



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:	West of Ireland Alzheimer Foundation
Address of centre:	Ballindine East, Ballindine, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	21 November 2022
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0036472

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 12 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:	8
--	---

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
Monday 21 November 2022	09:30hrs to 17:15hrs	Michael Dunne	Lead
Tuesday 22 November 2022	09:15hrs to 13:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

The overall feedback from residents was positive, residents who spoke with the inspector said "that they were well cared for and that the staff team could not do enough for them". The inspector observed that residents were supported to make individual choices in relation to the clothing they wanted to wear, the food they wanted to eat and the activities that they wished to attend. There was a relaxed atmosphere in this centre where residents views were listened to and respected.

On arrival to the designated centre, the inspector was met by a member of the staff team who ensured that all the required infection prevention and control measures were in place such as, temperature check, hand hygiene and face covering checks.

Following an opening meeting with the person in charge the inspector was guided on a tour of the designated centre. The centre is a respite facility where care and support is provided normally, for a period of up to two weeks for residents living in the community. The centre is a single story building with accommodation provided in mainly single bedded rooms with two rooms arranged to provide twin accommodation. One of the twin bedded rooms was unoccupied at the time of the inspection, while a single bedroom was found to be converted to a store room. In addition the visitors room function had also changed and was now being used as an office. The inspector was informed that the majority of visits for residents occur in the residents own bedrooms.

The centre was clean and odour free. Resident rooms were spacious and contained suitable seating and storage to meet the needs of the residents. There was however, a lack of personalisation in the bedrooms visited by the inspector due to the short stay and high turnover of residents. Communal areas were tastefully decorated, there was a well appointed dining room, day room and an activity room available for resident's to use. There was good use of signage to direct residents to these areas and to communal facilities such as toilets and bathrooms.

Observations confirmed that staff were aware of the health and social care needs of the residents. There was positive interactions observed throughout the day between staff and residents. Staff, were able to identify and react to situations which had the potential to develop into challenging situations. In these instances, residents were supported in a dignified and respectful manner where their safety was protected.

Residents who spoke with the inspector said that the food was good and very tasty and that there was always a choice of meal available. The dining room was well set out, there was sufficient space between the tables, and suitable seating available for residents to be able to enjoy the meal service. The menu was displayed in the dining room and records indicated that resident's meal preferences were identified in advance of their placement. The meal service was well managed, residents who required additional assistance with their eating and drinking were provided with discreet timely support. There was meaningful discussion between staff and

residents during the meal service and this provided for an enjoyable experience.

Residents were observed attending activities throughout the day. A number of residents were observed being supported with activities on a one to one basis and it was obvious that they enjoyed participating in these activities particularly the card and puzzle games. There was also a well-organised schedule of group activities which included a bowling game, knitting and interactive discussions on local news. The inspector observed staff supporting and encouraging residents to engage in activities in accordance with residents capabilities and this ensured that residents were able to participate and enjoy the activities provided.

At the time of this inspection the designated centre was undergoing redevelopment works. The registered provider had plans in place to increase the number of bed spaces available for residents going forward. An area of the centre which contained the sluice room, laundry facilities, boiler room and storage facilities had been demolished as part of these redevelopment works. The sluice and laundry facilities had been relocated to two porta-cabins which were located near to the designated centre.

The replacement facilities were unsuitable for laundry and sluicing operations due to size limitations and dual purpose function. The sluice facility contained the cleaners store and cleaning equipment which was in close proximity to the sluice area. The lack of separate facilities and increased staff attendance to this facility increased the risk of cross contamination in the designated centre. Similar to the sluice area the laundry facility also posed a risk of cross contamination due to limitations regarding the size of this unit and the ability to separate clean and dirty laundry.

In addition, the redevelopment works had a negative impact on the existing fire safety arrangements in the centre. A number of fire exits were unusable as a result of the building works and arrangements for alternative evacuation of residents in the event of a fire emergency had not been adequately identified by the provider.

Furthermore, residents access to the communal garden area was also impacted due to the building works. These risks identified on inspection are discussed in greater detail under the relevant Regulations for Fire Precautions, Infection Control and Premises.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place and on how these arrangements impacted on the quality and safety of the services provided.

Capacity and capability

This was an unannounced risk inspection carried out by an inspector of social services over two days to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as

amended). The inspector also followed up on the actions taken by the provider to address issues of non-compliance found on the last inspection in November 2021.

