



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Marian House Alzheimer Unit
Name of provider:	Western Alzheimers
Address of centre:	Ballindine, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	22 August 2018
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0024629

## About the designated centre

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

Marian House Alzheimer Unit is a purpose built facility located in the village of Ballindine, Co. Mayo. It is a specialist dementia care service that provides 24-hour respite care for 11 male and female residents. Care is provided for people with a range of needs and in the statement of purpose, the provider states that they are committed to providing quality health and social care that is focused on ensuring residents maintain their independence during their stay.

The building was extensively refurbished during 2018. Accommodation for residents is provided in 8 single and two double rooms. All rooms with the exception of two single rooms and one of the double rooms have full ensuite facilities of shower, toilet and wash hand-basin. Sufficient communal space is available to ensure residents can spend time comfortably during the day. There is a room where residents can meet visitors in private and an outdoor area that is safe and secure.

**The following information outlines some additional data on this centre.**

Current registration end date:	23/08/2021
Number of residents on the date of inspection:	0

## 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
22 August 2018	09:00hrs to 15:30hrs	Geraldine Jolley	Support

## Views of people who use the service

There were no residents accommodated during this inspection as the centre had been closed to facilitate the completion of the renovations.

## Capacity and capability

The governance and management structure was outlined in the statement of purpose. The inspector found that there were suitable arrangements in place to ensure the operation of the service met legislative requirements and residents' needs. During the last inspection completed on 22 June 2018 inspectors found that several aspects of the governance and management arrangements required review. The arrangements in place did not ensure that legislative requirements were met, that audits were completed as planned or that staff were adequately supervised to ensure work was completed in accordance with the centre's policies and procedures.

The inspector found that a more robust governance structure was now in place. There was a plan in place to drive improvements and the non-compliances had been addressed. Auditing and quality improvement initiatives introduced meant that the provider had a more effective system in place to provide a greater oversight of the service provided. The inspector found that the actions from the previous inspection had been addressed. There was evidence of this in the revised schedule of work for some staff, protected time for the person in charge and her deputy to undertake staff supervision and audit aspects of the service and in an improved culture of training and development. Defective equipment had been replaced and several policies and procedures had been reviewed.

The inspector found that there were appropriate staff numbers in a varied skill- mix allocated to meet the assessed needs of residents and ensure the safe delivery of the service. However, the inspector judged that the staff allocation should be reviewed following the admission of residents on Friday to ensure the allocation over

the weekend periods was appropriate.

Having reviewed the training records the inspector was satisfied that a culture of learning was promoted through training and professional development. The inspector found that supervision of staff had improved and an appraisal system was in place. The person in charge had completed an audit of the quality of interactions between staff and residents. Improvements identified had been relayed to staff at handovers and at staff meetings.

The person in charge has been in post several years. She is appropriately qualified and experienced and has kept her skills and knowledge up to date by attending courses and training events. A senior nurse is available to take charge in her absence to ensure continuity of the service.

The inspector was satisfied that residents' complaints and concerns were listened to and acted upon in a timely manner. A complaints policy was in place. There was a record of all complaints and the inspector saw that concerns were responded to in a timely way, explored thoroughly and that complainant were kept informed throughout the process. The information recorded included comments on the level of satisfaction of the complainant with the outcome and learning taken from the complaint.

#### Registration Regulation 4: Application for registration or renewal of registration

The application and fee was submitted as required.

Judgment: Compliant

## Regulation 14: Persons in charge

There was a person in charge who worked full time in the centre. She had relevant skills, experience and had kept her knowledge up to date by attending training courses and information events on topics that included health and safety, resuscitation procedures and dementia care.

Judgment: Compliant

## Regulation 15: Staffing

While there were three nurses on duty on Fridays when residents were admitted for their respite care stays there was only one nurse on duty on each shift over the weekend. As the number of residents accommodated is scheduled to increase to 12 when the refurbishment is complete the inspector judged that this arrangement should be kept under review..

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The inspector found the non compliance described in the last report was addressed. There were supervision arrangements in place and some aspects of the delivery of care had been audited. Shortfalls were identified to staff to ensure that care practice improved and met the needs of residents more appropriately.

