

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Marian House Alzheimer Unit
Centre ID:	ORG-0000358
Centre address:	Main Street, Ballindine, Mayo.
Telephone number:	094 936 4101
Email address:	mhousespite@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Western Alzheimers
Provider Nominee:	John Grant
Person in charge:	
Lead inspector:	Lorraine Egan
Support inspector(s):	Nan Savage
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 June 2014 09:00	04 June 2014 17:20
05 June 2014 09:50	05 June 2014 18:15

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The centre was a respite centre which had not been previously registered with the Authority.

As part of the inspection, inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files.

An inspector reviewed resident and relative questionnaires submitted to the Authority during the inspection.

As part of the registration process fit person interviews took place with the provider, the person in charge and a person participating in management of the centre.

On the days of inspection, 12 residents were residing in the centre and two respite users were availing of day care in the centre. The centre catered for a number of residents most of whom came to the centre for a respite break of one to two weeks at a time. There were no long term residents living in the centre.

Although the application to register the centre stated that two persons were catered for in a day care capacity each day the inspector found that four people often attended the centre for day care. This was inconsistent with the centre's statement of purpose and is discussed further in the body of the report.

While there was evidence of good practice, improvements were required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The person in charge and staff demonstrated knowledge of residents' needs. Overall, the healthcare needs of residents were well met and residents had access to general practitioner (GP) services and to allied health professionals. However, aspects of care in relation to food and nutrition required improvement.

The overall feedback from residents and relatives was complimentary of the services and care provided and residents and relatives spoken with stated their satisfaction with the centre. Residents had the opportunity to participate in recreational opportunities but further improvement was required to ensure activities were available throughout the day.

While the provider and person in charge had some systems in place to promote the safety of residents, significant improvements were required to fire safety in the centre. The person in charge submitted requested information to confirm that a specific issue identified on inspection was completed.

Other areas which required improvement included the statement of purpose, records and documentation, reviewing the quality and safety of care in the centre, medication management, risk management, infection control, staffing, end of life care planning, consultation with residents and the premises.

The findings are discussed further in the report and improvements required and the provider's response are included in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

Findings:

The inspector viewed a copy of the centre's Statement of Purpose and found that it did not meet the requirements of the Regulations.

It did not include the name and position of each person participating in the management of the centre and the age range of residents for whom it was intended to accommodate.

Inconsistencies were noted in relation to the maximum number of residents who can be and who will be accommodated at the centre and clarification was required to some aspects such as the criteria used for admission to the centre and the number of people to be accommodated for day care at the centre.

The number of people receiving day care in the centre was inaccurate in the Statement of Purpose as the person in charge stated that the centre often catered for four people and this was in conflict with the two day care places as specified in the Statement of Purpose and the application to register the centre.

The Statement of Purpose did not accurately detail the size of rooms in the centre and sizes were inconsistent with the floor plan submitted to the Authority and measurements taken by an inspector.

Judgement:

Non Compliant - Major

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

Findings:

The inspector viewed a sample of resident contracts for the provision of services and found that contracts clearly set out the care and welfare of the resident in the centre and the services to be provided to the resident.

Contracts viewed set out all fees to be charged to residents and were signed on the residents first day of admission to the centre.

Judgement:

Compliant

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

Findings:

The inspector found there was a clearly defined governance structure, which identified the lines of authority and accountability in the centre.

The person in charge of the centre held the role of Director of Nursing. She had a minimum of three years experience in the area of nursing of the older person within the previous six years and she demonstrated clinical knowledge and knowledge of the legislation and her statutory responsibilities. However, improvements were required in her understanding of her responsibility to notify the Authority and this is discussed further under Outcome 9 Notifications.

The person in charge was engaged in the governance, operational management and administration of the centre. She told the inspectors that she worked four days per week and completed the assessment and admission of residents to the centre each week.

Documentation viewed verified this and showed that the person in charge was involved in completing a comprehensive admission assessment of resident needs.

Throughout the inspection the person in charge demonstrated a good rapport with residents. Residents and relatives spoken with expressed satisfaction with the centre and with the person in charge.

Judgement:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

Findings:

Inspectors found the designated centre had most of the written operational policies as required by the Regulations and records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

Improvements were required to the Directory of Residents, Residents Guide and documentation pertaining to the use of restraint in the centre.

The Directory of Residents did not contain all items specified in the Regulations, for example the address and telephone number of the resident's next of kin and general practitioner (GP), the date on which the resident was first admitted to the centre and the date, time and cause of death when a resident died in the centre.

The Residents Guide did not provide adequate information in relation to the complaints process, for example the appeals person was named as the provider which was inconsistent with other documentation viewed in the centre.

Improvements were required to the documentation of the use of restraint in the centre as documentation was not being maintained of any occasion on which a restraint was used, the nature of the restraint, release times and its duration.

Judgement:

Non Compliant - Minor

Outcome 05: 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:

Leadership, Governance and Management

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

Suitable arrangements were in place in the absence of the person in charge and the provider was aware of his responsibility to notify the Authority if there was a proposed absence of 28 days or more for the person in charge.

An inspector interviewed the Assistant Director of Nursing and found that she was knowledgeable of the Regulations and her requirements thereunder.

Judgement:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

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

An inspector found that the provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse but some improvement was required to the policy and to the procedure for safeguarding resident's money which was held in the centre.

There was a policy in place and procedures for the prevention, detection and response to abuse. However, improvement was required to the policy as there was insufficient detail in relation to the measures to be taken if an allegation of abuse was received.

Staff spoken with were familiar with the policy and outlined what they would do if they suspected abuse. Staff stated they had received education in relation to the identification and response to abuse.

Although some documentation stated that the centre did not facilitate the storage of money and valuables an inspector found this was inconsistent with practice in the centre. The inspector viewed a sample of resident monies and found that the balances matched the record maintained. However, improvement was required as the procedure was inconsistent with the policy on resident's accounts and personal property.

Relatives spoken with expressed satisfaction with the centre and stated that they felt their loved ones were safe in the centre.

Judgement:

Non Compliant - Minor

Outcome 07: 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:**Findings:**

While some measures had been taken to promote the health and safety of residents, visitors and staff, significant improvements were required to risk management, infection control and fire safety.

The level of risk identified by the inspectors in relation to fire safety in the centre resulted in an inspector issuing an immediate action to the provider and person in charge on the day of the inspection.

Risk Management:

The centre had up to date policies and procedures in relation to health and safety. However, the risk management policy required improvement as it did not contain all of the information prescribed in Regulation 31 (2).

In addition, while there was a risk register in place an inspector noted that many risks identified were not applicable to the centre and measures identified to control actual risks were not in place. The person in charge stated that the risk register had been obtained from another centre.

Emergency Procedures:

There was an emergency procedure in place however documents viewed by an inspector were not consistent and the emergency procedure and fire evacuation procedure was not displayed in a prominent place in the centre.

Servicing of equipment:

Records showed that assistive equipment including electric beds and hoists had been serviced.

Fire Safety:

Records showed that fire equipment, emergency lighting and the fire alarm system had been serviced. Although weekly fire tests and weekly inspections of the automatic door

release mechanisms had been taking place, records showed that these had not taken place in the three weeks prior to the inspection.

Internal doors contained self closing devices however, the self closing device on one bedroom door had been disconnected. There was no evidence as to the reason for this nor was a risk assessment carried out or control measure in place in relation to this risk.

Fire doors containing intumescent strips had been painted over.

An inspector viewed documentation pertaining to the inspection of the centre by a Fire Officer and noted reference to a number of fire safety precautions which required immediate attention. The provider stated that these items had not been addressed. This documentation was in conflict with the documentation submitted by the provider with the application to register the centre which stated that the centre was fire compliant.

An inspector viewed staff training records and noted that some staff had not received training in fire prevention and fire drills were not taking place on a regular basis for all staff.

Some staff nurses who were in charge of the centre on a regular basis were not trained in fire prevention. This was brought to the attention of the provider and person in charge and an inspector informed the provider and person in charge that all staff were required to undergo fire prevention training prior to next taking charge of the centre.

The person in charge arranged for training to take place the day after the inspection and emailed the inspector to confirm the training had taken place.

Judgement:

Non Compliant - Major

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

Findings:

While measures had been implemented to ensure residents were supported by appropriate medication management, improvements were required to some areas.

A sample of residents' drug prescription sheets were viewed. Prescription sheets did not specify the time of administration of medications and some times of administration were not recorded. In addition, some PRN (as required) medications were recorded under daily medications on the prescription sheets and vice versa.

Discontinued medications were not always signed as discontinued by the GP and the maximum dose of some PRN medications was not clearly outlined on some prescription sheets.

There were policies and procedures in place for some aspects of medication management. However, there was no procedure in place in relation to the prescribing, administration or review of PRN medication and the policy on medication management for discharge, transfer, leave and respite care did not provide adequate guidance.

A refrigerator was used for storing medication where required. The staff nurse spoken with stated that the temperature of the refrigerator was checked twice daily, however this was inconsistent with documentation viewed.

No residents in the centre on the day of the inspection were prescribed medications which required specific control measures. However, some residents using the service on a regular basis were prescribed drugs which required specific control measures. An inspector viewed the register for documenting the storage of these drugs and noted that some drugs had not been checked and counted consistently.

Medication error records were viewed by an inspector and the inspector noted that a suitable measure was implemented in response to a medication error in the centre.

An inspector viewed an audit of medication management and noted that the audit showed there were no non-conformances in relation to medication practices in the centre. The person in charge stated that this was the first audit to take place.

Judgement:

Non Compliant - Moderate

Outcome 09: 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:

Findings:

The inspector viewed the record of accidents and incidents in the centre and saw that a record of incidents was being maintained in the centre and that incidents recorded were responded to appropriately by the person in charge and the staff.

However, incidents which required notification to the Chief Inspector had not been notified. The person in charge and the provider both stated that they were unaware of the requirement to notify the Authority and said they believed that their requirement to notify the Authority did not commence until they were registered as a designated centre.

The person in charge stated that she would submit two notifications which were identified by the inspector as requiring submission to the Authority.

Judgement:

Non Compliant - Major

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

Findings:

The inspector found that while some resident feedback surveys had been carried out there was no formal system in place to review and monitor the quality and safety of care and the quality of life of residents.

The inspector viewed a sample of the resident feedback surveys which had taken place in May 2014. The surveys ascertained relatives views on a variety of areas such as activities, religious needs, staffing, comfort and warmth, clothing and belongings, care needs, cleanliness and hygiene and the quality of food and dining room.

The inspector noted that a similar survey had been carried out in 2010 and that a broader organisational survey had been carried out in 2013. However, there was no evidence that the survey findings had been used to improve the quality of care in the centre and there was no evidence of changes in the centre as a result of the survey findings.

Judgement:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

Findings:

A sample of resident care assessments and care plans were viewed by inspectors. Overall inspectors found there was a good system in place for assessing the needs of residents and for ensuring the care delivered was in line with the resident's assessed needs. However, some improvements were required to the assessment of resident's end of life wishes and nutritional assessments.