Overall, the inspector found that while there were structures and systems in place to ensure a quality service was provided to residents, however, a number of inconsistencies and poor practices regarding the monitoring and oversight of the service were identified on this inspection. These issues are discussed in more detail under Regulation 23 Governance and Management, and had a direct impact on the safety and appropriateness of the service provided. Findings relating to Regulation 27: Infection control, Regulation: 28 Fire Precautions and Regulation: 17 Premises are discussed under the relevant regulations and under the theme of Quality and Safety.

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 had recently returned to manage the designated centre. 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.

On the days of the inspection there were sufficient numbers of suitably qualified staff available to support residents assessed needs. Residents who required support were assisted in a timely manner by staff who were aware of their needs. Staff observed on the days of the inspection were found to have the required skills and knowledge to be able to provide the required levels of support to residents. A review of documents relating to training and development confirmed that staff training requirements were kept under review by the person in charge.

There were low levels of complaints received by the provider. Complaints were managed in line with the centre's complaints policy and were reviewed at management meetings to identify whether improvements to the service provided was needed. There was a annual plan of quality and safety in place for 2021 which incorporated the views of residents and also identified improvement to the service for 2022.

Systems to monitor care and welfare support to residents were in place. There was a schedule of audits which monitored the quality of the service provided. In instances where improvements were needed, associated action plans were identified and improvements made. There were a range of oversight meetings held to review the service at local and at management level and covered key areas of the service such as complaints, audits, clinical review, training, risk and fire safety.

The inspector found that there was a significant period of time, covering four months where the service did not have any oversight meetings to monitor the quality of the service provided to residents. While, the monitoring of the service had improved, the overall management of risk in the centre required significant improvement. The identification of risks associated with the redevelopment works was poor and where

risks were identified, the mitigating actions that were put in place to reduce the risk were ineffective, for example, the relocated sluice and laundry facility did have a risk assessment in place which identified the risk of cross contamination however the controls to reduce these risks were not effective. Fire safety risks associated with the redevelopment works were not adequately identified in advance and this created significant fire safety risks in the centre.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider failed to submit an application under section 52 of the Health Act 2007 with regard to the following:

- The registered provider did not submit an application to vary the current registration in respect of the structural changes made to the designated centre.

Judgment: Not compliant

Regulation 15: Staffing

There were sufficient staff resources to meet the assessed health and social care needs of residents, having regard to the size and layout of the centre. Inspectors observed that registered nurses were on site during the day and a registered nurse oversaw the clinical needs of the residents at night.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended the required mandatory training courses which included safeguarding vulnerable adults, moving and handling and fire safety training. A review of the content of the fire safety training was requested to be remitted post inspection. Training was provided in house either by suitably qualified staff or through online courses accessed via the internet. Staff confirmed that they had access to the Health Service Executive (HSE) training platform HSEland where they had also completed training on infection prevention and control and medication management

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents which was made available on request and met the requirements as set out under schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place against injury to the residents. The contract indicated that it was due for renewal on the 04 March 2023.

Judgment: Compliant

Regulation 23: Governance and management

The management systems and oversight arrangements did not provide sufficient assurances that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- Inappropriate storage facilities in the designated centre. The storage of clinical and non clinical items in close proximity increased the risk of cross contamination in the centre. In addition a residents bedroom had been re-purposed and was been used to store equipment to facilitate the running of the designated centre. Resources were required to be allocated so that appropriate storage facilities were provided.
- Inconsistent monitoring of the service provided, although this had improved at the time of the inspection there was a significant period of time where the services were not adequately reviewed by the management team.
- Inadequate identification and monitoring of risks in relation to Fire precaution and Infection Prevention. Although there was a risk assessment process in place, fire safety risks that arose as a result of the building works were not well-managed, the fire safety risk assessment process did not address,
 - - the reduction in the number of fire exits available to evacuate residents in the event of fire.
 - - the risk of the spread of fire due to sluice and laundry area not linked into fire monitoring system.
 - - Internal fire signage that required removal as it directed staff and residents to an unusable fire exit
 - - the impact of the building works on external the surfaces of evacuation

routes.

- - the requirement to update fire maps indicating compartment boundaries.
- - the requirement to update fire procedures to take account of the layout changes.

While the provider did identify infection control risks in the sluice and laundry facilities, the controls that were identified to reduce the spread of infection in the designated centre were ineffective, due to:

- - the storage of clinical and non clinical equipment in close proximity in the sluice room.
- - The inability to introduce a dirty to clean workflow system due to the limited space available in the laundry area.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which facilitated residents and family members to raise a complaint should they feel they have reason to do so. The complaints policy and procedure identified, how the complainant could raise a complaint, the arrangements for receiving feedback and on actions to take should they be unhappy with the outcome of the complaint investigation.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a quality of life which was respectful of their wishes and choices. There were many opportunities available for social engagement and staff were observed to be respectful, supportive and kind towards the residents. Residents experienced positive health and social care outcomes as a result of the care and support provided to them. There were however actions needed by the provider to ensure full compliance with the regulations. Changes to the layout of the centre had impacted on the safety and security of the residents living in the designated centre. These issues are described in more detail under the relevant Regulations relating to Fire Precautions, Infection Control and Premises.