Judgment: Compliant

## Regulation 21: Records

The training record was fully complete and described all the training completed by the staff team. This had been identified as a non-compliance at the last inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose. The arrangements had been identified as inadequate during the last inspection and the provider representative had supplied HIQA with a letter confirming the arrangements in place on 31 July 2018.

Significant resources had been allocated to the upgrade of the premises which now provided a good environment for the respite care service provided to people with dementia.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose that described the service and the refurbished facilities was available.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications were supplied as required and follow up information was provided when requested.

Judgment: Compliant

### Regulation 32: Notification of absence

A notification to advise of the absence of the person in charge for a continuous period of 28 days was provided in advance of this planned absence.

Judgment: Compliant

### Regulation 34: Complaints procedure



An accessible and effective complaints procedure was in operation in the centre. The record of complaints was up to date and indicated that effective and timely action was taken when concerns were brought to the attention of staff, the person in charge or the provider.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Policies and procedures were identified at the last inspection as non compliant as they were not centre specific and did not describe the specific arrangements for some activities such as cleaning and infection control. Procedures were under review and several had been updated since that inspection including the policy on infection control.

A number of policies are scheduled for review by 31 October 2018 to ensure they appropriately reflect the centre specific arrangements and this work is ongoing.

Judgment: Substantially compliant

#### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The nurse person participating in management will take on this responsibility when the person in charge is on a planned absence. She is suitably qualified and conveyed that she was knowledgeable about the regulations and standards relevant to designated centres when interviewed during the inspection.

Judgment: Compliant

### Quality and safety

Health and social care were not reviewed during this inspection as the centre was closed to residents.

The building has undergone major refurbishment to ensure that as the layout and standard of fixtures and fittings meet the needs of residents. The work completed has provided a good quality environment for residents. There are now eight single

and two double rooms for residents. All have full ensuite facilities except for two single rooms and one double. There are toilets, showers and bathrooms in close proximity to those rooms to protect residents' privacy and dignity. All toilets and bathroom/shower areas can be locked. The two double rooms did not have permanent screens to protect privacy and will be registered for single occupancy until these are in place.

The building is homelike and domestic in layout and has several features that reflect good dementia care practice. There was signage to guide residents to the main communal areas. There is a good level of natural light and residents can see the outdoors when sitting by the windows in their rooms. Ensuites were spacious and facilities were highlighted by contrasting colour schemes to help people identify toilet, wash hand-basins and handrails. All rooms were appropriately furnished, clean and painted in light colourways. There was an accessible call bell system to enable residents to request help by beds and in ensuite areas. The outdoor area had a flat surface, walkways that were unobstructed and some raised beds with flowers to make the area interesting for residents. Furniture such as beds had been replaced and a number of specialist chairs had also been provided for residents comfort.

The fire safety system had been upgraded and staff had attended fire safety training and fire drills. Further sessions were planned to ensure that staff were familiar with the new panel and the changed layout of the premises. All nurses now had a universal key to the fire exits and to outside gate exits. All exit doors had a key that was readily visible and accessible. A fire compliance certificate had been supplied to the provider on 28 June 2018.

Aspects of risk management that required review had been addressed since the last inspection. The inspector found the majority of residents being admitted were people who were familiar with the service. The building work was completed during a period when the service was closed to prevent risk to residents. The centre maintained a risk management policy and risk register that described the control measures in place to mitigate risks identified in the centre. These included risks associated with residents smoking, falls, responsive behaviours, self-harm and residents going missing from the premises. An accident and incident record was maintained for residents, staff and visitors. The inspector saw that the register was updated regularly. The inspector found that further work on risk management was needed as the uneven surface from one fire exit and in the car park presented a hazard for example.

The practice of admitting all residents for their periods of respite care on the one day –Friday requires ongoing review as the number accommodated has now increased to 12.

## Regulation 12: Personal possessions

There was adequate storage space and wardrobes for residents to keep store their clothes. A lockable drawer was available in bedside lockers where residents could keep items of personal value safely.