Healthcare:

The inspector viewed a sample of resident care plans and noted that residents had access to general practitioner (GP) services, out-of-hours medical cover and allied health professionals such as speech and language therapy (SALT), dietetic services, physiotherapy, dental services and chiropody.

As the centre was a respite service residents were accessing healthcare from their homes and were assisted to do so by their next-of-kin and relatives. Care plans detailed relevant information provided to the centre by the relative or next-of-kin on admission to ensure that care was being provided in line with the resident's most relevant and up to date healthcare requirements.

Some care plans viewed showed evidence of advice given to the family regarding a resident's needs and detailed contact made with the next-of-kin when information received differed from the nurses' assessment in the centre, for example in relation to wound assessment.

Care Plans:

Care plans viewed included a detailed admission record, which the person in charge informed the inspector was carried out each time the resident was admitted to the centre.

Each care plan viewed included a detailed assessment, which included a range of resident's requirements including communication, recreation, social interaction, family involvement, personal care including the resident's preferred style of dress, breathing, nutrition and sleep and rest. The assessment was utilised to inform the nursing care plan which covered each assessed need and the nursing action in response to the need.

Care plans viewed also contained assessments for the use of restraint and assessments to assess the dependency level of the resident, the risk of falls and the risk of the resident developing pressure ulcers. These assessments were followed through with care plans where necessary.

Improvements were required to the assessment of residents' end of life wishes as while care plans viewed contained a basic assessment of residents requirements at end of life care plans for end of life wishes were not in place.

The assessment of residents' wishes for resuscitation required improvement as some care plans viewed were signed by the next-of-kin or the person in charge and marked as

not for resuscitation. There was no evidence this was a clinical decision which was made in conjunction with the resident.

Some care plans viewed did not contain nutritional assessments and some care plans contained incomplete nutritional assessments. In addition, there was inconsistency in some documentation and the person in charge and staff understanding of modified consistency diets which was resulting in poor nutritional support for residents. This is discussed further under Outcome 15, Food and Nutrition.

Activities:

The inspector spoke with the activities coordinator, reviewed activity assessments and timetables and observed activities taking place in the centre. The activities coordinator had a good knowledge of each resident and their activity preferences which she obtained from the admission assessment.

The activities coordinator said that she spends three hours each week preparing the activities timetable for each resident who is in the centre on that week. The timetables viewed required some improvement to be more accessible to residents as there were no visuals used to assist residents to understand the activities being offered.

She told the inspector she was trained in Sonas and spoke with the inspector regarding the activities she undertook with residents as part of the programme which was specifically for residents with dementia. Although the activities coordinator worked from 9am to 3pm each day she was engaged in the provision of activities from 9am to 1pm only as she assisted with lunch at 1pm and afterwards had her own lunch.

The activities coordinator was included on the roster as part of the staffing level of care assistants. This is discussed further under Outcome 18, Suitable Staffing.

The inspector was concerned that activities were being provided for a short period of time each day and that residents who remained in bed until later in the morning did not have as much opportunity to partake in activities in the centre.

Although care assistants stated that they did some activities with the residents in the afternoons there was no documentary evidence that activities were taking place or that activities taking place in the afternoon were in line with residents assessed needs or wishes.

Judgement:

Non Compliant - Moderate

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Outstanding requirement(s) from previous inspection:

Findings:

The provider stated that the centre had been designed specifically around the needs of residents with cognitive impairments however, improvements were required.

The centre is a single storey building with car parking facilities to the front and garden facilities to the rear. Facilities included a nurses station, director of nurses office, a day room, a dining room, a laundry/sluice/storage room, a kitchen, a staff room with toilet facilities, four twin bedded rooms, four single bedded rooms, one bathroom, one shower room and a separate toilet.

An indoor walkway with a seating area to the front of the building was available to residents. The centre was clean.

There was a lack of appropriate signage to meet the assessed needs of residents. Some signposts were in use as prompts to residents, for example, photographs indicated individual residents' bedroom and toilet and bathroom facilities, however signposts were not used in some areas of the centre to prompt residents on the location of other services and facilities.

Some rooms did not comply with the Regulations in regard to the physical environment of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations (as amended) and Standard 25 of the National Quality Standards for Residential Care Settings for Older People 2009 on 01 July 2015 in regard to ensuring privacy and dignity in shared bedrooms. There was limited space in some bedrooms for manoeuvring assistive equipment if required.

There was a call bell system in place in the centre, however it was not available to all residents. The person in charge told inspectors that the call bell cords had been removed in many bedrooms as it was considered a risk to residents. There was no documentary evidence of this risk in residents' care plans or in the risk register and alternative call bell systems had not been tried.

The inspectors were concerned about the suitability of one bedroom located on a different corridor from the other bedrooms. The person in charge said that this bedroom was used in certain situations, which resulted in the resident assigned to that room being isolated. The room was located beside the laundry, which was in use at night. In addition, the furniture required upgrading and there was no call bell in the room.

There was a multi-purpose room used as a visitors room, smoking room and for activities. Adequate ventilation was not provided as there was a significant smell of smoke in the room on the day of the inspection. This room was not suitable for meeting visitors or as an activities room while designated as the smoking room.

Overall, the lighting in the centre appeared to be adequate however, the corridor leading to the laundry room and a resident's bedroom was not sufficiently lit.