There were systems in place for the assessment, planning, implementation and review of health and social care needs of the residents. There were robust systems in place that gathered health and social care information on the residents prior to been offered a placement. This meant that residents medical care and social care

needs were identified and appropriate interventions put in place to meet those needs. A number of care plans were reviewed and records confirmed that where possible residents were involved in the development of their own care plans or where appropriate family members were consulted if residents were unable to fully participate.

Access to the resident's own GP was maintained should the resident wish to do so or residents could access a local GP service who visited the centre on a regular basis. Residents nutrition and hydration needs were assessed prior to admission and this information informed well-documented care plans which set out the interventions to meet those needs. Access to dietician and speech and language therapy was available should residents require additional clinical input. There were well-established links with psychiatry of old age for residents who required specialist mental health input.

Residents who spoke with inspector reported that they felt safe in the centre and that their rights were respected by the staff team. Staff were observed interacting with residents throughout the day and the inspector found that staff were aware of resident's needs and that this contributed to positive experiences for the resident. Residents were well dressed and were observed to wear clothes and footwear that was suitable for them. Residents that required support with their personal care or mobility were provided with discreet support by the staff team.

While resident rooms were suitable in terms of size and facilities to store their personal belongings, a number of changes to the layout of the centre meant that residents could no longer access a number of facilities. The visitors room was now an office and could no longer be accessed by residents and their visitors. Resident access to an outside space area was now limited due to the building works impinging on this area and this impacted on residents peaceful enjoyment of this facility.

The Inspector was not assured that the provider had taken adequate precautions against the risk of fire. The redevelopment building works had impacted on existing fire safety arrangements in the designated centre which resulted in:

- A number of fire exits were no longer usable to evacuate residents due to the impact of the redevelopment works, alternative means of escape had not been identified to mitigate against this risk and ensure residents could be evacuated safely.
- The provider had not made adequate arrangements for reviewing fire precautions in the centre. For example: floor plans did not accurately reflect the layout of the centre, and did not indicate the primary and secondary fire escape route. Furthermore floor plans did not indicate the extent of compartment boundaries to inform the identified evacuation strategy of horizontal evacuation.
- The directional signage indicating a route to a fire exit was inaccurate and would have directed residents into an area where they could not safely evacuate from.
- Two porta-cabins which housed the sluice and laundry facilities were not

been linked into the designated centre's fire monitoring system, this meant the fire alarm would not have given warning of a fire in these facilities.

The inspector issued immediate actions on the first day of the inspection in order for the provider to mitigate against the fire risks identified. This included an update of the centre's fire maps, the update of the fire procedure, an update fire risk assessment, the updating to fire directional signage and the linking of the porta-cabins into the fire monitoring system. The Provider was also required to submit fire drills for compartments to give assurances to the Chief Inspector that adequate arrangements were in place to safely evacuate all persons and safe placement of residents in the event of a fire.

Despite having systems in place to monitor health and safety in the designated centre, measures to ensure that residents were protected from the risk of infection required actions on behalf of the provider. Alterations to the layout of the centre meant that arrangements designed to provide suitable facilities for the storage of cleaning equipment and supplies, facilities to launder residents clothing and sluicing facilities to decontaminate equipment were no longer in place. The provider had relocated these services to other temporary locations however these arrangement's were unsuitable and increased the risk of infection spread within the centre. These risks are described in more detail under regulation 27.

Regulation 17: Premises

The layout of the centre including facilities available for residents to use had been altered by the registered provider since the last inspection. A section of the designated centre which housed the laundry, the sluice facility, the cleaners store and the boiler room had been demolished to make way for the development and expansion of the service. The relocation of the sluice, laundry and cleaners store to temporary porta cabin facilities was unsuitable and did not ensure that these services were safe and suitable to meet the needs of the residents. In addition, there was inadequate storage facilities available in the designated centre. This was evidenced by the a single bedroom being used as a store room and the poor segregation of storage in the sluice and laundry facilities.

The negative impact of the building works on the service provided are described in more detail under Regulations relating to Fire Precautions and Infection Control and under the themes of quality and safety. The availability of outside space for residents to use had also been reduced due to the ongoing building works.

