



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

Issued by the Chief Inspector

Name of designated centre:	Marian House
Name of provider:	Holy Faith Sisters
Address of centre:	Holy Faith Convent, Glasnevin, Dublin 11
Type of inspection:	Announced
Date of inspection:	16 February 2024
Centre ID:	OSV-0000693
Fieldwork ID:	MON-0042560

About the designated centre

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

Marian House, Glasnevin, is a Nursing Home run by the Holy Faith Sisters. It is a Holy Faith congregational facility, which seeks to care for Sisters of the Holy Faith and female residents in a comfortable, homely environment supported by qualified nurses and carers. Marian House staff is guided by the current and future best practice guidelines for the care of its residents.

Marian House is purpose designed to provide care for residents with a variety of needs and can accommodate maximum of 26 female residents. There are 24 single rooms and 1 double room in the centre located on two floors. It is surrounded by landscaped gardens with country views. The secure outdoor enclosed courtyard has seating areas for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Friday 16 February 2024	09:00hrs to 16:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were happy and content with the support provided to maintain their health and well-being. Residents said that staff were kind and caring and that they would do anything for you. Observations carried out on the day confirmed that residents were comfortable in the company of staff.

The centre is a two story facility, which provides accommodation for a maximum of 26 female residents. The provider facilitated short and long stay for residents who required 24 hour care. Residents are pre-dominantly religious sisters.

There were 21 residents living in the centre on the day of this inspection. Feedback was obtained by the inspector from talking with over half of the residents on the day of inspection and from reviewing 19 completed resident questionnaire forms. The questionnaire forms provided feedback on all areas of care provided to the residents. Feedback was positive regarding the quality of life in the centre for example, one resident said it was a very pleasant place to live, another said they had great freedom.

Residents were in no doubt that their rights were upheld. They said that the staff and the overall service they received was excellent. Residents said that they felt safe in this centre and that staff would look after them if they had a query or concern. All residents observed on the day were wearing suitable clothing and well-fitting footwear. They said that the staff and the overall service they received was excellent.

The inspector observed many positive interactions between staff and residents. It was clear that staff were aware of the assessed needs of the residents and were able to respond in an appropriate manner to meet those needs. Residents who required support with their personal care or way finding were supported in a timely and discreet manner.

The inspector found the meal service to be a positive experience for residents. The dining area was well laid out with sufficient numbers of tables and chairs available for the residents to use. The table setting facilitated residents to maintain their independence with condiments and drinks within their reach. Furniture which resembled a country style dresser brought a sense of home to the dining room area.

Residents who required support with their eating and drinking were provided with timely assistance in an empathetic manner. Residents said that they liked the food on offer and that they could ask for an alternative meal if they did not like what was on the menu.

The inspector observed staff providing a range of activities throughout the day. Residents who were in attendance were provided with support and encouragement to participate and enjoy the activities provided. Activities observed on the day

included, morning Mass, baking of banana cup-cakes and an afternoon tea party which were all well received by the residents. The baking provided a sensory tactile activity which residents with dementia benefited from.

Residents said that they enjoyed the religious aspect of their life, given their vocation, this was of most importance to them.

Building improvements were in progress upstairs and any negative impact of these works had been mitigated by the provider. The improvements to sluicing and housekeeping rooms remained outstanding but were planned. Improvements were found regarding storage. The review and sorting of internal storage spaces assured the inspector that separate storage was now in place for the safe storage of clinical and non-clinical items. This was a significant improvement from the previous inspection.

The installation of six new clinical wash hand sinks across both floors of the nursing home had reduced the potential risk of the spread of infection within the centre. A new specimen fridge had also been purchased.

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

Overall, this inspection found that there was a clearly defined management structure in place, with identified lines of authority and accountability. This is a well-run centre, and the inspector found that the person in charge and the staff working in the centre worked continuously to improve the quality of care and quality of life for residents living in the centre.

This announced risk inspection was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). The inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in June 2023. On this inspection, the inspector found that most of the action plans had been implemented. All improvement works planned for the premises were on target to be completed by the end of March 2024 which was the date identified by the provider on the previous action plan. The internal re-design of rooms upstairs was in progress. The inspector observed that some work had been completed and other work identified on the last inspection report remained outstanding. These outstanding issues are outlined under the relevant regulation in this report.