Judgement:

Non Compliant - Major

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:

Findings:

The inspector reviewed the complaints procedure and the management of complaints in the centre and found that there were adequate systems in place for managing complaints. However, improvements were required to the policy on complaints and to some documentation.

The folder detailing all complaints received in the centre and a sample of complaints were reviewed. The inspector found that complaints were managed appropriately and in a timely manner.

Improvements were required in relation to documentation as there was no evidence that complaints had been responded to. In addition, there was no evidence that the complainant was satisfied with the outcome of the complaint or with measures implemented in response to the complaint.

The policy on complaints required improvement to meet the requirements of the Regulations. There was no independent person specified with a monitoring role to ensure that complaints were responded to and records maintained.

The person to whom the complainant may lodge an appeal differed in the policy, the notice in the foyer of the centre and in the Residents Guide and Statement of Purpose. Improvement was required to the appeals process as the policy stated that appeals could only be lodged if the director of nursing had verified the complaint.

A condensed version of the complaints process was on display in the foyer. The inspector found that the writing was difficult to read as it was in a small font size and there was no pictorial version for residents. The person in charge said that this would be amended so that it was more accessible for residents and relatives.

Judgement:

Non Compliant - Moderate

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:**Findings:**

The inspector viewed a sample of resident care plans pertaining to end of life care. The inspector noted that residents received appropriate care at end of life including physical, emotional, psychological and spiritual care and that religious needs were facilitated. Family members were facilitated to be with residents at end of life and residents were facilitated at end of life in the centre.

Some improvements were required to the assessment of residents' needs and wishes at end of life and this is discussed further under Outcome 11, Health and Social Care Needs.

Judgement:

Compliant

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:**Findings:**

The inspector found that residents were offered a nutritious and varied diet, which included choice of meals that were provided in a bright, warm suitably decorated dining room.

Improvement was required to some assistance offered to residents at mealtimes, the positioning of some residents during mealtimes, the presence of nursing staff during mealtimes, the menu on display, documentation and staff members and the person in charge's understanding of modified consistency diets.

The inspector observed some main meals. Throughout meals residents were offered drinks, sauces and extra portions. There was a pleasant sociable atmosphere in the

dining room with residents and staff chatting throughout the meal.

While most staff members offered assistance in a discrete and respectful manner, the inspector observed some staff assisting a resident while standing for part of the meal.

In addition, a staff member was observed assisting a resident who was not positioned in an upright position. This was brought to the immediate attention of the nurse on duty who assisted the resident to a more appropriate seating position.

The inspector was concerned that the staff nurse was not present in the dining room during mealtimes to supervise mealtimes.

The inspector viewed the menu and noted that it was a rolling weekly menu. The menu was displayed on the notice board in the hallway. There was no menu on display in the dining room and the inspector noted that pictorial menus were not in use. The nurse spoken with stated that pictorial menus had been used in the centre in the past.

Residents spoken with said they enjoyed their lunch and stated that it was served at an adequate temperature. Inspectors sampled the food and found it was flavoursome, suitably heated and nicely presented.

An inspector visited the kitchen and found that it was maintained in a clean and hygienic condition. There were plentiful supplies of fresh and frozen food which were stored appropriately. Food items included home baking and items suitable for residents with specific dietary needs.

Care plans viewed showed that residents were weighed on a weekly basis and that residents' risk of malnutrition was assessed utilising a validated tool. However, improvement was required as not all care plans viewed contained this assessment and some assessments were not fully completed. The person in charge stated that the use of this tool was introduced to the centre recently and stated that an assessment would be completed on all residents.

Improvements were required to ensure residents' dietary requirements were met. Inconsistencies were noted in relation to assessments, documentation and the person in charge and staff members understanding of modified consistency diets. For example, the person in charge and staff members understanding of residents' modified consistency diets differed from documentation viewed in the care plan. This had resulted in residents receiving diets which were not consistent with their assessed needs.

Judgement:

Non Compliant - Major

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

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

While the inspector was satisfied that residents were treated with dignity and respect, some improvement was required to terminology used in the centre, access to communication systems, arrangements for residents to meet with visitors in private, screening in shared bedrooms, use of CCTV and the frequency of and participation in resident committee meetings.

Residents were treated with dignity and respect by all staff, however improvement was required to some wording used by the person in charge and staff and in some documents. For example, bed rails were referred to as cot sides and adult incontinence wear was referred to as nappies.

Documents such as menus, activities timetables and the complaints process were not easily accessible for residents. All documents viewed were in word format only and were not in an accessible format appropriate to residents needs. For example, documents had not been provided in large print or in pictorial format for residents who may have poor sight or who are no longer able to understand written documents.

There was insufficient screening in bedrooms to ensure residents had privacy to undertake personal activities. A CCTV camera was in place in one bedroom and although the person in charge stated it was not used it had not been removed from the room.

Resident Committee Meeting minutes were viewed. While the person in charge informed the inspector that these meetings were utilised to ascertain residents' views on the running of the centre, the inspector noted that there was no system in place to ensure that all residents' views were sought.

Three residents had attended the two meetings which took place, however there was no evidence that other residents or relatives had been invited to attend these meetings.

Documentation viewed by the inspector varied in relation to the frequency of these meetings. For example, the policy stated that meetings would take place every two months while the Statement of Purpose and Residents Guide stated it would meet every four months. Minutes viewed showed that one meeting had taken place in January 2014 and one meeting had taken place in June 2014. The person in charge told the inspector that she intended to hold these meetings on a monthly basis.

