

**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
<b>Centre ID:</b>	OSV-0000693
<b>Centre address:</b>	Holy Faith Convent, Glasnevin, Dublin 11.
<b>Telephone number:</b>	01 837 6165
<b>Email address:</b>	administration@marianhouse.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Holy Faith Sisters
<b>Lead inspector:</b>	Ann Wallace
<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>	26
<b>Number of vacancies on the date of inspection:</b>	0

## **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.

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 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: 06 September 2018 09:00 To: 06 September 2018 18:00

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	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information. The provider had completed a self- assessment tool on dementia care and had assessed the compliance level of the centre as substantially compliant for five outcomes and compliant for one outcome under the thematic dementia assessment framework. This inspection found that the designated centre was compliant in four of the outcomes but that improvements were required in the outcomes in relation to health and social care needs and safe and suitable premises.

The inspector found that there were sufficient numbers of staff with the appropriate

knowledge and skills to provide safe and effective care and services for the residents. Care and services were found to be in line with the centre's statement of purpose. There was a well-established staff team many of whom had been working in the centre for more than three years. Staff knew the residents well and care was found to be person centred.

The inspector spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content. Those residents who were able to articulate their experiences expressed high levels of satisfaction with the care and services they received in the centre.

The inspector found that residents had good access to a range of health and social care services to meet their ongoing needs. This included physiotherapy, dietician, speech and language therapy, chiropody, optician and dental services. Residents were seen regularly by a general practitioner (GP). Specialist medical services were available when required. A sample of residents' care plans was carried out as part of the inspection. The inspector found that improvements were required to ensure that care plans were reviewed regularly and were kept up to date to reflect the residents status.

Overall the premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions. The centre was very homely and was nicely decorated and well maintained. The provider had completed a refurbishment of the en-suite facilities on the first floor in line with the action plan from the previous inspection. The inspector found that some improvements were required to the enclosed courtyard garden and that better use could be made of appropriate signage and points of interest to help residents with cognitive impairments to navigate the premises.

There was a clear management structure in place and staff were supervised and supported in their work. The centre's quality management system ensured that care and services were monitored and where improvements were identified these were implemented. However, improvements were required in the audit processes in relation to care planning and in the management of medication errors. This was also an action from the previous inspection.

**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: Health and Social Care Needs***

**Theme:**

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Residents had good access to a range of health and social care services. These included physiotherapy, dietitian, speech and language therapy, community mental health services and chiropody. Dental and optical services were accessed for residents in order to maintain their optimum health and independence. Health promotion services such as the annual flu vaccinations and diabetic retinal screening were made available for residents to ensure that potential health problems could be prevented.

Residents were seen regularly by their general practitioner (GP). The GP reviewed each resident's medication every three months or if their health changed. Out of hours medical services were organized for after 6 pm and at weekends. Specialist medical services were available including psychiatry of later life. Records showed that referrals were made appropriately and where specialist interventions were prescribed these were implemented by nursing and care staff.

The inspector reviewed a sample of resident's records and care plans. Records showed that each resident had a pre-admission assessment prior to their admission to ensure that the centre could meet their needs. Following admission, a further assessment was completed by nursing staff. The assessment included information about the resident's current needs and their self-care abilities as well as their preferences for care and daily routines. Information about the resident's past life such as their hobbies and life within the convent community was also used to inform the care plan and helped to inform the centre's daily activities programme. Residents who spoke with the inspector said that they were involved in developing their care plan and were invited to participate in care plan reviews.

Overall care plans were found to reflect the residents' current needs; however, this was not consistent. The inspector found that some care plans in relation to mobility needs and nutrition had not been updated to reflect the resident's status. Care plans were reviewed every four months or more often if the resident's needs changed but again the inspector found that some care plans had not been reviewed within the four-month period.

Records showed a good level of recording in relation to each resident's daily progress and of the care given. These records were well maintained and kept up to date throughout the day. Nurses checked the information regularly which helped to ensure that any changes in a resident's health or well-being were detected promptly and managed pro-actively.

Discharge letters for those who had spent time in acute hospital and results of blood tests and other health screening details and information following clinic appointments were well maintained and easily accessible.

