewal process, interviews were carried out with the provider and person in charge.
Overall, the inspector found that the provider and the person in charge met the requirements of 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. They promoted the safety of the residents, and monitored closely the quality of the service provided to residents. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

Evidence of good practice was found across all outcomes with 14 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations. Outcomes judged to be fully complaint included the protection of residents' rights, dignity and consultation, suitable staffing, health and social needs, safeguarding and safety and governance and management. Four outcomes were judged to be moderately non complaint, which related to health and safety and risk management, suitability of the premises, management of drug errors and nutritional care plans.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.
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 2013 and the National Quality 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:**
The inspector found that the statement of purpose met the requirements of the Regulations, containing all of the information as listed within Schedule 1. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

**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:**
Overall it was found that the quality of care and experience of the residents were monitored and assessed on an ongoing basis. There was a clearly defined management structure that identified the lines of authority and accountability.

The provider and the person in charge worked together to address the needs of residents and together held the autonomy and authority to implement change in accordance with the assessed needs of residents. For example, staffing requirements
had increased steadily over the past three years, in line with the changing needs of residents and the reduced numbers of volunteer hours which had been provided by the holy faith sisters from the adjoining Convent.

There were systems in place to review and monitor the quality and safety of care and the quality of life of residents in a regular basis. For example, the inspector read minutes of monthly meetings help between the provider, the person in charge and the deputising person in charge which focused upon key quality and safety data including incidences of pressure sores, incidences of the use of psychotropic medications, and incidences where residents were spending most of their time either in bed or on a chair in any one week.

The provider was relatively new to the role, having started in September 2013. However, she had previously worked in the centre as the deputy person in charge. She was interviewed during the course of this inspection and deemed to be fit for the role. The inspector found that she was present in the centre two and a half days per week and engaged with all residents on an individual basis to consult and seek their views on the running of the centre.

**Judgment:**
Compliant

### Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A resident's guide was provided to all residents'. Each resident also had an agreed contract of provision of service, which included the fees charged for stay in the nursing home, as well as reference to additional fees to be charged such as for hairdressing services which were available in the centre.

**Judgment:**
Compliant

### Outcome 04: Suitable Person in Charge

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge was a registered nurse and worked full time within the centre. The person in charge had experience in the area of nursing older people as well as postgraduate qualifications in management. She had been working as director of nursing within the centre for the past three and a half years and was well known to all residents.

The person in charge had been involved in developing policies as well as revising policies in line with best practice or the changing needs of residents. During the inspection she demonstrated her knowledge of the revised Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. All information required from her was available during the inspection.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector was satisfied that the records listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.
**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:**
The provider was aware of her responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge was supported in her role by a deputising person in charge who had been deemed a fit person previously by the Authority. The deputising person in charge was in this role since September 2013 and was a registered nurse. In addition, the roster identified a nurse as in charge at all times if either person in charge was not on duty.

**Judgment:**
Compliant

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**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:**
The inspector found that measures were in place to protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated by a staff member. In addition, staff felt confident in being able to report such concerns, this was evidenced by the fact that two staff members spoke to
the inspector about raising specific concerns with the person in charge. These concerns were responded to appropriately by the person in charge, and addressed efficiently and effectively.

The person in charge assisted residents with the management of their finances, and arrangements were in place to safeguard residents from the risk of financial abuse. The inspector saw that money was stored in a locked safe, with balances regularly checked and was satisfied that residents finances were managed in a safe and transparent way.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.

A restraint free environment was promoted with relevant policies and procedures in place. Physical restraint was not used in the centre and there was a small number of enabling restraints in operation within the centre. Bedrails were used for two residents, and a bed alarm was used as a falls prevention mechanisms. These restrictions' had been appropriately assessed and had involved multi-disciplinary input as well as the capacity of the residents in question to be involved in the decision.

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

Findings:
Overall it was judged that the health and safety of residents, visitors and staff was promoted and protected however, issues relating to ineffective window restrictors and an unlocked room used to store maintenance equipment left residents vulnerable to accident and injury. There were also issues identified with water temperature control, and this is detailed and actioned under Outcome 12: Safe and Suitable Premises. In addition, documentation in relation to falls assessments and the subsequent intervention plan was not followed.

The inspector found that window restrictors on many of the upstairs bedrooms were loose, and the distance the window opened varied in each room and one room had no restrictors in place. A storage room upstairs was left unlocked at all times and was used to store incontinence wear and other items. In addition, part of the room was used to store maintenance equipment, such as saws, blades and lubricant. This had the potential to pose a safety risk to residents.
There was a health and safety statement in place which was revised and up to date. In addition, a new health and safety company had been retained to provide advice on health safety and risk management and to carry out audits on the building in this regard. The person in charge informed the inspector that an audit had recently been completed on the 7 July and the person in charge was awaiting the report, which was due 29 July.