Judgement:

Non Compliant - Moderate

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:

Findings:

An inspector viewed the arrangements for assisting residents to store their clothing and belongings while in the centre. While residents had adequate storage, improvements were required as residents did not have access to lockable storage. The person in charge told the inspectors that the residents' cognitive impairment was a factor in the decision not to provide lockable storage for residents. There was no documentary evidence that residents had been consulted with or assessed in relation to this decision.

Laundry facilities were found to be inadequate as the laundry room was also used as a sluice room and as a storage room. This is discussed further under Outcome 7: Health and Safety and Risk Management.

An inspector spoke with a member of staff who works in the laundry. The inspector found that there was no dedicated member of staff for ensuring laundry is completed and returned to residents. The inspector was told that all housekeeping and care assistant staff share the laundry duties. In addition, the inspector was informed that laundry is sometimes completed at night by the staff on duty.

The staff member spoken with had a good knowledge of measures to be taken to ensure infected laundry was segregated and spoke knowledgably of the laundry cycles required for items.

The inspector found that while clothing lists were completed on residents' admission to the centre, the return of clothing on discharge was not being documented. There was no evidence that these lists were kept up to date and that all items and clothing were returned to residents on discharge from the centre.

Judgement:

Non Compliant - Moderate

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.

Theme:

Workforce

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

An inspector reviewed the staff rota, observed staffing levels on the days of the inspection and spoke with the person in charge, the provider and staff on duty.

While care staffing levels appeared satisfactory on the day of inspection, there was no clear documentary evidence that staffing levels and skill mix were based on the assessed needs of residents. In addition, improvements were required to the staff rota, staff files and staff training. Staff shortages were evident in housekeeping and the activities coordinator was included in the complement of care assistant staff levels.

The person in charge told the inspector she had not used a validated assessment tool to identify staffing levels in the centre. The provider stated that he had used a document obtained from the UK in 1999 to identify staffing levels at the commencement of the service.

There was no documentary evidence that staffing levels had been assessed to ensure they were appropriate to the changing needs of resident profile on a week by week basis. In addition, the change in duties from care assistant to activities coordinator for some staff members was not reflected on the staff rota.

Staff files viewed showed that many staff members had worked in the centre for a long period of time and the person in charge told an inspector that there was a small turnover of staff in the centre. Improvements were required to some staff files as they did not contain all items specified in the Regulations. For example, some files did not contain a full employment history and a reference from the staff member's most recent employer.

The staff rota required improvement as it did not identify the start and finish times of nursing staff shifts and not all times were identified for housekeeping staff, the cook and kitchen staff. In addition, the person in charge was not included on the rota and a care assistant employed in the role of activities coordinator was listed as part of the care assistant complement of staffing on the rota.

Improvements were required to the filling of the housekeeping role in the centre. Staff spoken with and the person in charge told an inspector that care assistants completed the housekeeping duties alongside care assistant duties when there was no housekeeping staff member on duty. The person in charge said there was a difficulty in filling housekeeping staff shifts and stated that a new staff member was due to commence as housekeeping staff the following week. The rota viewed by the inspector verified this.

Training records showed that improvements were required to staff training. For example, not all staff had received mandatory training in fire prevention and moving and

handling. Although training was provided in a variety of other areas such as Elder Abuse, Infection Control, Cardiac First Response, Managing Dementia, Managing Behaviour that Challenges, Food Safety, Enteral Nutrition and FETAC Level 2 Healthcare Support there was no training matrix in place and it was therefore difficult to assess if staff members had received relevant training.

There was no evidence that staff training needs were assessed for relevant courses to assist staff members in appropriately meeting the needs of the residents. Training was required at all levels to ensure adequate supervision and practice in clinical areas, for example in relation to residents' nutritional requirements as discussed under Outcome 15, Food and Nutrition.

Supervision records showed that a supervision meeting had taken place for all staff in May 2014. An inspector viewed a sample of these records and noted that while staff members' strengths had been identified there was no assessment of staff members' areas for improvement nor was the supervision meeting used to assess training or development needs for staff members. The person in charge stated that this was the first formal supervision meeting for staff in the centre as supervision meetings had not taken place prior to this.

The person in charge told an inspector there were no volunteers working in the centre.

Judgement:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Marian House Alzheimer Unit
Centre ID:	ORG-0000358
Date of inspection:	04/06/2014
Date of response:	02/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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: Statement of Purpose

Theme:

Leadership, Governance and Management

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

The Statement of Purpose did not include all matters listed in Schedule 1 of the Regulations and improvements were required to some aspects of the Statement of Purpose.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

The statement of purpose and function has been updated to include the following:

1. Details of all management
2. Age of residents
3. Admission criteria has also been included in the statement of purpose and function
4. Reference to the S.I. 415 of 2013

The sizes of the rooms have all been measured 17.7.14 and the floor plans have been adjusted by chartered engineers. The fire plans displayed with new measurements.

Evidence of completion supplied to the Authority

Proposed Timescale: 02/10/2014

Theme:

Leadership, Governance and Management

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

The person in charge stated that four day care places were provided on a regular basis however, two places were specified in the Statement of Purpose.

Action Required:

Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

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

No more than two day care residents have been accommodated at Marian House from 5.8.14.

Proposed Timescale: 02/10/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme:

Leadership, Governance and Management

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

The Residents Guide did not provide adequate information in relation to the complaints process, for example the appeals person was named as the provider which was inconsistent with other documentation viewed in the centre.

Action Required:

Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

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

The residents Guide have been updated to include two independent appeals persons (male and female) to facilitate resident/representative choice.