The registered provider for this designated centre is the Holy Faith Sisters which is an unincorporated body consisting of members which form a committee of

management. The person in charge of the centre was supported in their role, by a senior manager together with a team of nursing staff which included two clinical nurse managers. The remainder of the team consisted of healthcare assistants, household, catering, maintenance, administration and activity staff members. There were no staff vacancies on the day of inspection. The staffing levels at night had been increased from two to three since the last inspection. This ensured residents could be safely evacuated from the centre in the event of a fire.

Key-areas of the quality and safety of the service were regularly reviewed, and where the need for improvements were identified, these were progressed and implemented. An annual review of the quality and safety of care delivered to residents had been completed for 2023 in consultation with residents and their families.

There were arrangements in place for staff to access a variety of training. The training matrix indicated that staff received training appropriate to their roles and responsibilities. For example, the complaints officer and review officer had completed complaints management training.

A review of records included in Schedule 2, 3 and 4 were available for review. They were mainly found to be compliant for example, fire drill records, contracts of care, certificate of insurance and the residents' guide. All the required documentation was in place for new employees prior to commencing employment in the designated centre. All staff had Garda vetting in place before they commenced working in the centre. The statement of purpose required some minor updating.

Regulation 15: Staffing

There was a suitable number and skill-mix of staff available to support the assessed needs of the 21 residents. A review of the staffing rosters confirmed that there was a nurse on duty at all times during the day and night. There was a robust system in place to respond to staff absences. There were three staff on duty each night increased from two since the last inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had regular access to appropriate training. All staff had updated mandatory training in relation to safeguarding, moving and handling and fire safety. In addition staff had completed a range of supplementary training such as, infection prevention and control, cardio-pulmonary resuscitation (CPR), medication management, responsive behaviours and a rights-based approach to care. Observations throughout the day confirmed that there was regular

supervision and guidance provided by the management team.
Judgment: Compliant
Regulation 21: Records
A sample of records outlined in Schedule 2, 3 and 4 were requested and made available for review. For example, the inspector reviewed three staff files and saw that they were maintained as set out in Schedule 2 of the regulations. The files were stored safely and accessible on request.
Judgment: Compliant
Regulation 22: Insurance
A contract of insurance was available for review. The certificate included cover against injury to residents and other risks, including damage of residents' property.
Judgment: Compliant
Regulation 23: Governance and management
An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and to who they are accountable. The provider had sufficient resources in place to ensure that care delivered was in accordance with the statement of purpose. The governance arrangements in place were suitable to ensure the service provided is safe, appropriate and consistent.
An annual review for 2023 had been completed and submitted prior to this inspection. It included feedback from residents in relation to the service together with a quality improvement plan.
Judgment: Compliant
Regulation 24: Contract for the provision of services
Contracts of care were available for review. The contract included details of the

services to be provided and the fees payable by the residents together with expenses not covered by the overall fee and may be incurred by residents. Those reviewed identified the room number allocated to the resident on admission and stated whether the resident was in a single or twin occupancy room.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was last updated in early December 2023, it did not include the contents of the current certificate of registration issued in late December 2023 and therefore required updating.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Quality and safety

The residents experienced a good quality of life and residents and staff interacted well. Improvements to the premises were continuing and the inspector was assured that these would be completed in a timely manner.

The health and social care needs of residents were met. There were comprehensive nursing assessments completed when residents were admitted to establish their health and social care needs, as well as determine areas of risk. A range of validated assessment tools were used to assess skin condition, risk of falls, vulnerability to developing pressure area problems and nutrition needs. The assessments completed were used to develop care plans that were person-centred, individualised and described the care to be delivered. The inspector observed that the privacy and dignity of each resident was respected. However, some communal bathrooms,

bedrooms and ensuites did not have a privacy lock on the door.

Medication management practices were in line with the centre's policy. Nurses were observed administering medication as prescribed by the medical practitioner.

There were good systems in place to ensure appropriate referrals were made to allied health care professionals and the general practitioner. Reviews were documented. The management of medication was satisfactory.

The internal layout of the designated centre was being re-designed to ensure it met the needs of residents. A former bedroom room upstairs was being re-configured to create an additional bathroom. The housekeeping rooms, sluice room and the widening of an upstairs fire exit were next to be completed. The inspector observed that several clinical hand wash sinks had been installed and these were now accessible to staff who were observed practicing good hand hygiene.

The health and safety arrangements were found to be satisfactory. Good standards of cleanliness and hygiene were in place and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres. New cleaning trollies had been purchased and were now in use.

Fire safety precautions were in place and reviewed on a regular basis. Improvements were noted in the oversight of fire safety within the centre with good detailed records of regular simulated fire drills available for review. This included a night time drill when the staffing was reduced to three. There was good knowledge among the staff team regarding the fire procedures and on the actions they would need to take in the event of a fire emergency.

