

**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>	Congregation of the Holy Spirit, 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 Catherine Sheehan
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	1

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

**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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 15 March 2016 10:00 To: 15 March 2016 17:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Substantially Compliant

**Summary of findings from this inspection**

This was an unannounced inspection conducted by one inspector over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this the inspector focused on six outcomes and followed up on three outcomes from the last monitoring inspection which took place in May 2014. There were 26 residents in the centre, however, one resident had passed away just prior to the commencement of the inspection. 10 of the 25 residents in the centre had a diagnosis of cognitive impairment, alzheimers disease or dementia. The centre did not have a dementia specific unit.

Prior to this inspection the provider had submitted a completed self- assessment document to the Authority along with relevant polices and inspectors reviewed these documents prior to the inspection. The judgments in the self assessment stated five were in compliance and one in substantial compliance with the six outcomes. The inspector found the provider was in moderate non compliance with one outcome,

substantial compliance with four and compliant with one outcome.

The inspector found the centre provided a person-centred service and the care needs of residents with dementia were met in an inclusive manner. There was a low use of restraint and behaviours that challenged were well managed with minimum use of psychotropic medications. The inspector saw that the provider had invested in equipment used as an alternative to restraint. The staffing levels and skill mix had improved since the last inspection and were found to meet the needs of residents. Staff had received training which equipped them to engage and care for residents who had dementia. However, further training was required around dementia specific activities and pressure ulcer management. The premises required some review to ensure it enabled residents with dementia to flourish. Residents with dementia had choices in relation to all aspects of their life and their personal choices were respected by all staff. However, records pertaining to activities they participated in and wound care management required review. The management of complaints was robust although the procedure was not on display.

The action plans at the end of this report reflect where improvements need to be made.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The wellbeing and welfare of residents with a diagnosis of dementia, alzheimers and those with cognitive impairments were being met. There was a detailed admissions policy which was reflected in practice. The nursing, medical and social care needs of these residents were met to a high standard.

Residents had access to medical and allied health care professionals of their choose. All residents had chosen a general practitioner and pharmacist from practices close by to care for them. The centre had access to a geriatrician lead community outreach team provided by a local acute hospital. In addition, they had access to a consultant psychiatrist. There was no delay in referring residents for assessment to any of the allied health care team members. The inspector saw evidence of referrals made, assessments completed and recommendations made in resident files. The provider sought external companies to come in and routinely assess residents eyesight and dental hygiene/needs. The general practitioner chosen by most of the residents routinely visited the centre. There was evidence that all residents had their medical needs including their medications reviewed on a three monthly basis by the pharmacist, general practitioner and person in charge. The pharmacist delivered medications when required and conducted an audit of medication management practices every three months,

Residents had comprehensive assessments completed pre admission and on admission. These were reviewed on a three monthly basis and those reviewed reflected the residents' needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a three monthly basis.

Staff provided end of life care to residents with the support of the general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. They were detailed and included input from the resident and their next of kin. The inspector was informed that one resident had passed

away just prior to the commencement of the inspection. The resident had died peacefully in the centre and was being waked in the centre. Residents had requested that all social activities were canceled as a mark of respect. Residents and Fathers from the adjoining residence were facilitated to pay their last respects.

Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents nutritional needs were met and they were supported to enjoy the social aspects of dining. The menu provided a varied choose of meals to residents. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw this was provided in a quite, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had their meals with other residents. This was seen to work well for all the residents.

Residents had a malnutritional risk screening tool (MUST) completed on admission and this was reviewed three monthly. They were routinely weighted and had their body mass index calculated on a monthly basis. Those with nutritional care needs had a nutritional care plan in place and those identified as at risk of malnutrition were referred to a dietician when nurses felt their input was required. The inspector saw that residents likes, dislikes and special diets were all recorded. These were known by both care and catering staff.

One resident had been assessed as having a pressure ulcer on his heel. However, although it was being dressed by nursing staff and there was a wound assessment and care plan in place, the records were not reflective of care provided. For example, the wound care plan stated the wound was to be dressed daily however, records in place did not reflect that daily dressing were being done. In addition, the wound had not been graded. The person in charge made a referral to a tissue viability nurse on the day of inspection and post the completion of this inspection the inspector was provided with records to indicate that the wound had been assessed by a tissue viability nurse and the wound could not be graded. The nursing staff confirmed that they did not have access to the required information to enable them to grade pressure ulcers.

