



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	Short Notice Announced
Date of inspection:	10 June 2024
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0043895

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 10 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
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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
Monday 10 June 2024	09:30hrs to 15:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

This was a short notice announced inspection to review changes the provider had made to the layout of the centre as part of their redevelopment works to expand the footprint of the designated centre, and to increase the number of bed spaces. Currently, the designated centre is registered to provide care and support for 10 residents, and is proposing to increase to 19 when all the works have been completed. There were eight residents accommodated in the centre at the time of this inspection

Overall, the inspector found that staff and management were working to improve residents quality of life, and to provide a service where residents were central to decisions made about their care and welfare. This respite service promoted a rights-based approach to care, where the wills and preference of residents' were promoted and respected.

Following an opening meeting, the inspector took a tour of the premises where they met and spoke with residents in the corridors and in the sitting room. The inspector observed several person-centered interactions between staff and residents, where it was obvious that staff knew residents well. The person in charge and the assistant person in charge were well-known to the residents, and were greeted by name by a number of residents. Visitors who were observed coming in and out of the centre throughout the day were warmly welcomed by a staff team who knew them very well.

Residents who spoke with the inspector expressed satisfaction with the care and attention provided by the staff team. Resident's told the inspector that staff were very helpful and look after them very well. Those residents who met the inspector confirmed that they felt safe living in the centre, and that they could discuss any concerns they had with any member of the team. Residents, who walked with purpose, were supported by staff in a dignified manner and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents. The majority of residents were observed engaging in the activities provided by staff in the sitting room. Activities observed on the day consisted of current affairs discussion, quizzes and listening to music.

During the tour of the designated centre, the inspector found that the redevelopment works had damaged parts of the fabric of the registered centre. Several holes in the ceilings and walls were found along corridors and in the day room. The provider had plans in place to address this and submitted photographic confirmation after the inspection that these holes had been filled in. Resident bedrooms and communal areas were well-maintained and suitable for the care needs of the residents.

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 were keen to ensure that all residents were provided with a service that met their assessed needs.

This was a short-notice announced risk inspection following the receipt of an application to vary condition one and three of the registration from the provider. The provider had completed phase one of a two phase redevelopment programme which saw an expansion to the footprint of the designated centre. Key services, integral to the running of the service, such as the sluice, laundry, storage and cleaning facilities had been relocated to an unregistered area of the centre which the staff required access to in order to continue providing the service. In addition, the provider had made changes to the existing part of the designated centre which included the removal of a bathroom, the expansion of the dining room. Furthermore, the provider had removed a single bedroom as part of the redevelopment works which reduced the number of available bed spaces in the centre from 10 to nine.

Marian House Alzheimer Unit is a specialist dementia care service that provides 24-hour respite care for 10 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. The person in charge reports to the CEO and is supported in their role by a team of experienced nurses, care staff, household, and catering and maintenance staff.

There was a stable and well-defined management structure in place to ensure that the service was effectively monitored and that staff were aware of their individual roles and responsibilities. There were sufficient numbers of staff available in the centre to provide timely care and support to the residents. The inspector found when resident's required intervention, staff were available to provide support in an unhurried manner.

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 these actions. For example, the provider had identified that staff required additional training to deliver person-centred care to the

residents. This training had been completed with three staff having completed the course.

Generally, records were well-maintained with documents requested on inspection made available for the inspector to review. A small number of records required updating but were made available following this inspection. For example, the statement of purpose did not accurately describe the content of the centres en suite facilities, nor did it identify the linen storage room.

The provider maintained good oversight of the redevelopment works and the potential impact on the service. The inspector reviewed a selection of meeting records between the provider, contractors and architects, where the progress of the redevelopment works were reviewed.

The provider maintained risk assessments associated with clinical, operational and environmental risks which were well-maintained and available for review. A review of incidents that occurred in the centre since the last inspection found that these incidents were clearly described and were followed up in line with the centre's risk policy. Notwithstanding, the current oversight and management of risks, the risks identified on this inspection were not managed in line with the centres risk policy and had the potential to cause harm to residents and staff. These risks are discussed under the relevant regulations for governance and management, fire precautions and premises.

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

The registered provider had submitted an application to the Chief Inspector, to vary conditions 1 and 3 of the registration of the centre prior to the inspection visit. This application set out the reasons for its submission and identified the changes made to the existing designated centre. In addition to the application to vary the registration, the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations. The provider also ensured that fees were paid in accordance with section 52(3) of the Health Act 2007.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that there were sufficient numbers of staff available in the designated centre to meet the assessed needs of the residents. A review of the centres rosters confirmed that staffing numbers were consistent with staff numbers identified in the centre's Statement of Purpose.