Proposed Timescale: 02/10/2014

Theme:

Leadership, Governance and Management

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

The Directory of Residents did not contain all items specified in the Regulations.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

The Directory of residents has been revised from August, 2014 for all residents to include the sex of the resident, Address and telephone number of the resident's next of kin, GP, date the resident was first admitted, date, time and cause of death when a resident dies. The register will be checked by the DON/ADON after each admission/discharge/RIP to ensure this information is correctly registered.

Proposed Timescale: 02/10/2014

Theme:

Leadership, Governance and Management

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

Records of occasions when restraint was used, the nature of the restraint, release times and its duration were not being maintained.

Action Required:

Under Regulation 25 (1) (e) you are required to: Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

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

A restraint register has been introduced into Marian House and a two hourly resident and side rail check to include the release times and duration.

Proposed Timescale: 02/10/2014

Outcome 06: Safeguarding and Safety

Theme:

Safe Care and Support

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

The policy on the prevention, detection and response to abuse required improvement as it did not sufficiently address the procedures to be taken in the event of an allegation of abuse.

The procedure for protecting residents' monies and valuables was inconsistent with the procedure outlined in the policy on resident's accounts and personal property.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

Policy on Prevention of Elder Abuse and Management to Residents finances has been revised to include the minimum amount of cash residents can have in their possession. The log book will in the future be signed by two staff. Changes in the policy are now discussed at each handover report.

Proposed Timescale: 02/10/2014

Outcome 07: 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 risk management policy did not contain all of the information prescribed in Regulation.

Action Required:

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

Risk assessments have been completed for the following areas:

1. Smoking
2. Specific Bedrooms
3. Residents finances
4. Cleaning Products
5. Color coding for evacuation in fire

Training and a compressive risk assessment has been scheduled for second week in October in which the risk management policy will be updated to include the following specified risks. In the interim a daily risk assessment of Marian House on specific areas will be completed and documented. The risks will be discussed with staff and management.

Proposed Timescale: 24/10/2014

Theme:

Safe Care and Support

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

The risk register had been obtained from another centre which contained some risks not applicable to the centre while risks identified by inspectors were not included in the register and no control measures were in place.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

The Risk Management Policy will be amended to include;
The notification of incidents to HIQA.

Proposed Timescale: 24/10/2014

Theme:

Safe Care and Support

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

Some staff had not received training in fire prevention.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

All staff following the inspection were trained on fire prevention. Two new staff members (Housekeeping and Carer) have joined the team recently. The fire plan and policy for Marian House was discussed with the two new staff and they are scheduled for training 23.10.14. All staff will then also have refresher training.

Proposed Timescale: 23/10/2014

Theme:

Safe Care and Support

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

Some staff had not taken part in fire drills in the centre.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

A number of fire drills and horizontal evacuations have been carried out since the inspection they were completed at different times of the day to incorporate 24 hour staffing (day and night). The drills identified some learning opportunities which have been implemented to include;

1. Universal key for all doors in the building
2. Accurate Fire Accountability (roll call) Residents Days care and staff
3. The person handling need of each resident is now color coded to ensure clarity for evacuation.

The Evacuation Procedure and Fire Procedure is discussed at each handover and a fire drill has been scheduled for 1.11.14. They are now scheduled for every six months.

Proposed Timescale: 02/10/2014

Theme:

Safe Care and Support

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

The written confirmation submitted as part of the application to register was unsatisfactory.

Action Required:

Under Regulation 32 (1) (f) you are required to: Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

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

The correct document was e mailed on 5.8.14. A copy of same is included in appendix 3.

Proposed Timescale: 02/10/2014

Theme:

Safe Care and Support

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

The procedures to be followed in the event of a fire were not displayed in a prominent place in the designated centre.

Action Required:

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Fire procedures have been placed in prominent locations throughout the house.

Proposed Timescale: 02/10/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

Medication management practices were not robust and did not ensure resident safety.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The time of administration of medications is now documented by nursing staff beside their signature to allow the resident to have flexibility in their daily routine and comply with ABA Guidelines.

PRN medications are now recorded under non regular prescriptions and the medication sheet when received by the GP is checked by the DON/ADON on admission.

A letter is now issued to residents GP's prior to the admission to request the maximum dose of PRN medications is included and this is also checked the DON/ADON on admission.

Where there is a discontinuation of medication prescribed i.e. Discontinued medications the DON/ADON shall liaise with the residents GP to sign for discontinuation of medication

The medication management policy will be revised by 12.10.14 to include procedure in place in relation to the prescribing, administration or review of PRN medication, clarity for discharge, transfer, leave and respite care.

The temperature of the refrigerator used for storing medications is now checked and recorded twice daily.

Proposed Timescale: 12/10/2014

Theme:

Safe Care and Support

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

Some drugs which required specific control measures were not being checked and counted consistently.

Action Required:

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

Controlled drugs are now being counted by nursing staff and signed by two nursing staff at the end of each shift.

Medication Management Policy will be revised and updated by 12/10/14 and nursing staff will be informed of the revised policy.

Proposed Timescale: 12/10/2014

Outcome 09: Notification of Incidents

Theme:

Safe Care and Support

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

Incidents which should have been notified to the Chief Inspector had not been submitted.

Action Required:

Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

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

As outlined in outcome 3, reporting of all incidents has now been implemented.

Proposed Timescale: 02/10/2014

Theme:

Safe Care and Support

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

Quarterly notifications had not been submitted to the Chief Inspector as required.

Action Required:

Under Regulation 36 (4) (b) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.

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

As outlined in outcome 3, reporting of all notifications has now been implemented.