There were systems in place to ensure residents' nutritional needs were met, and that fluid and dietary input was recorded for those residents who were identified as being at risk. Residents' weights were checked monthly or more often if significant weight loss was detected.

All residents were offered a choice of nutritious home cooked dishes at each meal time. Textured meals were served as separate items on the plate and portion sizes varied to meet the resident's needs and preferences. Menus were available, and this included pictorial menus for those residents who were not able to understand the written format.

Residents having their lunch in the dining room told the inspector that they had enjoyed their meal and that there was always plenty of choice on the menus. Some residents chose to take their meals in their bedrooms. Trays were nicely set out with condiments and napkins. Food was kept covered during transit from the kitchen and was served hot. Residents who preferred to take their meals in a quiet space or who needed more support and supervision were assisted to take their meals at the first sitting in the dining room. Staff were available to offer discreet encouragement and support for these residents. Staff who spoke with the inspector were knowledgeable about each resident's level of need and took every opportunity to encourage the residents to eat and drink independently, where possible, whilst being careful not to hurry residents.

There were comprehensive policies and procedures in place for the ordering, prescribing, storing and administering of medicines to residents. Nurses attended annual medication training. The inspector observed part of the lunch time medication round. Nursing staff were observed administering medicines to residents and following appropriate administration practices. The nurse knew the residents well and was familiar with the residents' individual medication requirements. Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by the resident's general practitioner (GP).

There was a clear process for recording medication errors however the inspector found that recurrent medication errors had not been managed in line with best practice guidance. This was an action from the previous inspection

**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:**

There were procedures in place for the prevention, detection and response to abuse. Residents told the inspector that staff were respectful and kind and that they felt safe in the centre. Residents said that could speak to a member of staff if they had any concerns or complaints. The inspector observed that those residents who were unable to verbalise their thoughts did not exhibit behaviours associated with fear or distress.

Records showed that all staff working in the centre had attended training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with the inspector confirmed that they had received recent training on recognising abuse and were familiar with the reporting structures in place. Staff were clear about their responsibility to keep residents safe.

Records showed that staff employed in the centre went through a rigorous recruitment process. The inspector reviewed a sample of staff files and found that there was garda vetting and two references in place for each staff member.

Care was found to be person centred. Staff knew the residents well and were able to tell the inspector about individual residents needs for care and support and their preferences for daily routines and activities. Staff were knowledgeable about the most appropriate interactions that were needed to engage effectively with individual residents. Most staff working in the centre had attended training on dementia care and managing residents who displayed responsive behaviours (how individuals with dementia or other cognitive impairment may react to their environment or other stimuli). Staff were observed offering discreet support and reassurance to those residents who displayed responsive behaviours or became agitated. These interactions were marked by genuine empathy and respect.

There was clear evidence that managers and staff were working towards a restraint free environment. This was a particular strength of the centre. Only three residents had bed rails in place. Where bed rails were in use nursing staff had completed a risk assessment and the resident and/or their representative were involved in the decision to use the equipment. Records showed that alternatives had been trialled with residents prior to installing bed rails and that the equipment was used for the minimum time possible.

### **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:**

There was clear evidence that residents were facilitated to be as independent as possible and to exercise choice and control over their daily lives.

The inspector observed that residents' rights, privacy and dignity were respected when staff were providing personal care in the resident's bedroom or in bathrooms. Staff always knocked before entering a resident's bedroom. Staff paid great attention to detail to ensure that residents were nicely dressed and well presented.

The centre had an open visiting policy. Visitors were made welcome and were encouraged to participate in the resident's life in the centre. Several visitors from the convent community were observed meeting with residents and supporting them to join in with the activity sessions that were held throughout the day.

The activities programme considered the information that had been collected in relation to each resident's life story and career within the religious community and used this to develop appropriate activities and entertainments. The programme provided activities for physical and mental stimulation such as gentle exercise classes, quizzes and crosswords, poetry and books, art therapy and flower arranging. The programme also included reminiscence sessions with photographs and information about important places and events for individual residents which was used to stimulate memories and encourage conversation. Sensory stimulation was provided through SONAS sessions and through hand massage and touch therapy for those residents with significant cognitive impairment.