There were effective arrangements in place to protect residents in the event of a fire emergency. A review of fire records confirmed that the fire alarm system and emergency lighting was serviced on a quarterly basis. Fire fighting equipment such as fire extinguishers were serviced on an annual basis. There were records available to confirm daily and weekly checks carried out by the provider regarding emergency exits, fire doors and fire signage. There was one fire door that was identified as requiring review.

Regulation 17: Premises

While the inspector found the centre to be clean, odour free and tastefully decorated, there were some facilities that required attention in order for residents to enjoy their lived environment, for example

- A residents toilet on the ground floor did not have a call bell.
- The planned work to refurbish the house keeping rooms and the sluice room had not been completed to date.
- The planned work to convert room 17 to an ensuite bedroom and develop another communal bathroom was in progress.

- The planned work to widen the fire exit leading from the first floor to the fire escape stairs was in progress.
- A bathroom on the ground floor had no privacy lock insitu, the inspector was informed that the bath in this room was due to be replaced in early March 2024.
- Bedroom four had no privacy lock on the bedroom or ensuite door.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements. Each resident had a copy in their bedroom.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy contained all of the requirements set out under the regulation. The risk register was kept up to date and under review by the management team. All risk assessments relating to individual residents were comprehensive and guided care.

Judgment: Compliant

Regulation 27: Infection control

Infection control practices were safe. There was a policy in place and staff were knowledgeable of the standards for the prevention and control of health care associated infections. The inspector observed that clinical hand wash sinks had been installed and were accessible to residents. Staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the improvements in relation to fire, the inspector noted that the door of one bedroom on the ground floor had a large gap in the door. This posed a risk that in the event of fire the smoke will not be effectively contained.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The medication administration was in line with current best practice. Medication was stored and dispensed in line with the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were personalised, detailed and responsive to the residents' identified needs based on comprehensive risk assessments. They provided evidenced based guidance for staff on the care to be delivered and were updated at the required four monthly intervals or when there was a change in a resident's health condition.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had timely access to medical and allied health care professionals. There were also arrangements in place for out of hours medical support for the residents. The registered provider ensured that there was a high standard of evidence-based nursing care in accordance with professional guidelines.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Marian House OSV-0000693

Inspection ID: MON-0042560

Date of inspection: 16/02/2024

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 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 was last updated in early December 2023, it did not include the contents of the current certificate of registration issued in late December 2023 and therefore required updating.</p> <ul style="list-style-type: none"> • The statement of purpose has been updated reflecting the contents of the current certificate of registration. (Please see Appendix 1) 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A residents’ toilet on the ground floor did not have a call bell.</p> <ul style="list-style-type: none"> • Emergency call bell put in place on the 8th March 2024 (Please see Appendix 2) <p>The planned work to refurbish the house keeping rooms and the sluice room upstairs had not been completed to date.</p> <ul style="list-style-type: none"> • Housekeeping room & sluice room are on the ground floor. Works commenced on the 13th March 2024 with completion date of 12th April 2024. <p>The planned work to convert room 17 to an ensuite bedroom and develop another communal bathroom was in progress.</p> <ul style="list-style-type: none"> • Room 17 ensuite completed and is now ready for occupancy. • Communal bathroom nearly complete – waiting for delivery of entrance door in 4 weeks i.e. by 19th April 2024. 	

The planned work to widen the fire exit leading from the first floor to the fire escape stairs was in progress.

- The above are now completed. Stairwell S3 ready and fit for use.
- Most recent site meeting held 21st March 2024. (Please see Appendix 3)

A bathroom on the ground floor had no privacy lock insitu, the inspector was informed that the bath in this room was due to be replaced in early March 2024.

- Privacy lock put in place for bathroom on the ground floor (Please see Appendix 4)
- New bath installed on the 2nd March 2024 (Please see Appendix 4)

Bedroom four had no privacy lock on the bedroom or ensuite door.

- Privacy lock on Bedroom 4 and ensuite door were put in place (Please see Appendix 5)

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Notwithstanding the improvements in relation to fire, the inspector noted that the door of one bedroom on the ground floor had a large gap in the door. This posed a risk that the in the event of fire the smoke will not be effectively contained.

- The door on bedroom 2 with a large gap has been fitted with a fire/smoke strip on the 14th March 2024, which has closed the gap to less than 1 mm. (Please see Appendix 6)

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.	Substantially Compliant	Yellow	22/04/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/03/2024
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	07/03/2024