Risk management policies were in place to meet the requirements of the regulations with individual, collective and environmental risk assessments in place. However, deficits were identified within the falls risk assessment for one resident whose subsequent intervention plan was not followed. This resident was deemed to be at high risk of falls and the intervention plan stated that there should be a sticker over the residents bed identifying this risk, the resident should be assessed for the use of hip protectors and blood pressure and pulse should be taken every morning. None of these interventions had taken place, and while the staff nurse explained that this was because the resident was not mobile, this was not reflected within the falls care intervention plan.

Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire equipment were regularly serviced. The inspector noted that the fire panels were in order and fire exits, which had daily checks were unobstructed. All staff had attended training and those spoken to were knowledgeable of the procedures to follow in the event of a fire.

There was an emergency plan in place which identified what to do in the event of fire, flood, loss of power or heat and other possible emergencies. The emergency plan included a contingency plan for the total evacuation of residents in the event of an emergency. All staff had attended training in moving and handling.

**Judgment:**
Non Compliant - Moderate

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**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):**
No actions were required from the previous inspection.

**Findings:**
There were written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. However, this policy did not refer to use of blister pre-packed medication that was used in the centre. In addition, drug errors were not being adequately reviewed with identified control measure to minimise
the risk of administration errors for residents'.

The inspector reviewed records of two documented drug errors, although they were documented in different folders. One error related to an error in the relation to the wrong medication being pre-packed by the pharmacist. This was identified on receipt of the medication by the receiving staff nurse. The second error was also an error made by the pharmacist but this went unnoticed for two days. This resulted in repeated administration errors, but these subsequent errors were not recoded or identified as drug errors. The control measure for the second error stated that 'staff were to ensure correct meds are given' this was not an adequate control measure, with no reference to how this would be done.

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of controlled drugs. The stock balance was checked and signed by two nurses at the handover of each shift.

A locked fridge was provided for medication which required temperature control and the inspector noted that the temperatures were within acceptable limits. There were appropriate procedures for the handling and disposal of unused and out of date medication.

**Judgment:**
Non Compliant - Moderate

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**Outcome 10: Notification of Incidents**

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector.

The person in charge was aware of the legal requirements to notify the chief inspector regarding accidents and incidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. The inspector read the accidents and incidents log and saw that all relevant details of each incident were recorded together with actions taken.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied healthcare.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident involvement at development and review.

The inspector reviewed a number of health care plans which considered assessed need in relation to areas such as dental care, cognitive deficit, sleep patterns, short term medical interventions, shin care and wound management. Residents could access medical specialists as required, for example some residents had recently attended a dermatology consultant in a local private hospital, cardiac specialists, dieticians, speech and language therapy and a dentist. Residents' had access to a general practitioner (GP) as required, with a community GP attending the centre on a weekly basis. Resident's were also supported to maintain their own GP and one resident had done so.

Assessors used validated tools to assess levels of risk of deterioration, for example vulnerability to falls, dependency levels, nutritional care, cognitive impairment. There was evidence that care plans were reviewed every three months or more frequently if required.

Each resident had opportunities to participate in meaningful activity and the activity programme was based upon the residents' interests and hobbies. An activity coordinator was employed and residents were observed enjoying various activities during the inspection. A number of volunteers, fellow nuns from the holy faith order assisted residents with daily activity also. There was also an activities planner displayed on the wall, highlighting the week's activity. Regular activity included daily mass and prayer, bingo, music, exercise classes, arts and crafts, poetry, pet visits (PETA), flower arranging.

Outside activity included regular walks as well as organised outings. For example, on day two of the inspection a number of residents were assisted in a trip to a Sister's...
home from their Order. Another trip had been accommodated to Malahide Castle in recent weeks. In both cases, these trips took significant planning, including separate risk assessments for each activity which were read by the inspector. In addition, individual risk assessments identified the rights of residents to be involved in activity of choice, and prioritised this over the associated risk. For example, the nursing home is on the grounds of a large complex incorporating schools and a convent ran by the religious order. The grounds were extremely attractive and many residents walked around the grounds, often several times a day. Two residents with cognitive impairment went out walking, and usually refused to be accompanied. Measures had been put in place to support this choice, such as staff discretely observing residents prone to falling or becoming confused to ensure their safety.

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):
No actions were required from the previous inspection.

Findings:
This centre was purpose built as a nursing home and was kept clean and well maintained there had been no changes to the structure of the premises since the last inspection, or since its previous registration. While the centre conforms to most of the matters as set out in Schedule 6 of the Regulations, hot water temperature recording in excess of 50 degree Celsius were recorded in one en suite bathroom.