Judgment: Compliant

Regulation 21: Records

The registered provider had systems in place to ensure that records were maintained and appropriately secured. Records, requested during the inspection were made available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents. The insurance contract was renewed in March 2024 and was due to expire in March 2025.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however additional focus was required to ensure that these systems, were sufficient to ensure the services provided are safe, appropriate and consistent to identify and manage risk, For example,

- Penetrations to ceilings and walls of the existing centre had not been fire stopped and this had the potential for fire and smoke to spread and reduce the effectiveness of fire prevention measures.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place this document required updating to accurately describe the following,

- The content of the centre's ensuite facilities.

- An accurate description of all facilities available in the centre. The linen store had not been identified on the statement of purpose.

Judgment: Substantially compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of positive health and social care outcomes, and that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that resident's voices were being heard in this centre.

While the focus of this inspection was to review the changes to the layout of the centre described in the application to vary the registration, the inspector also reviewed records which confirmed that residents were in receipt of appropriate care to meet their assessed needs. Management records confirmed that resident care and welfare needs were discussed on a regular basis. Records also confirmed that there were systems in place which provided monitoring and oversight of residents' clinical care needs.

There was regular consultation between the residents and the provider, with resident meetings held every two months. A review of these records confirmed that residents were routinely informed about the progress of the redevelopment works. The agenda for these meetings also focused on the quality and availability of suitable activities, the quality of the food, the lived environment, and on any comments residents wished to make.

The designated centre was bright and well-decorated, although as described elsewhere in this report, there were a number of penetrations to walls and ceilings which looked unseemly. The provider submitted photographic confirmation that these penetrations had been filled in following this inspection. The inspector observed that bedrooms were spacious and well furnished with plenty storage space for residents' personal belongings. The centre was well-maintained and odour free. There was good lighting and ventilation in place.

The provider moved both the laundry and sluice facilities to an area outside of the designated centre to facilitate the ongoing building works. However, the inspector found that the provider had an arrangement in place to access laundry facilities in the local community. This meant that there was no detrimental impact to residents who required their clothes to be laundered.

Alternative arrangements for the effective decontamination of resident's toileting equipment was not in line with best practice and meant that there was a potential

risk of the infection spread within the designated centre as toileting equipment was been cleaned manually.

The storage facilities in this area were well-managed. There was appropriate separation of clinical and non-clinical items which reduced the risk of the spread of infection. Items were stored on racking which allowed for effective cleaning of the floor. Resident equipment was observed to be clean, with labels attached to indicate when they were last cleaned. Residents were found to use their own individual slings for hoist transfer.

Although there are arrangements in place to monitor fire safety in the centre, not all were found to be effective on the day of the inspection, as described under Regulation 28: Fire Precautions. There were records maintained regarding the servicing of fire equipment and the management of the fire system. Staff were able to confirm their attendance at fire safety training, and were able to discuss the fire procedure and their role in ensuring residents were kept safe from the risk of fire.

Regulation 17: Premises

Some areas of the premises did not meet the requirements of Schedule 6 of the Regulations. For example,

- The provider moved both the laundry and sluice facility to an area which was unregistered to facilitate the redevelopment and extension works. This meant that these facilities were no longer available for use in the designated centre.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. Risk assessments were in place to monitor and control known risks and included measures to reduce the impact on the service. Some risks had not been identified and are discussed in more detail under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

Not all procedures consistent with the standards for the prevention and control of health care associated infections- published by the Authority were implemented. There was a lack of laundry and sluicing facilities available in the designated centre which is discussed in more detail under Regulation 17:Premises.

There were however examples of good practice to maintain an infection free environment which included,

- The allocation of resources to clean and maintain the centre.
- Cleaning records which confirmed that there were systems in place to clean the centre on a daily basis as well as ensuring that equipment used for residents care were also cleaned and maintained.
- Storage was well managed and there was effective segregation of clinical and non-clinical items in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place to protect residents in the event of fire which included the maintenance of fire systems and regular review of fire precautions. While there is good oversight of fire safety in this centre,the inspector found that the redevelopment works had impacted on fire safety arrangements on the existing centre, for example,

- There were a number of penetrations in ceilings and walls located through out the existing centre.
- There were wires protruding from the ceiling which had not been connected to sensors.

Judgment: Substantially 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	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0043895

Date of inspection: 10/06/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Penetrations to the ceilings and walls of the existing centre have all had fire stopping works completed as per photographic evidence submitted to HIQA. This action was completed on the 17/06/24.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been updated to include the contents of the ensuite facilities. The Linen store has also been identified in the Statement of Purpose. This action was completed on the 17/06/24.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Measures were in place at the time of inspection to access laundry facilities and alternative arrangements were in place for sluice facilities – these measures were put in place while awaiting registration decision on application to vary for the newly completed</p>	

laundry and sluice facilities. The application to vary was subsequently approved granting access to staff to laundry and sluice facilities in new building. This action was completed on the 11/07/24.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The penetrations in the ceilings and walls in the existing build have had all fire stopping measures completed on the 17/06/24.

Wires protruding from the ceiling are now all connected to sensors. This action was completed on the 17/06/24.

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 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	11/07/2024
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.	Substantially Compliant	Yellow	17/06/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	17/06/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	17/06/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	17/06/2024