Proposed Timescale: 02/10/2015

Outcome 10: Reviewing and improving the quality and safety of care**Theme:**

Effective Care and Support

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

There was no system in place for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre.

Action Required:

Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

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

In May 2014 a resident/representative survey was completed. The trends from the recent feedback survey were identified and discussed at the management meeting and actions agreed including;

A check in list of clothing and check out list of clothing for resident/representative on discharge

Proposed Timescale: 02/10/2014

Theme:

Effective Care and Support

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

There was no system in place for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

As outlined in outcome 3 training has been arranged for the DON and ADON on Audit Management. Following the training an audit programme will be put into place to evaluate the quality of care provided at, and the quality of life of residents in Marian House. Audit will be carried out on key resident areas monthly.

Proposed Timescale: 30/10/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Provision of recreation and activities was not appropriate to the assessed needs of residents.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

A person has been appointed to activities to ensure that each resident is afforded an activities programme to meet their needs.

An individual activity programme is also developed from admission assessment sheet. The activities coordinator develops the programme. Enhanced visuals have been introduced in the programme.

Proposed Timescale: 02/10/2014

Theme:

Effective Care and Support

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

Inconsistency in documentation and the person in charge and staff understanding of modified consistency diets was resulting in poor nutritional support for residents.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care

to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

DON & ADON have attended an NHI training day in Galway on 23/9/14. It was facilitated by a speech and language therapist.

All relevant staff will receive training from Speech & Language Therapy by 24/10/14.

Proposed Timescale: 24/10/2014

Theme:

Effective Care and Support

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

Residents' end of life wishes were not set out in a care plan.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Each resident will have an individual care plane with their end of life wishes documented.

Proposed Timescale: 02/10/2014

Theme:

Effective Care and Support

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

Some residents care plans detailed that the resident was not to be resuscitated and there was no evidence that this was the resident's decision in conjunction with the relevant medical practitioner.

Action Required:

Under Regulation 9 (2) (c) you are required to: Respect and document each residents right to refuse treatment and bring the matter to the attention of the residents medical practitioner.

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

A letter is sent to residents GP prior to admission informing them of regulation to assertion resuscitation status on resident.

Proposed Timescale: 02/10/2014

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:

Some rooms do not ensure privacy and dignity for residents in shared bedrooms.

Action Required:

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

Bedroom located on other corridor will be closed and used as equipment room as of 12/11/14. Tracks are installed in shared bedrooms to provide screening insuring privacy & dignity.

Proposed Timescale: 12/11/2014

Theme:

Effective Care and Support

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

The multipurpose room for visitors, smoking and activities was not suitable as communal accommodation or a suitable private area for visitors.

Action Required:

Under Regulation 19 (3) (i) you are required to: Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents own private rooms.

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

The multi purpose room will be used as a visitor's room. Activities room will be part of new proposed plan.

A covered smoking area is located at the rear of the building.

Proposed Timescale: 12/11/2014

Theme:

Effective Care and Support

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

Thermostatic control valves were not fitted to individual wash hand basins.

Action Required:

Under Regulation 19 (3) (j) part 4 you are required to: Provide sufficient numbers of

baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

Thermostatic valves have been installed.

Proposed Timescale: 02/10/2014

Theme:

Effective Care and Support

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

Assistive equipment was being stored in the laundry and sluice room.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

Storage equipment will be stored in closed bedroom (single bedroom on corridor)

Proposed Timescale: 12/11/2014

Theme:

Effective Care and Support

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

The call bell system in place did not meet the needs of the residents and one bedroom did not have a call bell fitted.

There was insufficient signage to meet the assessed needs of residents.

Action Required:

Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

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

New system of call bell has been installed throughout the house.

Extra signage has erected in all areas of home to prompt residents on location of services and facilities.

Proposed Timescale: 02/10/2014

Theme:

Effective Care and Support

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

One bedroom did not meet the assessed needs of residents.

Action Required:

Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

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

This room is being used as equipment storage as of 12/11/14.

Proposed Timescale: 12/11/2014

Theme:

Effective Care and Support

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

There was a significant smell of smoke in the room used for smoking, visits and activities.

One corridor was poorly lit.

Action Required:

Under Regulation 19 (3) (p) you are required to: Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

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

Smoking room will now be facilitated at rear of the building in covered smoking area. New lighting has been installed in poorly lit corridor

Proposed Timescale: 02/10/2014

Theme:

Effective Care and Support

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

The multipurpose room for visitors, smoking and activities was not suitable as recreational space.

Action Required:

Under Regulation 19 (3) (g) part 3 you are required to: Provide adequate recreational separate to the residents private accommodation.

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

A new recreational area has been included in new extension, see app. 4

Proposed Timescale: 12/11/2014

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The independent appeals person differed in the policy, the notice in the foyer and in the Residents Guide and Statement of Purpose.

The policy did not provide guidance for appealing the decision related to a complaint made where the complaint was not verified by the director of nursing.

Action Required:

Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

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

2 Independent appeals persons have been sourced a male & female and are named in the complaints policy, residents guide and statement of purpose, notice in foyer.

The policy has been amended to provide guidance on appealing a complaint with an independent person.

Proposed Timescale: 02/10/2014

Theme:

Person-centred care and support

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

There was no detail maintained of whether or not the complainant was satisfied with the outcome of the complaint.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

There is now an outcome section included in all complaints.

Proposed Timescale: 02/10/2014

Theme:

Person-centred care and support

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

There was no independent person who held a monitoring role to ensure that complaints were responded to and records maintained.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

A person has been appointed to monitor complaints.

