



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Marian House Nursing Home
Name of provider:	Congregation of the Holy Spirit
Address of centre:	Kimmage Manor, Whitehall Road, Dublin 12
Type of inspection:	Unannounced
Date of inspection:	10 October 2018
Centre ID:	OSV-0000063
Fieldwork ID:	MON-0025212

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Marian House is the official nursing home for the Irish Province of the Congregation of the Holy Spirit (Spiritans). It was established to meet the needs of the members of the Spiritan religious community that require care. The centre can accommodate 27 residents, in 25 single rooms and one twin room. Nursing care is provided over 24 hours. Daily roman catholic mass is held in the centre, and the centre is well positioned close to a large church and other accommodation belonging to this religious community. The centre is located in large grounds off a Dublin suburb, with access to shops and bus routes nearby. The grounds consist of garden areas and playing fields used by some local sports teams.

The following information outlines some additional data on this centre.

Current registration end date:	09/08/2020
Number of residents on the date of inspection:	8

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
10 October 2018	09:45hrs to 14:45hrs	Sarah Carter	Lead

Views of people who use the service

On the day of this unannounced inspection, all residents were preparing for an important event, and attending the event. It was not possible to engage in longer conversations with residents to enquire as to their full experiences of living in the centre. However in brief conversations, all spoken to indicated they were feeling well and were well cared for. Residents were observed to be well dressed and very much involved in the event taking place. Many members of the wider religious community were seen chatting to residents and involving them in the day.

Capacity and capability

The centre is governed well, and the care and welfare of current and past residents form the central focus of the management team.

The centre is undergoing some changes to its governance structure and making changes to how the service runs. In recent months the provider had developed plans to transfer its residents to a different centre and is considering how to adapt the current centre to meet the needs of its wider community. The governance team benefited from the input of an experienced person in charge, who also chairs the board that are responsible for the operation of the centre. This role is supported by a variety of experienced and senior members of the religious community who fulfil specific obligations (for example managing finance, community leadership). The centres statement of purpose was being updated and was submitted to the inspector immediately after the inspection to reflect recent transfers of residents from the service and described the centres current purpose and function.

As the service in the centre is transitioning the person in charge and the staff had gathered comprehensive amounts of information and had transferred residents to their new facility with their care plans updated, sufficient personal information to guide practice. Care had also been taken to update and transfer the residents specialist care needs to relevant local specialists either through community services or private health care. A buddy system was operating between resident who transferred and members of the religious community. Information about the new centre's location, including how to access it by bus had been shared with resident's families and visitors.

The staff team in the centre were continuing to visit residents several times per week to facilitate this transfer of care. Residents who had transferred continue to be

part of the community by contributing to monthly newsletters.

Evidence was seen indicating the sensitive method in which the leadership team consulted with and informed residents, their families and staff members of these planned transfers.

The governance systems in the centre were good, and there were adequate meetings and systems in place to guide the service. The person in charge held regular meetings with her key senior nurses to co-ordinate all aspects of care including the transition phase discussed above.

Monthly data was being collected in a range of areas for example on falls and the use of restraints / bed rails. This information was discussed at management team level and shared with the Board. An annual review was available for 2017 and highlighted a plan of work for 2018, most of which was in progress at the time of inspection.

Staffing was at a high level in the centre, despite the lowered numbers of residents. Staff were fully trained in the mandatory areas, and many had received additional training.

Regulation 14: Persons in charge

The person in charge is an experienced and qualified nurse. The person in charge also holds the position of registered provider representative, and leads the governance structure within the centre.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on the roster in the centre across day and night shifts to meet residents' needs. The skill mix of staff was satisfactory to meet residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received recent training in all mandatory areas as well as some additional training.

Judgment: Compliant

Regulation 19: Directory of residents

The register of residents was up to date and reflected the recent transfer of residents out of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were adequate systems in place to measure and manage the effectiveness of the services. The governance structure and the roles and responsibilities of the personnel involved was clear. An annual review was available for 2017.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was discussed and amended during the inspection and finalised immediately following the inspection.

Judgment: Compliant

Quality and safety

A high quality level of care was being provided in the centre. Residents had access to a wide variety of specialists to meet their care needs.

Care plans were seen by the inspector which had been reviewed every 4 months and addressed the different needs of the resident. Assessments were taking place if a residents condition changed and any specialist input was included in the care plan.

Residents who required support with their nutrition had received evidence based

practice assessment and their day to day nutritional intake was monitored closely.

There were no residents who displayed challenging behaviours, and as a result no care plans related to this were seen.

Residents who had bed rails in situ; had evidence in their file that they were consulted with and had issued their consent for same. Alternatives to bed rails were available and also in use in the centre.

The premises was well maintained, and despite the lower occupancy was being maintained with full occupancy in mind. There were several spaces for residents to gather and chat as well as areas to facilitate quieter activities and contemplation. The bedrooms seen had sufficient space for residents' belongings.

Adaptive equipment was available in the centre to facilitate the residents transfers and mobility, and equipment maintenance records were being maintained.

Resident's rights were upheld in the centre and their ability to mix with and engage with members of their wider religious community was maintained to a high standard. Residents voted in recent elections and also played key roles in the planning of key celebratory events that took place in the wider religious community. An information booklet was available to all the residents in the centre, outlining key information about their accommodation and the service.

Residents were free to dine in their own centre or access the dining hall nearby that their colleagues enjoyed.

Resident's rights were safeguarded and a special committee was in situ to monitor and address any concerns. No safeguarding issue were being investigated in the centre and staff were able to confirm they had up to date knowledge on what to do if they received a report or observed something.

Risk management processes were in place in the centre, and the person in charge maintained risk registries for both clinical and non-clinical issues. These were seen to be up to date.

Regulation 17: Premises

The premises was fully equipped and laid out for the benefits of the residents. There was adequate communal and private spaces within the centre. There was also access to extensive external grounds and walkways that residents could use. Adaptive equipment was well maintained and available in the centre for residents that needed it.

Judgment: Compliant

Regulation 18: Food and nutrition

Food and drinks were freely available in the centre. Residents had care plans in place to guide their nutrition and hydration. Residents had the choice to dine within the centre or join their community in an adjacent dining room.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was available and was up to date with information as required by the regulation.

Judgment: Compliant

Regulation 26: Risk management

Risks were managed in the centre by a process of risk assessment and the maintenance of a risk register. Both clinical and operational risks were captured, and assessments were reviewed regularly.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents had a selection of care plans in place to reflect their health care needs. There was evidence of referral to specialists and their recommendations were reflected in the care plans. Care plans were reviewed routinely every four months and more often if required.

Judgment: Compliant

Regulation 6: Health care

The services of a medical practitioner and suitable specialist were available to the residents at all times.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded in the centre by staff who had received training and by a wider governance structure which included a special committee to address any safeguarding concerns. No safeguarding concerns had arisen in the centre in recent times, therefore no investigation was available for review.

Judgment: Compliant

Regulation 9: Residents' rights

The resident's religious life and opportunities to engage in religious occupations were central to the day to day routine in the centre. Residents had voted in a recent election. there was a selection of activity specs available in the centre and residents were observed interacting with each other, staff and other members of their community throughout the inspection. Advocacy services were available in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant