



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

## Issued by the Chief Inspector

Name of designated centre:	Marian House Alzheimer Unit
Name of provider:	Marian House Alzheimer Unit
Address of centre:	Ballindine East, Ballindine, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	17 November 2021
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0034685

## 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. Residents' rooms are single or double occupancy. The communal areas consist of a sitting room, a dining room, conservatory and visitors' room. There is a safe, secure garden area that is readily accessible to residents and this has been cultivated with plants and shrubs.

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

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 17 November 2021	12:40hrs to 17:45hrs	Caroline Connelly	Lead
Thursday 18 November 2021	08:50hrs to 12:45hrs	Caroline Connelly	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. This respite service promoted a rights-based approach to care where residents' independence was promoted, encouraged and facilitated. The inspector met with all seven of the residents present in the centre during the inspection and spoke with four residents in more detail. Residents spoken with gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre. The centre had been closed during the pandemic for 18 months and only reopened in August 2021.

On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

Following an opening meeting the inspector took a tour of the premises where she met and spoke with residents in the corridors and in the dining and day room. The centre is a single story purpose built facility set on an elevated site, which provides up to 12 beds respite care for people living in their own homes with dementia. The building consists of eight single bedrooms and two twin bedrooms. All rooms with the exception of two single rooms and one of the twin rooms have full en-suite facilities of shower, toilet and wash hand-basin. Further assisted showers and toilet facilities were available along the corridors. At the time of the inspection the inspector observed and was informed that the twin room without the en-suite was not being used and the other twin room was for single occupancy only. This was to ensure all residents could be protected with appropriate social distancing during the COVID-19 pandemic. Communal accommodation was seen to be appropriately decorated and homely and the inspector saw that this space was plentiful. There was a separate dining and day room and a large conservatory that overlooked a park and had views out to the main road. Residents told the inspector they liked to watch the traffic pass and look out to see people coming and going. There were shops and food outlets across the road which some of the residents went with family for coffee or ice cream in the fine weather.

The centre has a visitor's room but the inspector was informed most visits take place in resident's rooms or in the grounds weather permitting. The inspector did not meet any visitors during the inspection but one resident was heard getting ready for a visit which they were looking forward to. The inspector saw that the premises was generally 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 was a good level of natural light and residents can see the outdoors when sitting by the windows in their rooms. En-suites 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 colour ways. However, bedrooms lacked pictures on the walls and because residents were only in for a two week period they were generally devoid of personalisation. The person in charge told the inspector of plans to renovate bedrooms and corridors to create a more comfortable environment. There was an accessible call bell system to enable residents to request help by beds and in en-suite areas. The outdoor area at the back of the building had been closed off to give a protected outdoor area. However, it was not particularly inviting and lacked flowers and plants and raised beds to make the area more interesting for residents and give a proper garden feeling.

The designated centre only admits residents who have a dementia diagnosis. A comprehensive pre assessment was carried out on all residents to ensure that the centre could meet their care needs. The centre has a high turnover as all residents are admitted for short term care only. However, the residents were observed to be at ease in the surroundings. The inspector observed there was a flow of conversation between the staff and residents and that staff continuously interacted with residents utilising personal information to stimulate conversation.

The inspector saw residents enjoying a number of meals during the inspection served in the homely dining room. Tables were appropriately set and assistance was offered and given in a discreet and dignified manner. Residents told the inspector that the food was great and was always plentiful. The inspector saw that food was appetising, nutritious and nicely served. Meal times were seen to be a social occasion with plenty of chat and good humoured banter. Following lunch in the afternoon the conservatory was a hive of activity. Music was playing with songs of bygone eras with requests taken from residents. Some residents were knitting, others painting, all were chatting and discussing daily events. Resident's told the inspector how great it was to be in the centre and how good the staff were to them. The inspector saw lovely person centred interactions between residents and staff where it was obvious that despite residents being in for respite care, staff had got to know them very well. Staff told the inspector that they loved to see residents that had been with them before returning for another respite break.

The inspector saw that facilities at the centre for recreation and occupation were available with a loose schedule of weekly activities. A schedule for Christmas events was displayed and photos from Halloween celebrations were evident. However with the changing profile of residents many activities were one to one or changed to meet the needs of the current residents. The inspector saw a lot of one to one activities with staff playing cards with residents, taking residents for walks, doing arts and crafts and enjoying music. Group activities seen included winter crafts and wreath making and storytelling and reminiscing. One resident was a weaver and very much enjoyed working with wool and knitting which was encouraged and facilitated. All residents had access to recreational resources such as TV, radio and newspapers. The TV in the main day room was used for watching old films and musical concerts and videos and residents equated it to a cinema experience. One resident told the inspector that " the day went by quickly as there is always something to do." The inspector saw that some residents had detailed life story books with photos and key life events detailed. These were used for chatting and discussing with residents and a great way to get to know the resident and their

interests.