The hot water temperature in the adjoining bathroom between bedrooms 20 and 21 were measured at 47.9 degrees Celsius at 10.30hrs on the first morning of the inspection. The temperature was recorded again in the company of the maintenance person at 53.0 degrees Celsius at 14.50hrs on the same day. Hot water temperature records were viewed by the inspector which showed that the hot water had been tested across 19 locations throughout the centre and had all been recorded below 43 degrees Celsius for the past three months. Efforts were made to address this issue during the inspection however, these were unsuccessful. In order to mitigate the risk to residents the hot water was switched off at this location and a sign was posted to advice the residents of this. The person in charge informed the inspector that a plumber was due out to repair the problem later in the week.
The accommodation includes 24 single and one twin room with a variety of arrangements in place with regard to bathroom facilities. Some rooms had their own en suite, while other single rooms share an attached en suite from separate doors. The nursing home was spacious, and well laid out with plenty of communal space and room for private visits or consultations. Residents had personalised their bedrooms, and the communal areas such as the sitting and dining rooms as well as the corridors were very homely with pictures of residents and paintings by residents hanging throughout the centre.

There was appropriate equipment provided to meet the needs of residents, specialist seating had been provided for many residents, hoists were maintained and used as required and there was an accessible Jacuzzi bath available for the use of residents. There is also an accessible central courtyard in the middle of the premises.

The grounds of the premises were well maintained, and there was seating provided at suitable intervals to provide rest for residents. There was also a graveyard within the grounds, which many of the residents visited regularly and they spoke about the importance of this being so accessible to them as they all had lost members of the holy faith order who were buried in this graveyard.

**Judgment:**
Non Compliant - Moderate

**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):**
No actions were required from the previous inspection.

**Findings:**
The complaints policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display within the reception area as well as an abridged version provided in each bedroom. Residents, relatives and staff spoken with were aware of the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. The inspector read the last seven complaints recorded within the complaints log, two of which were made during 2014. In all cases, they appeared to be addressed to the satisfaction of the person who made the complaint. However, overall the provider and person in charge identified a lack of culture of complaint in the centre, related to the profile of the residents as an issue they have tried to overcome. Both persons spent time with each resident on a regular basis and visited the bedrooms of residents. In this way they felt they could
engage residents more in discussion in relation to their satisfaction with the service provided.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**

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

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

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. The practice was informed by the centre's policy on end of life care which in turn was informed by links with a local Hospice. In addition, a sister from the order provided pastoral and spiritual care for residents actively dying, and provided ongoing support to families of the resident post death.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. At the time of inspection one resident was receiving palliative care and had an advanced care plan in place. This plan facilitated the resident, community Sisters, and family members express their needs and wishes throughout the continuum of the end of life phase.

The inspector met with the brother of a resident who had died suddenly in January 2014. He had high praise for the supports provided to his sister, and the subsequent funeral arrangements. He described the service in detail and summarised it as saying they 'do dying well'. Residents who were members of the holy faith order reposed in the adjoining convent, and mass was celebrated in the chapel on the grounds also.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

*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.*

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

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

Findings:
The inspector found that residents were provided with a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. However, guidance relating to the malnourishment screening tool used of one resident was not being followed despite a record of gradual unintended weight loss since April 2012.

Residents' dietary requirements were met to a high standard. The chef discussed with the inspector the special dietary requirements of individual residents and information on residents likes and dislikes. The inspector noted that the catering staff spoke with residents during the meal asking if everything was satisfactory. The inspector ate a meal with residents and they were highly complimentary of the food served. The food was served hot and well presented and was highly enjoyable. Menus offered choice over a four week rolling period, and these menus had been assessed for nutritional values by an external company.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit, dry goods and fresh fruit and vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents' and their visitors. Tea and coffee making facilities were available to residents on both floors as were cold water fountains. A fridge was provided in the dining room with cold drinks, yogurts and other cold snacks available at all times.

Weight records were examined which showed that residents' weights were checked monthly, weekly or daily according to assessed need. Nutrition assessments were used to identify residents at risk and were repeated on a monthly basis. For one resident whose nutritional care plan was reviewed, the subsequent guidance was not followed. This resident had an assessed score of 2 since April 2012, and her weight charts indicated that her weight had gradually declined over this time. This assessment stated that anyone with a assessment score of 2 must be referred to a dietician, and must be prescribed dietary supplements, neither of these had been done for this resident. The staff nurse explained that she had been prescribed a dietary supplement but she had refused this as she did not like it. This choice was not documented, nor was any efforts to explore an alternative supplement.

Judgment:
Non Compliant - Moderate

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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents were consulted with and participated in the running of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents had choices about how to spend their day, with residents choosing activity, or to spend time alone in their rooms to read, watch television or pray. Residents’ also changed their minds, choosing not to do an activity they had planned to do, and this was never questioned by staff. In addition, residents could leave the premises if they chose to, and this considered a right, with the staff priority being to put supports in place to ensure this could be done safely.

Staff were observed knocking on bedrooms, toilet and bathroom doors and waiting for permission to enter. The inspector observed and heard staff interacting with residents in a courteous and respectful manner and addressing them by their preferred name.

A residents’ council had been set up and met on a monthly basis. The council was under review as the chairperson felt it was not effective currently as a number of members had passed away in recent months, and more members were required. However, the inspector saw that residents had made suggestions regarding menu choice. For example, they had asked that different brands of certain produce were used, and they had requested chicken Maryland as a 'favourite' to feature more frequently on the menu. Residents also made suggestions regarding the activity programme and residents who were had verbal communication were strong advocate for their fellow residents who were unwell, had cognitive impairment, or non verbal communication.

**Judgment:**
Compliant

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**Outcome 17: Residents’ clothing and personal property and possessions**
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents could have their laundry attended to within the centre. The laundry room was well equipped to meet the needs of the numbers of residents residing in the centre. In addition, many residents preferred to have many of their clothes dry cleaned and this service was provided. Other laundry was done in the centre at night time by night staff. The laundering and ironing of bed linen and towels was outsourced to an local business. Residents expressed satisfaction with the laundry service provided.

There was adequate storage provided for residents' possessions and plenty of wardrobe space for residents to keep their clothes. Residents were assisted as required to put laundry away and to keep their wardrobes tidy, many of the residents spoken with stated this was important to them.

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 was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents. There was a recruitment policy in place which met the requirements of the regulations. The inspector examined six staff files and found that they contained all of the requirements of Schedule 2 of the Regulations.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and the staffing rosters were adjusted accordingly. For example, in a three year period staff had increased incrementally from one nurse and 3 care assistants between 8:00hrs am and 20:00hrs to one nurse and 5 care assistants during the same hours. The inspector was satisfied
that there was sufficient staff on duty to adequately meet the needs of residents.

The person in charge promoted professional development for staff. Training was provided to meet the specific needs of residents. For example a broad range of training had been provided to staff such as caring for people with dementia, wound care, nutrition and end of life care as well as all mandatory training requirements.

Several volunteers from the order of Holy Faith Sisters attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the Regulations.

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:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

Centre name: Marian House
Centre ID: OSV-0000693
Date of inspection: 15/07/2014
Date of response: 31/07/2014

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.

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 store room used for maintenance equipment on the first floor was unlocked and there was hazards identified within this store room.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
A risk assessment was carried out on Store room 5 – new lock fitted and this room is now locked at all times.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 29/07/2014

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The measures set out in relation to the falls risk assessment intervention plan were not followed.

**Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
There are policies, procedures and practices in place in relation to falls risk assessment, further audit and clinical supervision will be put in place to identify any training or education required to ensure that there are no gaps between the maintenance of the documentation and the care provided.

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**Proposed Timescale:** 18/08/2014

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**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Control measure had not been implemented to ensure that residents were administered medication as prescribed by their general practitioner.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
A meeting was held with the Pharmacy on 22/07/2014 to address medication dispensing errors associated with blister packaging. An agreement was reached, in the interest of best practice in medication management, to trial dispensing of medication in original packing. Each resident will have their medication separately stored in the original packaging in the medicine trolley. Dispensing information and a photograph of the resident will be included on the packaging. The trial will initially involve 7 residents.
and will commence on 25th August 2014. Following audit and review of the trial, the plan is to roll this system out to include all residents in the nursing home. Further training in medication management to be delivered by the Pharmacist on 13th August 2014 and 30th September 2014.

Proposed Timescale: Trial to start 25/08/14 (Full roll-out on 20/10/14) because medication is dispensed in 4-week cycles.

**Proposed Timescale:**

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

*The Registered Provider is failing to comply with a regulatory requirement in the following respect:*
Thermostatic control valves or other suitable anti-scalding protection had not been maintained in all bathrooms.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
The faulty thermostatic control device was serviced and repaired by a qualified plumber on 25/07/2014. Monthly water temperature monitoring and documentation by maintenance staff will continue. Introduce twice-yearly professional check by qualified plumber of all thermostatic control valves in the nursing home, to commence: 15th September 2014.

**Proposed Timescale:** 15/09/2014

**Outcome 15: Food and Nutrition**

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

*The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:*
One resident was not provided with the assessed supports required within her nutritional care plan.

**Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate
quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
The validated assessment tool and subsequent care plan must reflect the resident’s choices and changing condition. Resident choice must be documented. Therefore auditing of care plans and identification of further training requirements will be undertaken to ensure these measures are put in place. A meeting was held with the staff nurses on 30th July to identify further training/education requirements. Care plans will be audited by 18th August 2014.

**Proposed Timescale:** 18/08/2014