This outcome was judged to be compliant in the self-assessment, the inspector judged it as substantially compliant.

**Judgment:**  
Substantially Compliant

### ***Outcome 02: Safeguarding and Safety***

**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 with dementia being harmed or suffering abuse were in place. Residents spoken with stated they felt safe in the centre. There was a policy and procedures in place for the prevention, detection and response to abuse which reflected the National Health Service Executive policy and procedures "Safeguarding Vulnerable Persons at Risk of Abuse" 2014. There had been no reported incidences ever from the centre. Staff demonstrated a good knowledge of what constituted abuse and they all had up-to-date refresher training in place. Staff did not manage any monies on behalf of the residents.

There was a policy which reflected the use of restraint in the centre. It referenced the National Policy 2011 "Towards a Restraint Free Environment" on the use of restraint. Practice observed reflected policy. The provider had invested in alternative equipment used as an alternative to restraint this included fall sensor mats for resident beds and chairs. A small number of residents with dementia had a form of restraint in use including bed rails, electronic tags (those with exit seeking behaviour) and psychotropic medications. They had assessments in place to reflect their use and alternatives tried prior to their use were clearly recorded within their care plan. Assessments reviewed reflected how a multi-disciplinary approach had been used to complete the residents assessment and in making a decision that a form of restraint was in the residents best interest. Residents using a form of restraint had a detailed care plan in place.

The policy in place reflected the care provided to manage behaviours that challenge. Residents who intermittently displayed behaviours that challenged had detailed care plans in place which mentioned triggers for the resident, how to avoid them and diversional therapies to try. Although some residents were prescribed psychotropic medication such as resperidone, its use was not always mentioned in the care plan.

This outcome was judged to be compliant in the self-assessment, the inspector also judged it as being compliant.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation*****Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents with dementia were consulted with and actively participated in the organisation of the centre. Residents privacy and dignity was respected, including

receiving visitors in private. There was a policy providing staff with information on how to communicate with residents with dementia. They had access to meaningful activities and had choice in relation to how they lived their life.

The inspector was informed that resident meetings had stopped at the request of residents. The community leader came into the centre 5-6 times per day and visited each of the residents' 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 residents with dementia.

All residents had access to advocacy services. Contact details for the national advocacy service were available throughout the centre.

Residents were treated with dignity and respect. Residents with dementia spoken with confirmed this to the inspector. Also, the inspector observed that staff treated 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.

Residents privacy was respected. They received personal care in their own bedroom or a bathroom which could be locked. Bedrooms and 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 offered the choice to register to vote and a number of residents had chosen to do so. 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 daily newspapers. The centre was quite and very peaceful on the day of inspection as residents were mourning the lost of a lifelong friend.

On the day of this unannounced inspection as mentioned under outcome 11 the residents had cancelled activities as a mark of respect to their friend who had passed away. 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 no set activities schedule this allowed residents to decide on a daily basis what they wanted to do. Residents had access to a quite snoezelen room and the inspector saw this was well equipped. However, activities provided, attendees and their level of participation was not being recorded. The activities coordinator confirmed he had not received any specific training to deliver any dementia focused activities. This is actioned under outcome 18.

This outcome was judged to be compliant in the self-assessment, the inspector judged it as substantially compliant.

**Judgment:**  
Substantially Compliant



#### ***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was an complaints policy in place which met the regulatory requirements. However, a copy was not on display in the centre.

Residents with dementia told the inspector that they would complain to the person in charge or any of the staff. A review of the three complaints recorded over a two year period showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process, however none on file had been appealed.

This outcome was judged to be compliant in the self-assessment, the inspectors judged it as substantially compliant.

**Judgment:**

Substantially Compliant

#### ***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There was appropriate staff numbers and skill mix to meet the assessed needs of residents and for the size and layout of the centre. The number of qualified staff on in the afternoon had increased to two since the last inspection.

Records reflecting registration details of staff nurses for 2016 were available for review. Staff had up-to-date mandatory training in place. They also had access to other education and training to meet the needs of residents with dementia. This had been provided to all staff in 2015. Staff had also received training on how to manage responsive behaviours . This was clearly evident in the manner staff interacted with

residents with dementia and included them in all aspects of their care. As evidenced in outcome 11 staff nurses required refresher training in the management of pressure ulcers and required access to information pertaining to the grading of pressure ulcers. Staff also required training on the delivery of activities which met the needs of dementia residents.