Judgment: Not compliant

Regulation 18: Food and nutrition

Observations carried out on a meal service confirmed that residents were offered choice at meal times. The meal options were displayed in picture format to assist residents make an informed choice of the meal they wanted. Resident's food preferences were obtained prior to moving into the centre. Nutrition care plans were well written, clear and described in detail resident nutrition requirements.

Judgment: Compliant

Regulation 20: Information for residents

There was a resident guide in place which had been reviewed and updated in July 2021. The guide contained all of the relevant information in relation to the services offered, how complaints were dealt with, the terms and conditions of the placement and arrangements for visiting.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirement of the regulations as set out under schedule 5. The provider maintained a risk register and there was a contingency plan in place for emergencies which was reviewed on an annual basis. The provider had reviewed and updated their COVID-19 contingency plan in July and September 2022.

The inspector reviewed records relating to current risks and found that not all risk in the centre had been identified. Some known risks did not have sufficient controls in place to mitigate against the potential harm to residents, staff and visitors. This is addressed under Regulation 23.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the National Standards for Infection Prevention and Control in community services (2018) published by Hiqa, were implemented, this was confirmed on inspection by:

- The relocated sluice facility did not meet the required standards. A number of items stored in this area included residents equipment such as hoist slings and hoists, this posed a risk of cross contamination to residents.

- The cleaners store was located in the sluice facility and this also increased the risk of cross contamination.
- The relocated laundry facility was not of a suitable size to allow for the separation of clean and dirty laundry.
- Cleaning equipment was stored on the floor which meant floor surfaces could not be adequately cleaned.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector found significant fire safety risks in the centre as a result of the building works. The provider was issued with immediate actions to mitigate the identified risks which included,

- Inadequate means of escape. A number of final fire exits were unusable due to the building works.
- The relocated laundry and sluice facility were not linked into the centre's fire alarm system.
- Fire procedures had not been updated to take account of the new layout of the centre.
- Incorrect fire directional signage which increased the risk to residents.

The registered provider acknowledged the risks identified by the inspector and put in place an action plan to mitigate against the risks, the providers actions included:

- Carrying out fire drills on all fire compartments.
- Ensuring external evacuation routes were suitable to transfer residents to the assembly point.
- The upgrade of internal fire directional signage to indicate usable fire exits.
- An assessment of fire safety arrangements by an external fire consultant.
- Incorporating the sluice and laundry facilities into the centre's fire monitoring system.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of residents care plans were reviewed on inspection. Records confirmed that residents health and social care needs were assessed before being offered a respite placement in the designated centre. The purpose of this assessment was to ensure that the service had the ability and facilities to maintain and improve residents health and well-being. Care plans were comprehensive and set out clearly

the assessed needs, and interventions to meet those needs. Care plans were reviewed on a regular basis and updated when the need arose.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to health care support based on their assessed needs. There was regular access to local GP services, residents were also able to access their own GP practitioner should they wish. There were arrangements in place for residents to access specialist health care support such as gerontology or psychiatric services. Nursing staff attended training to maintain their skills in promoting an environment where resident health care was prioritised.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had individual care plans in place which identified the required levels of support to maintain their safety and ensure that their rights were upheld. The provider had enlisted the assistance of a positive behaviour analyst to provide support and guidance regarding the development of more individual and holistic care plans for resident who may display responsive behaviours.

Records indicated that there was low use of psychotropic medication in this centre and that a restraint free environment was promoted for the benefit of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's choice and autonomy was respected in the centre. There was a range of activities provided on the days of the inspection and it was evident that residents were encouraged and supported to engage in the planned activities. Residents particularly enjoyed an interactive game called the dementia table where games were transferred onto a table via an overhead projector. Other activities observed on the inspection included, knitting and quizzes and arts and crafts.

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
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0036472

Date of inspection: 22/11/2022

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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>An application to Vary with required floor plans, updated Statement of Purpose and Declaration by the Registered Provider was submitted to the Health Information and Quality Authority on the 30/11/22. (Action completed 30/11/22) Additional Information pertinent to that application to Vary required by the Authority was submitted as requested on the 18/01/22.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the return of the Person in Charge in May 2022, Robust overview and monitoring of the Centre has been restored, A new Assistant Director of Nursing who has significant management experience has been appointed to support the Person in Charge in her Role. Both the Person in Charge and Assistant Director of Nursing are both experienced Nurse Managers and aware of their responsibilities in managing a designated Centre for older Persons and are committed to providing a quality service to residents and their families. Robust Auditing, Training, Meeting schedules are in place. Bedroom 1 is no longer utilized as a storage room and is available for use as a bedroom. (This action was completed 23/11/22).</p>	