Proposed Timescale: 02/10/2014

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:

Inconsistencies were noted in relation to documentation and the person in charge and staff members understanding of modified consistency diets. This resulted in residents receiving diets which were not consistent with their assessed needs.

Action Required:

Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

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

The Director of Nursing and Assistant Director of Nursing have attended a course on Nutrition in Residential Elderly Care Settings 23.9.14 delivered by a Speech and Language Therapist Norrita Gallagher. All meal times will be supervised by either the DON/ADON until provision of course on 15/10/14 by a Speech & Language Therapist for all staff. DON/ADON are also scheduled to have training on 20/10/14 on Audit Management and Risks Assessments. A weekly audit of this area will be preformed on nutrition and meal times.

Proposed Timescale: 15/10/2014

Theme:

Person-centred care and support

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

Some assistance provided to residents at mealtimes was not appropriate, for example, a staff member stood while assisting a resident with a meal and a resident was not seated appropriately while being assisted with their meal.

There was no nurse present during mealtime to supervise staff and ensure residents were receiving the appropriate assistance required.

Action Required:

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

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

The Director of Nursing and Assistant Director of Nursing have arranged two information sessions with staff. The information session includes dignity at meal times, resident positioning and the changes to the Nutritional policy.

We will ensure appropriate assistance is given to residents when required and staff will be educated on these procedures.

Marian House has of 28.9.14 has changed its admission criteria to include; all new potential residents must have a speech and language therapist assessment where the resident is receiving a modified diet. This assessment must have been completed within the last four months.

A new pictorial menu has been sourced and is due to be delivered. The daily menu will now also be displayed in picture format for residents. Staff also communicate to the residents the daily menus.

The MUST assessment tool is used on all admissions to date every resident has an assessment completed and in their record care plans.

Proposed Timescale: 15/10/2014

Outcome 16: 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 was insufficient evidence to show that residents were consulted about and participate in the running of the centre.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

Resident Committee Meetings: An inaugural meeting 30.7.14 has been held and a schedule has been put in place for ongoing meetings, next meeting is scheduled for 04.11.14.

Terminology: Staff have been re-educated on suitable terminology to ensure provision of residents dignity.

Proposed Timescale: 02/10/2014

Theme:

Person-centred care and support

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

Screening in shared rooms did not provide sufficient privacy to allow the resident to undertake personal activities in private.

A CCTV camera was in place in one bedroom.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Tracks are installed in shared bedrooms to provide screening insuring privacy & dignity

CCTV: All CCTV has been removed.

Proposed Timescale: 12/11/2014

Theme:

Person-centred care and support

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

Some documentation viewed did not support the resident to communicate.

Action Required:

Under Regulation 11 (3) (a) you are required to: Put in place practices that facilitate and encourage each resident to communicate.

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

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

Communication system: call bells are now in place for all residents. Documentation is

now in a more accessible location and in a font size 16. A picture format of complaints and key process will be available for residents by 12th November, 2014.

Proposed Timescale: 12/11/2014

Outcome 17: Residents clothing and personal property and possessions

Theme:

Person-centred care and support

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

Resident property lists were not kept up to date and that all items and clothing were returned to residents on discharge from the centre was not documented.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

As described in outcome 10 an accurate list is maintained and signed by the resident/representative on discharge.

Proposed Timescale: 02/10/2014

Theme:

Person-centred care and support

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

Laundry facilities being used to launder resident clothing were not adequate.

Action Required:

Under Regulation 13 (a) you are required to: Arrange for the regular laundering of residents linen and clothing.

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

The provision of a new sluice, laundry and equipment room has been agreed. Plans are in place for same see Appendix 4.

Proposed Timescale: 12/11/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was insufficient evidence to demonstrate that the staffing and skill mix were based on the assessed needs of residents.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

A review of staffing levels has been completed based on updated guidance on staffing levels. A Barthel assessment is completed on admission where needs arise there are adjustments completed accordingly. At times the residents needs may be higher and staffing levels are adjusted accordingly to ensure their needs are met.

The activities coordinator is no longer part of the care assistant staffing compliment, staffing levels have been adjusted

2 people have now been employed for house keeping duties

Proposed Timescale: 02/10/2014

Theme:

Workforce

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

The staff roster did not include sufficient detail regarding staff on duty.

Action Required:

Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The staff rota includes the start and finish times for all staff including the person in charge.

Proposed Timescale: 02/10/2014

Theme:

Workforce

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

There was no evidence that staff training needs were being assessed in the centre and there was no evidence that training in dementia or other relevant courses had been identified as necessary for staff members.

Training was required at all levels to ensure adequate supervision and practice in clinical areas, for example in relation to residents' nutritional requirements.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Training completed Patient Moving and Handling, Fire Management Training, CPR, Health & Safety, Elder Abuse, Infection Control, Dementia Training.

At present we are undergoing training in Challenging Behaviour and Dementia commencing on 30th September.

Action plan for same outlined in action 10.

Proposed Timescale: 25/11/2014

Theme:

Workforce

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

Formal supervision sessions had only taken place once and did not identify areas for improvement or staff training needs.

Action Required:

Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

Areas for improvement will be included in all appraisals

Proposed Timescale: 31/10/2014

Theme:

Workforce

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

Some staff files viewed did not contain all the information required in the Regulations.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

All staff have got a doctors letter from GP stating that they are fit to work.

All staff have received Garda vetting

A robust recruitment procedure has been put in place to ensure adherence to Schedule 2 of the Health Act 2007 / Regulations 2013 implemented to ensure that prospective staff will meet the requirements.

Proposed Timescale: 02/10/2014