A daily prayer service was held each morning and was well attended by residents. Seasonal events such as Easter and Xmas and a summer garden party were celebrated throughout the year. Staff worked hard to make these occasions special for the residents and photographs of residents and staff enjoying the events were on display in the centre.

Residents who spoke with the inspector said that they were able to make choices about how they spent their day, when and where they ate their meals and about what time to get up and go to bed. Residents were encouraged to participate in the activities and entertainments that were on offer but where a resident declined this was respected by staff.

Staff knew the residents well and for those residents who could not verbalize staff were able to recognize when the resident was not enjoying an activity or was feeling

uncomfortable. Staff were also aware of each resident's preferred daily routines and were able to anticipate their needs. Staff demonstrated good interpersonal and communication skills using touch, eye contact and calm reassuring tones of voice to engage with residents who became anxious, restless or agitated.

**Judgment:**  
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 a clear complaints process in place to ensure that residents' complaints and concerns were listened to and acted on. The process included an appeals procedure. Residents and their families/representatives were informed about the complaints procedure on admission. The procedure was displayed in a prominent position in the reception area.

Complaints were recorded in the complaints log and were managed by the person in charge. Complaints were addressed promptly, and there were records available to document the outcome and satisfaction of the complainant. Residents who spoke with the inspector said that they knew who to speak to if they had any concerns or complaints. One resident who had raised a complaint said that it was addressed promptly and that they were satisfied with the outcome.

**Judgment:**  
Compliant

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

**Theme:**  
Workforce

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

**Findings:**  
There were sufficient staff with the appropriate knowledge and skills to provide safe and

effective care and services for the residents. Staff rosters matched the staff that were on duty on the day of the inspection.

Staff were organized in their work and worked well together as a team. As a result, residents did not have to wait for staff to respond when they needed care and support. There were enough support staff available including household, catering, administration and maintenance staff. The inspector was told that part-time staff were available to fill unexpected absences and agency staff were not used in the centre. This helped to provide continuity of care for residents from staff who knew them well.

Staff were up to date in their mandatory training in fire safety, safeguarding of vulnerable adults, and manual handling. Staff who spoke with the inspector said that they were provided with opportunities to attend training updates in key areas such as basic nutrition, dementia care and responsive behaviours. Staff were supported and supervised in their work by the person in charge who worked Monday to Friday in the centre and the assistant director of nursing who worked flexible hours in order to provide weekend and out of hours support and supervision for staff.

Residents appeared comfortable with staff and expressed high levels of satisfaction with the care and services that were provided for them.

**Judgment:**

Compliant

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

**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 designated centre is located in North Dublin and is close to local shops and amenities. It is accessible by public bus routes. Car parking is available to the front of the premises with wheelchair access into the main reception area.

The centre is situated overlooking extensive landscaped gardens to the rear of the main convent building. The original premises are set out over two floors and provide single bedrooms with shared en-suite showers on the first floor and single and one twin bedroom with en-suite toilets on the ground floor. There is a more recently built wing on the ground floor which provides single bedrooms with en-suite shower and toilet facilities. These bedrooms overlook the extensive garden and grounds attached to the convent.

The inspector found that there were adequate shower and toilet facilities available for 26

residents. Showers and toilets were fitted with grab rails and specialist equipment to ensure the safety and comfort of the residents. Communal bathrooms including a hoist assisted bath and wheelchair accessible shower facilities were available on the ground floor. In line with the action plan from the previous inspection the providers had completed an upgrade of the six en-suite shower rooms on the first floor. Residents reported that they were pleased with the refurbishment of these bathroom facilities.

Bedrooms were warm and comfortable and provided wardrobe and drawer space for residents to keep their clothes and personal possessions. Lockable storage space was available for residents if they wished to use it. Residents were encouraged to personalize their bedroom space with pictures and photographs. As a result, bedrooms were individual, and residents were able to organize their personal space to reflect their personal and spiritual life and interests.