Storage has been reviewed by the Registered Provider and the Person in Charge. As part of the application to vary it is proposed that a double room be converted to a storage room – while this will reduce the occupancy of the Centre from 12 registered beds to 10 registered beds this will allow appropriate storage in the Centre. The Proposed storage room will have appropriate shelving and storage facilities to ensure that equipment is appropriately stored and segregated. The proposed storage facility will eliminate both the sluice room and the linen room being utilized as storage and reduce the risk of cross contamination (To be completed by 15/02/23)

All inappropriate items have been removed from the both the sluice and the laundry rooms. (Action Completed 24/11/22)

Slings have been removed from the sluice room and a tagging system has been put in place to ensure appropriate laundering of slings to comply with IPC. (This action was completed 29/11/22).

The sluice and the Linen Room have been connected to the fire monitoring system (this action was completed on the 25/11/22).

Incorrect internal fire signage has been removed. (This action is completed 22/11/22).

Fire Maps have been updated throughout the building and in the emergency response folder which also clearly identifies to staff the various compartments within the Centre (This action is completed 25/11/22).

Fire evacuation drills of all compartments have been completed and submitted to HIQA (This action was completed on the 28/11/22) Marian House continues to do monthly fire evacuation drills.

Daily Fire safety meetings were conducted from the day of inspection and throughout the month of December to ensure that all staff were aware of changes as they occurred (This action completed 21/12/22).

Fire Exits are inspected daily and documented in the Fire safety book-corrective actions taken as needed (This action was completed 24/11/22).

An onsite fire safety consultant visited the Centre on the 24/11/22, his report was submitted to the Health Information and Quality Authority.(This action was completed on the 30/11/22).

Fire Risk assessments are being continuously reviewed and updated.

Regulation 17: Premises	Not Compliant
-------------------------	---------------

Outline how you are going to come into compliance with Regulation 17: Premises: Bedroom 1 is no longer a storage room and is now available for use as a bedroom(This action was completed 23/11/22).
Storage has been reviewed by the Registered Provider and the Person in Charge - As part of the application to vary it is proposed that a double room be converted to a

storage room –this will allow appropriate storage in the Centre. The Proposed storage room will have shelving and storage facilities to ensure that equipment is appropriately stored and segregated. The proposed storage facility will eliminate both the sluice room and the linen room from being dual purpose and reduce the risk of cross contamination (To be completed by 15/02/23) All inappropriate items have been removed from the both the sluice and the laundry (Action Completed 24/11/22).

The outdoor space available at present will be planted for spring and summer to ensure residents can enjoy outdoor living.
The new enclosed courtyard will be open for Residents by 31/11/22.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

Outline how you are going to come into compliance with Regulation 27: Infection control:
Storage has been reviewed by the Registered Provider and the Person in Charge with an application submitted to convert bedroom 10 to storage. This will allow for the laundry to be utilized exclusively for laundry purposes and the sluice room exclusively for sluicing activities (To be completed by 15/02/23).
All inappropriate items have been removed from the both the sluice and the laundry (Action Completed 24/11/22).

Slings have been removed from the sluice room and a tagging system has been put in place to meet IPC requirements (This action was completed 29/11/22).
A partition will be constructed in the sluice room and another sink installed this will accommodate a new cleaners store room .To be completed by 17/02/22 .

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Incorrect Internal fire signage has been removed. (This action was completed 22/11/22).

Fire Maps have been updated throughout the building and in the emergency response folder which also clearly identifies to staff the various compartments within the Centre (This action was completed 25/11/22).

Fire evacuation drills of all compartments have been completed and submitted to HIQA (This action was completed on the 28/11/22) Marian House continues to do monthly

fire evacuation drills.

Daily Fire safety meetings were conducted from the day of inspection and throughout the month of December to ensure that all staff were aware of changes as they occur (This action completed 21/12/22).

Fire Exits are inspected daily and documented in the Fire safety book to ensure that external evacuation routes are suitable to transfer residents to the assembly point (This action was completed 24/11/22).

An onsite fire safety consultant visited the Centre on the 24/11/22, his report was submitted to the Health Information and Quality Authority (This action was completed on the 30/11/22).

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
Registration Regulation 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	30/11/2022
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.	Not Compliant	Orange	31/12/2022
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant	Orange	30/01/2023

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2022
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.	Not Compliant	Orange	31/01/2023
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.	Not Compliant	Orange	30/11/2022

Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	25/11/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	25/11/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/11/2022
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 and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/11/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/11/2022
Regulation 28(2)(ii)	The registered provider shall	Not Compliant	Orange	28/11/2022

	make adequate arrangements for giving warning of fires.			
--	---	--	--	--