The centre was seen to be generally clean throughout. However, the inspector saw that some of the current cleaning practices were not in line with best practice in infection prevention and control and this is outlined further in the report.

Overall the inspector found that the centre provided a good quality of care to residents and very person centred interactions were seen between residents and staff which were helpful, courteous and respectful. Residents appeared well dressed and well-groomed and a happy atmosphere was evident.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There were effective management systems in this centre, ensuring quality person centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had generally been addressed and rectified. However, further improvements were required in relation to fire safety, training and staffing resources.

Marian House Alzheimer Unit is a specialist dementia care service that provides 24-hour respite care for 12 male and female residents. The centre is run by The West of Ireland Alzheimer's foundation who is the registered provider. The Chief Executive Officer (CEO) is actively involved in the running of the centre and reports to the board. There is a full time person in charge who was new to the centre in the previous number of months. The person in charge reports to the CEO and is supported in her role by a team of experienced nurses, care staff, household, and catering and maintenance staff.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The Inspector acknowledged that residents and staff in centre had been through a challenging time with COVID-19 and the centre had been closed for 18 months due to the COVID pandemic and only opened again in August 2021. There were no residents with confirmed COVID-19 in the centre on the days of the inspection.

Quality and safety of care and quality of life was monitored through audits and maintaining weekly key performance indicators (KPIs). The number of falls, pressure ulcers, chemical restraint, and antibiotic usage were examples of the range of KPIs recorded. There was evidence of good governance and oversight of the centre with

regular clinical governance meetings, where issues such as human resources, complaints, incidents, audits, and key performance indicators were discussed and monitored. Improvements identified had associated action plans with responsibilities assigned and the progress status relating to the actions.

The audit schedule for 2021 was evidenced. Clinical, observational and work practices were audited. Monthly observational audits were completed observing an array of activities such as care delivery, housekeeping and cleaning practices and medication management. Feedback was given to the staff member and learning was fed back as part of their overall learning and quality improvement. A comprehensive annual review of the quality and safety of care provided to residents had been prepared. This included an action plan for 2021.

The inspector found that there were appropriate nursing and care staff numbers to meet the assessed needs of residents and ensure the safe delivery of the service. However, the cleaning resource required immediate review which is outlined under Regulation: 15 Staffing. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge was supportive of their individual roles and had a visible presence within the centre daily. A high level of training was provided in the mandatory areas of infection control, fire safety management, safeguarding and moving and handling training. However, further training was required in responsive behaviours and specific dementia care. Staff reported it to be a very good homely place to work. Staff communication methods such as meetings and shift handovers ensured information on residents' changing needs was communicated effectively. Regular meetings took place with staff and minutes were available of these detailed discussions of issues relevant to care and quality initiatives

Records were well maintained and the new person in charge outlined her plans for the ongoing review of all policies and procedures and the establishment of more robust oversight systems. Residents had contracts of care in accordance with regulatory requirements and these were agreed prior to entering for respite care.

Overall, there was a low level of complaints in the centre. A review of the complaints log and from speaking with residents showed that complaints were investigated and well managed in line with the centre's own policy and procedures. However the complaints policy required review to be compliant with the regulations which is outlined under Regulation: 34

## Regulation 14: Persons in charge

A new person in charge had been appointed in the centre in July 2021. They met the regulatory requirements in that they were a full-time registered nurse with the required experience in the management of older person and had a post graduate



qualification in management.

The person in charge demonstrated good knowledge of the residents and regulatory responsibilities and a commitment to continuously improve the quality of care provided by the service

Judgment: Compliant

### Regulation 15: Staffing

The cleaning and housekeeping resources required review as there was a shortage of dedicated cleaning staff for the centre and as a result the centre was not cleaned in line with the required standards. Particularly in light of the fact we are in a global pandemic this lack of cleaning is not acceptable and not in line with infection prevention standards and HSPC(Health Protection and Surveillance Centre) guidance. For example:

- there was not a cleaning staff on duty in the morning on the first day of the inspection. One member of the care staff was allocated to clean the centre from 2pm after they had completed following their care shift.
- the inspector was informed that there was no cleaning staff rostered on duty on a Sunday. This meant that on one day every week bedrooms, bathrooms and communal areas were not cleaned.

Judgment: Not compliant

### Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of mandatory training provided in the centre and a number of new staff were scheduled to undertake challenging behaviour training in December. However from a review of responsive behaviour incidents reported in the centre all staff would benefit from updated training in dementia care and in the management of behavioural symptoms of dementia. This is discussed further under Regulation 7.

Judgment: Substantially compliant

### Regulation 21: Records

A sample of four staff files viewed by the inspector were assessed against the requirements of schedule 2 of the regulations and were found to be complete.

Garda vetting was in place for all staff and the the person in charge assured the inspectors that nobody was recruited without satisfactory Garda vetting.

All other records requested during the inspection were made available to the inspector and were maintained in an orderly and safe manner.

Judgment: Compliant

### Regulation 23: Governance and management

More robust management systems to ensure the service was safe and appropriately monitored were being established by the management team but these required further implementation and improved focus and oversight was now required to monitor safety and ensure continuous improvement as evidenced by issues identified during the inspection which included:

- Oversight of Fire management: an immediate action was issued on the day of the inspection as no drills of the largest compartment had been conducted so the management team could be assured of the safe evacuation of residents when the service was at minimal staffing levels.
- Systems and resources in place for the oversight and review of infection prevention and control practices required review
- Further review of care planning and the management of responsive behaviours in the centre was required
- The centre was not completing any resident or family surveys and therefore there were not formal systems in place to receive feedback on the service

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Each resident had a contract of care coming to the centre for respite care which identified the terms of the respite and costs. The costs for extra services were not clearly outlined but this was updated during the inspection to contain all the costs for extra services such as the hairdresser and chiropodist.

Judgment: Compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

### Regulation 31: Notification of incidents

Statutory notifications were submitted to the Chief Inspector in accordance with the requirements of the regulations

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints policy in the centre required review as it differentiated between formal and informal complaints saying informal complaints could be managed and just recorded in residents records. The regulations require that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.

Judgment: Substantially compliant

## Quality and safety

Supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' needs were being met through good access to health care services, opportunities for social engagement and a well-designed and maintained premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that some improvements were required in aspects of fire safety, management of responsive behaviours, and provision of safe outdoor space during this inspection.

Residents retained the services of their own GP but also has access to a local GP who visited the centre on a regular basis. There was evidence of appropriate referral to and review by health and social care professionals where required, for example,

dietitian, speech and language therapist and chiroprapist. Residents had access to specialist services such as psychiatry of old age and nurses had access to expertise in tissue viability when required.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. However records showed that there was a mixed standard of care planning in the centre which is further discussed under Regulation: 5 Individual assessment and care planning

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance. There was a good programme of individualised and group activities available.

The layout of the centre allowed for safe physical distancing in the communal areas and during group activities. The centre was bright and well decorated. The inspector saw that bedrooms were spacious and well furnished with plenty storage space for residents' personal belongings. Improvements were required with access to outdoor space as outlined under Regulation: 17 Premises.

There was evidence of appropriate preparedness should the centre experience an outbreak of COVID-19. A comprehensive contingency plan had been put into place to minimise the risk of residents or staff contracting a COVID-19 infection, and records showed that the plan had been reviewed in October 2021. All staff had received training in infection prevention and control and systems were in place to test staff and residents who presented or reported symptoms of COVID-19. This plan supported early recognition and containment of suspected cases of COVID-19. All residents were tested prior to admission and there was a high uptake of COVID-19 vaccinations and influenza vaccination among residents and staff in the centre. There were adequate hand sanitizer dispensers in all areas of the centre and along corridors and personal protective equipment (PPE) were readily available throughout the centre and the centre was observed to be clean. However, some improvements were required which are addressed under Regulation 27.

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Person emergency evacuation plans were in place for residents. While fire safety drills were undertaken, evacuations of compartments with simulated night time staffing levels were required to be assured that all staff could complete an evacuation in a timely and safe manner. Improvements required in relation to fire safety is discussed under regulation 28.

Good clinical oversight was demonstrated regarding restrictive practices with no bed-rails in place; a chemical restraint register was also maintained and this information fed into their clinical governance meetings. However improvements

were required in the management of responsive behaviours. (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

### Regulation 11: Visits

The inspector saw that visits were taking place in line with current Health Protection and Surveillance (HPSC) guidance and visitors were screened on arrival for symptoms of COVID-19 and provided with surgical masks. Visiting generally took place in residents' bedrooms but there was also a visiting room available.

Judgment: Compliant

### Regulation 17: Premises

Improvements were required with the outdoor space, the enclosed outdoor space was to the rear of the building and access was via the visitors room. The garden space was not inviting there was limited garden furniture, plants and flowers. There was an industrial storage unit and an industrial type fence surround the cordoned off area which was neither suitable or decorative. This area was not well maintained.

Judgment: Substantially compliant

### Regulation 26: Risk management

An up-to-date safety statement, current risk register and risk management policy was in place.

The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

## Regulation 27: Infection control

The inspector found that there was good practices in relation to infection control at the centre, however the following areas required improvement:

- As identified and actioned under Regulation 15 staffing there is no cleaning of the centre on a Sunday and care staff at times also worked as cleaners to cover the lack of cleaning staff other days of the week, this was after a day shift so cleaning was not undertaken until the afternoon. This is not appropriate particularly in relation to the extra cleaning required during the COVID-19 pandemic.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre and these did not comply with current recommended specifications for clinical hand hygiene sinks.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The Inspector was not assured that residents could be safely evacuated in the event of a fire, as there was not evidence that full compartment evacuations had been completed. Following the inspection, the provider was requested to carry out a fire drill for a full compartment evacuation, with night-time staffing resources, from the largest compartment. This was submitted with acceptable times. The provider is required to undertake these drills with all staff to ensure all staff are trained in compartmental evacuation.

The inspector saw that the smoking shelter which was outside the centre did not have a fire blanket, a smoking apron available, a fire extinguisher that was easily accessible or a means of alerting staff of a fire. Which are all required to ensure residents safety when smoking. The person in charge put a fire blanket in during the inspection and had commenced the process of sourcing the rest of the required equipment to protect residents who smoked. At the time of the inspection there were no residents in the centre who smoked.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector observed that medication was administered and controlled drugs were checked and counted at each shift changed in line with professional guidelines. There was a system in place for storage and disposal of medication that was no longer required or out of date. The inspector saw that crushed medications clearly indicated that the medication should be crushed and were all individually prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plan documentation reviewed showed mixed findings. Some care plans were person-centred with resident-specific information to guide and inform individualised care, however, others were generic and did not provide adequate information to inform individualised care.

Some care plans had older information in them that was required to be removed or updated. Examples of this were seen in relation to wound care where older information on dressings was evident and in another plan there was information on dietary requirements that had not been updated. Both of these could have led to errors in care delivery.

Care plans for responsive behaviours also required review to ensure person centered interventions were used at all times.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents receiving respite care in the centre were provided with appropriate evidence based healthcare. They had good access to their own general practitioners (GP) and a local GP also provided medical care to the centre as required. There was evidence that residents were referred to other health and social care professionals as required. Tissue viability expertise was also available to support nursing staff with the management of wound care.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From a review of incidents of responsive behaviour the inspector was not satisfied that staff were using appropriate de-escalation methods and care planning to

respond appropriately to responsive behaviours. By way of example it was evident from one residents pre assessment questionnaire completed by the family prior to admission that the resident could experience responsive behaviours and it identified some distraction and de-escalation techniques. However, none of this information featured in the residents care plan. Also staff were not completing ABC charts: Antecedents (A): what happened directly before the behaviour occurred. Behaviour (B): the specific action(s) or behaviour of interest. Consequences (C): what happened directly after the behaviour occurred. Thinking of behaviour in these terms helps to understand why a resident is behaving in a particular manner. This allows more meaningful interventions and planned management strategies.

There was evidence that on two recent occasions family members were called in at night to settle residents that were experiencing responsive behaviours. Bearing in mind that this is a respite service and one of its functions is to give relatives a break, the inspector found that this should not be taking place. All of the above indicated that there was a deficit in staff knowledge in this area and staff required further training in all aspects of assessing and dealing with responsive behaviours to provide evidenced based care to residents.

Judgment: Not compliant

### Regulation 8: Protection

The Inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Residents stated that they felt safe staying in the centre and all staff had a Garda Vetting disclosure on file prior to taking up employment.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights and choice were promoted and respected in this centre. Residents were supported to engage in activities that aligned with their interests and capabilities. The care staff adopted the role of activity co-ordinators in the centre and provided a varied and stimulating activities programme every day such as arts and crafts, quizzes, story telling, bingo, music session. One-to-one sessions also took place to ensure that all residents could engage in suitable activities such as cards knitting to align with their interests. Detailed key to me assessments were completed and residents also had life story books which aided good communication.



Residents had access to media such as radio, television and wireless internet access. Facilities promoted privacy and service provision was directed by the needs of the residents. There was access to advocacy services as required.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0034685

Date of inspection: 18/11/2021

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Marian House has completed the recruitment process for an additional housekeeper to ensure that sufficient housekeeping staff is available to attend the cleaning of the center 7 days per week including Sunday's. This new staff member is contracted to commence employment on the 18th January 2022.            Complete 18/01/2022.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            All Nursing and care staff will undertake a 1-day training programme in "Understanding Dementia &amp; Behaviours that Challenge". Course Content will include Behaviour Management V Behaviour Change, Understanding Dementia, Role of Environment &amp; Carers, Staff tolerance /aggression in context, Behaviour Management strategies, restricted practice, A positive behaviour support model – A human rights based approach". Training is scheduled for 17th and 20th of January 2022. To be completed by 20/01/2022.            Nurses will undertake a training programme in "Person Centred Assessment and Care Planning Workshop" on 11th January 2022. Course content will include: Professional and legal aspects of assessment and care planning, Developing and writing Person Centred Care Plans and practical application of the theory (person centred assessment and use of risk assessment tools to inform the care plans), writing person centred problem/need statements, writing person centred plans of care for the resident using 7 prompts, reviewing and updating care plans in accordance with residents' needs. To be completed</p>	

by 11/01/2022	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire Safety: An evacuation drill took place on the 22/11/2021 and the largest compartment was evacuated using night time staffing levels. All staff will have taken part in a compartment evacuation drill by 31/01/2022 and fire drills will be held monthly going forward. A fire blanket and whistle were installed in the Smoking Hut on the day of inspection. Smoking aprons were purchased and delivered on 06/12/2021. A fire extinguisher was installed at the Smoking Hut on 09/12/2021.</p> <p>IP&amp;C: a new housekeeper will commence employment on the 18th January 2022.</p> <p>Care Planning: training has been arranged for the nurses on 11th Jan 2022.</p> <p>Responsive Behaviours: training for all nursing and care staff has been booked for 17th and 20th Jan 2022.</p> <p>Feedback Surveys: A Resident Satisfaction Survey has been developed and this action was completed on 16/12/2021.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints policy and procedure has been reviewed and updated to ensure that informal complaints are documented appropriately, with results of any investigations detailed along with any actions taken. This action was completed on the 14/12/2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Work will be undertaken to make the garden area more inviting for residents. These works will include camouflage of the industrial fencing and the addition of garden furniture to allow for residents to enjoy the outdoor space when weather permits.</p>	

Flowers will also be planted in the raised flowerbeds in Spring.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An additional housekeeper has been recruited by Marian House to ensure that housekeeping staff are rostered 7 days per week. In addition to the existing 11 clinical handwashing sinks already in place, an additional 3 clinical handwashing sinks will be in place by 28/02/2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An evacuation drill took place on the 22/11/2021 and the largest compartment was evacuated using night time staffing levels. All staff will have taken part in a compartment evacuation drill by 31/01/2022 and fire drills will be held monthly going forward. A fire blanket and whistle were installed in the Smoking Hut on the day of inspection. Smoking aprons were purchased and delivered on 06/12/2021. A fire extinguisher was installed at the Smoking Hut on 09/12/2021.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All nurses have been reminded about the requirement to complete ABC charts and to utilize the Pre-Assessment Sheets to develop the residents' care plans.</p> <p>Nurses will undertake a training programme in "Person Centred Assessment and Care Planning Workshop" on 11th January 2022. Course content will include: Professional and legal aspects of assessment and care planning, Developing and writing Person Centred Care Plans and practical application of the theory (person centred assessment and use of risk assessment tools to inform the care plans), writing person centred problem/need</p>	

statements, writing person centred plans of care for the resident using 7 prompts, reviewing and updating care plans in accordance with residents' needs.

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

All Nursing and care staff will undertake a 1-day training programme in "Understanding Dementia & Behaviours that Challenge". Course Content will include Behaviour Management V Behaviour Change, Understanding Dementia, Role of Environment & Carers, Staff tolerance /aggression in context, Behaviour Management strategies, restricted practice, A positive behaviour support model – A human rights based approach". Training is scheduled for 17th and 20th of January 2022. To be completed by 20/01/2022.

Nurses will undertake a training programme in "Person Centred Assessment and Care Planning Workshop" on 11th January 2022. Course content will include: Professional and legal aspects of assessment and care planning, Developing and writing Person Centred Care Plans and practical application of the theory (person centred assessment and use of risk assessment tools to inform the care plans), Writing person centred problem/need statements, Writing person centred plans of care for the resident using 7 prompts, Reviewing and updating care plans in accordance with residents' needs. To be completed by 11/01/2022.

## 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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.	Not Compliant	Orange	18/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	20/12/2022
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	30/04/2022
Regulation 23(c)	The registered	Substantially	Yellow	16/12/2021



	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	10/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Substantially Compliant	Yellow	22/11/2021

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	14/12/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	11/01/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and	Not Compliant	Orange	20/01/2022

	skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
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