Communal areas were comfortably furnished and nicely decorated in order to provide a homely environment for the residents. The seating and layout of these areas encouraged social interaction between residents whilst giving residents enough individual space to choose; according to their preferences and abilities, whether to participate or just to observe what was happening. Communal rooms comprised of a spacious lounge, a dining room, a peaceful oratory and several small seating areas where residents could sit quietly or meet with their visitors in private. There was also a small conservatory area overlooking the courtyard garden.

The communal lounge provided television, radio and a music system for residents. This area was used for group activities and musical entertainment on the day of the inspection. The lounge provided comfortable seating for residents and offered a view over the grounds to the front and side of the building. There was a patio area accessible from the lounge. This area had comfortable seating, tables and sun shades and was well used by residents during the fine weather. However residents needed to be supervised in this area as it was close to an access road used by delivery vehicles.

Overall the layout of the centre helped to promote resident's to be independent. Residents were observed mobilizing around the centre throughout the day of the inspection; either independently or with the support or supervision of staff. Floorings were non-slip and grab rails were available along hallways and corridors. Corridors were wide enough to ensure that residents could mobilize safely when using a wheelchair or a walking frame. Walls were decorated with paintings, much of it the work of past and current residents. Other points of interest included photographs of local landmarks, photograph collages of recent events in the centre and views of the courtyard garden. Residents were able to use these features to help them orientate themselves to the building. The inspector noted that navigational aids for residents with dementia could be further improved through more use of this type of feature and other aids such as signage and colour contrast. It was also noted that the purpose and function of some toilets and bathrooms could be better illustrated with appropriate signage.

There was an enclosed courtyard garden at the centre of the new building which was accessed through the conservatory or from the dining area. The garden was untidy, and the flooring was uneven and was not well maintained. This area required improvement to provide a safe and accessible outside space for the residents.

<p><b>Judgment:</b> Substantially Compliant</p>
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### **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:***

Ann Wallace  
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
<b>Centre ID:</b>	OSV-0000693
<b>Date of inspection:</b>	06/09/2018
<b>Date of response:</b>	19/10/2018

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

The inspector found that some care plans in relation to mobility needs and nutrition had not been updated to reflect the resident's status.

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

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

<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:**

Care Plan audits will ensure mobility and nutrition needs will reflect resident's status.

**Proposed Timescale:** 30/11/2018

**Theme:**

Safe care and support

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

The inspector found that some care plans had not been reviewed within the four-month period in line with the centre's own policies and procedures.

**2. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All nursing staff have been fully trained in updating care plans on a three-monthly basis.

Introduction of care plans in new format will be completed in February 2019. This will ensure 3 monthly updates and more regularly if required.

**Proposed Timescale:** 28/02/2019

**Theme:**

Safe care and support

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

The inspector found that recurrent medication errors had not been managed in line with best practice guidance. This was an action from the previous inspection.

**3. 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:**

All nursing staff have completed the HSEland medication management training and the Medication Competency Assessment.

Where an error occurs this will be brought to the attention of the nurse and managed in line with our medication management policy. If another error occurs, the nurse involved

will undertake a further medication management competency assessment and further training if required.

We have also worked with our Pharmacist to introduce a system of weekly blister packs for medication administration to reduce the risk of medication errors.

**Proposed Timescale:** 30/09/2018

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

**Theme:**

Effective care and support

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

The inspector noted that navigational aids for residents with dementia could be further improved through more use of this type of feature and other aids such as signage and colour contrast. It was also noted that the purpose and function of some toilets and bathrooms could be better illustrated with appropriate signage.

**4. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

More directional signage has been introduced to assist residents in navigating the centre and to identify toilets and bathrooms.

**Proposed Timescale:** 30/11/2018

**Theme:**

Effective care and support

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

There was an enclosed courtyard garden at the centre of the new building which was accessed through the conservatory or from the dining area. The garden was untidy, and the flooring was uneven and was not well maintained. This area required improvement to provide a safe and accessible outside space for the residents with cognitive impairment.

**5. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Install handrails at doorways to facilitate access to the courtyard.

Horticultural assessment of the courtyard.

Clear and replant herbaceous borders.

Replace the herb table with new raised herb planter.

Remove moss and clean and ready the surface.

Repaint garden furniture in brighter colours to add points of interest and make the courtyard more visually inviting for residents.

**Proposed Timescale:** 28/02/2018