Judgment: Compliant

### Regulation 17: Premises

The centre has been refurbished to provide a high standard of accommodation for residents and to ensure residents have adequate space and privacy. The environment is in good condition and furniture is varied and appropriate to meet the needs of dependent persons.

The two double rooms require screens to protect the privacy of residents.

Judgment: Substantially compliant

### Regulation 26: Risk management

The following required risk assessment and attention to prevent accidents:

1. The uneven path outside the fire exit from the new extension and the uneven surface in the car park and the areas where work continues such as the conservatory/ sitting room so that noise and accessibility is restricted to ensure residents', staff and visitor safety.

2. The practice of admitting all residents for their respite care stays on Fridays requires review as primary care services are not available and the number of residents to be accommodated is due to increase to 12.

Judgment: Not compliant

### Regulation 27: Infection control

Appropriate infection control procedures were in place and staff had attended training on this topic.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that there were appropriate fire safety arrangements in place, for example, staff had received orientation training to the new layout, fire exits were clearly marked and there was sufficient fire fighting equipment throughout the building.

The fire procedure and fire precautions had been updated. Staff had been supplied with universal keys and keys were readily available at fire exits.

Fire drills had been completed and learning from each exercise had been discussed with staff. Further training was planned prior to the admission of residents.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspector saw records that indicated that responsive behaviours were managed appropriately and that expertise from doctors was sought promptly when needed to ensure the well-being of residents. Staff had training on this topic to guide their practice.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse, including effective recruitment practices and staff training. Records confirmed that staff had received mandatory training in relation to detecting, preventing and responding to allegations of abuse and refresher training is scheduled for 2019. An allegation of abuse reported to HIQA was investigated fully and was not substantiated.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0024629

Date of inspection: 22/08/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Actions have been taken to control the risks related to admissions on Friday's as follows:</p> <ul style="list-style-type: none"> <li>➤ No daycare on a Friday</li> <li>➤ Discharges completed before 12 pm</li> <li>➤ Admissions in afternoon only</li> <li>➤ Residents pre-assessed by liaising with family and multidisciplinary team in week leading up to admission</li> <li>➤ 3 Nurses rostered on Fridays to deal with discharges in the morning and admissions in the afternoon.</li> </ul> <p>The implementation of the above has minimized the risks. The number of beds is due to increase by one to twelve beds when curtains have been installed in the two double bedrooms. The home previously operated with 12 beds and the actions implemented above should ensure that the risks during changeover are minimized.</p> <p>While there is only one nurse over the weekend, the risk is negated by the fact that many of the residents are repeat users of the home. Also Marian House has a very experienced care team who have many years' experience in dementia care.  </p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All mandatory policies have been reviewed to make them Centre specific. All remaining policies will be reviewed by the 31<sup>st</sup> October 2018  </p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Screens have been ordered for the two double bedrooms. There is a four week lead time. In the interim the rooms are being used as single rooms only. Screens will be installed by the 31<sup>st</sup> October 2018. |

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The uneven path outside the fire exit door has had tarmacadam applied as has the car park and are now safe for residents, families and staff. Work has also been completed on the conservatory / sitting room.

Actions have been taken to control the risks related to admissions on Friday's as follows:

- No daycare on a Friday
- Discharges completed before 12 pm
- Admissions in afternoon only
- Residents pre-assessed by liaising with family and multidisciplinary team in week leading up to admission
- 3 Nurses rostered on Fridays to deal with discharges in the morning and admissions in the afternoon.

The number of beds is due to increase by one to twelve beds when curtains have been installed in the two double bedrooms. The home previously operated with 12 beds and the actions implemented above should ensure that the risks during changeover are minimized.

While there is only one nurse over the weekend, the risk is negated by the fact that many of the residents are repeat users of the home. Also Marian House has a very experienced care team who have many years' experience in dementia care. Westdoc (out of hours GP services) are also very supportive should an emergency arise. |

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).



<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31 October 18
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30 Sept 18
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Yellow	31 October 18
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Yellow	21 Sept 18
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31 October 18