There was an actual and planned staff roster which reflected most of the staff on duty. However, the hours worked by night staff was not clear on these rosters and the activities co-ordinator was not included.

This outcome was judged to be compliant in the self-assessment, the inspector judged it as non compliant moderate.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises took account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre was clean tidy, well light and well heated. Residents' bedrooms contained all the furniture they required including adequate storage facilities. They were encouraged to personalise their bedrooms and inspectors saw that most residents did so. Residents bedrooms were ensuite. The communal areas were decorated in a homely manner.

The corridors were wide and had handrails in place, the bathrooms and toilets had grab rails in place. Non slip floor covering was used throughout the centre. Residents had access to equipment required to meet their needs and the inspector saw that equipment such as pressure relieving mattresses, high-low beds, low low beds and hoists had been serviced within the past year. The inspector noted that there was a lack of signage throughout the centre. Some aspects of the interiors were not dementia friendly such as the patterned curtains, the management team were aware of this and it would be reviewed when further interior decoration was being considered. The inspector found the introduction of additional signage may enable residents with dementia to find their way together with the introduction of different items of personal reference outside their

bedroom door. Also, colour was not used to enhance the environment for residents, its use may assist residents with dementia to maintain their independence for longer as the disease progresses.

Residents could access the garden independently from the hallway. It was safe and secure containing seating and a table which residents were free to use. Residents also had access to non secure gardens under the supervision of staff these containing garden beds and points of interest such a wind chimes, bird boxes and a variety of plants some sown by residents.

This outcome was judged to be compliant in the self-assessment, the inspector judged it as substantially compliant.

**Judgment:**  
Substantially 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 McKevitt  
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>	15/03/2016
<b>Date of response:</b>	15/04/2016

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

The treatment provided for one resident with a pressure ulcer was not always recorded.

#### **1. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

<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 treatment provided for one resident with a pressure ulcer now meets best practice in how it is recorded. Staff nurses now have access to all appropriate information required.

**Proposed Timescale:** 19/03/2016

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

There were no records kept in relation to activities provided to residents and/or their level of participation.

**2. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Methods of communication with residents; particularly for residents with dementia were reviewed acknowledging residents rights, dignity and consultation. A new activities record system is currently being piloted; as well as an activities schedule with visual prompts which are user friendly. Resident's attendance and level of participation in our wide range of activities is also being recorded on a daily basis. Outcome 3 will be specifically monitored by the provider on an ongoing basis to determine best practice.

**Proposed Timescale:** 12/08/2016

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

A copy of the complaints procedure was not on display in a prominent position in the centre.

**3. Action Required:**

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The complaints procedure is now on display in a number of prominent locations in the centre to ensure that it is readily accessible. It is also on display in a prominent position at reception which is usually the first point of contact for visitors and family members.

**Proposed Timescale:** 16/03/2016

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The activities coordinator had not completed any training in providing dementia specific activities to residents with dementia.

**4. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

The activities co-ordinator will commence a training programme in providing dementia specific activities to residents with dementia on 1st June 2016 as this was the earliest date available.

**Proposed Timescale:** 12/08/2016

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Nursing staff required refresher training on the management of pressure ulcers and access to information pertaining to the grading of pressure ulcers.

**5. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Nursing staff participated in an accredited refresher training course on the management of pressure ulcers as part of a tissue viability specialist programme delivered by an expert on tissue viability on the 13/04/2016

**Proposed Timescale:** 13/04/2016

**Theme:**  
Workforce

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

The staff roster did not include the times worked by staff on night duty.

**6. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Staff rosters were updated to include the times worked by staff on night duty.

**Proposed Timescale:** 16/03/2016

**Theme:**  
Workforce

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

The activities co-ordinator was not included in the staff roster.

**7. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The activities co-ordinator is now included in the staff roster

**Proposed Timescale:** 16/03/2016

**Outcome 06: Safe and Suitable Premises**

**Theme:**  
Effective care and support

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

The use of additional signage, points of interest and colour required review to ensure the premises continually met the needs of the 10 residents living in the centre with dementia.

**8. 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:**

Additional appropriate signage is being sourced and a company has been identified that design and supply same. Residents will also be consulted as to what signage is used at Marian House.

**Proposed Timescale:** 12/07/2016