<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Marian House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>0063</td>
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<tr>
<td>Centre address:</td>
<td>Kimmage Manor</td>
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<tr>
<td></td>
<td>Whitehall Road</td>
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<tr>
<td></td>
<td>Dublin 12</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01- 4064449</td>
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<tr>
<td>Fax number:</td>
<td>01- 4920053</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mariannursing@eircom.net">mariannursing@eircom.net</a></td>
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<tr>
<td>Type of centre:</td>
<td>☒ Private ☐ Voluntary ☐ Public</td>
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<tr>
<td>Registered provider:</td>
<td>Congregation of the Holy Spirit</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Regina Sheridan</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22 and 23 September 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td>22 Sept Start: 09:30 hrs Completion: 18:30 hrs</td>
</tr>
<tr>
<td></td>
<td>23 Sept Start: 09:00 hrs Completion: 16:00 hrs</td>
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<tr>
<td>Lead inspector:</td>
<td>Marguerite Gordon</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Eileen Kelly</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☒ Registration ☐ Scheduled ☐ Announced ☐ Unannounced</td>
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About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required - this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required - this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.
In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider’s fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider’s fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider’s understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.
About the centre

Description of services and premises

Marian House Nursing Home is a single-story purpose-built centre set on 40 acres of land which has been in operation since 1988. It provides residential and convalescence care for the elderly and invalid priests of the congregation of the Holy Spirit. It has 27 places for older people, including people with a dementia related illness. Alongside the centre, on the same grounds, is a church, ten individual apartments and three shared houses which are utilised by more independent members of the congregation of the Holy Spirit.

The front door of the premises opens into a spacious circular communal room with seating, and a piano. Off this room there is a staffed reception desk, two sitting rooms, an oratory, the person in charge's office, and visitors' toilet. The main kitchen and a staff changing room are also accessed from this area.

The residential and bedroom area is divided into corridors, St John’s, St Joseph’s, St Teresa’s and St Bernadette’s. In total there are 26 single bedrooms and one twin bedroom, all with toilet and shower en suite. Each bedroom had ceiling to floor windows to maximise light. There is a nurses’ office and treatment room off St John’s corridor. St John’s is connected to St Bernadette’s by a glass roofed corridor which leads to a bright open area where daily mass is held.

There are two assisted bathrooms, three toilets, two of which are assisted, a laundry and sluice room. A high standard of decorative maintenance was evident throughout. All of the corridors overlook the well maintained, secure garden areas, with walkways and seating areas for residents.

Location

Marian House Nursing Home is located off Whitehall Road, within five minutes drive from Kimmage and Terenure villages on the south side of Dublin city. There are several buses to and from the city centre close by on the Whitehall Road.

<table>
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<tr>
<th>Date centre was first established:</th>
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<tr>
<td>Number of residents on the date of inspection</td>
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<td>Number of residents</td>
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Management structure

The Congregation of the Holy Spirit is the Provider of the service, and Fr Peter Conaty is the person nominated to act on behalf of the Provider. Regina Sheridan is the Person in Charge and she reports to Mary Sheehan who is a newly appointed Health Care Manager. Mary Sheehan, reports to the Provider and supports the Person in Charge. The Administrator, Fr Jude Lynch, has responsibility for fire and safety, accounting, maintenance and upkeep of the centre. He also reports to the Provider. Staff nurses report to the Person in Charge and care staff report to staff nurses.

The Person in Charge was on leave during the inspection and the Acting nurse in charge Sandra Moreira, deputised in her absence.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
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<tr>
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<td>5</td>
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Summary of findings from this inspection

This was an announced registration inspection, and the centre’s first full inspection by the Health Information and Quality Authority (the Authority). The provider had applied for registration under the Health Act, 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The provider was requested to submit relevant documentation to the Authority, including completion of the required fit person self assessment document in advance of the inspection visit. The registration application and required documentation were reviewed by the inspectors to inform the inspection process.

During the inspection interviews were held with the provider and the acting person in charge. An interview was held with the person in charge eight weeks later, following her return to work. They were knowledgeable of and committed to meeting the requirements in the Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

As part of these interviews, the provider and person in charge were asked about any improvements made since undertaking the fit person self assessment. The provider identified an area of weakness in the management team and recently employed a senior health care manager to support the provider and person in charge to implement identified improvements, such as further development of policies including the risk management policy, implementing an audit system to promote continuous quality improvement, and further development of documentation and residents’ care plans. They displayed a positive attitude towards meeting the challenges in line with legislation.

Inspectors were satisfied that residents’ medical and healthcare needs were met. There were adequate staffing levels to provide healthcare. A general practitioner (GP) provided a satisfactory medical service and residents had access to acute and community healthcare services. Medication prescribing and administration practices were safe.

Inspectors found risk was managed to an acceptable standard. The small number of residents, the layout of the premises and availability of staff contributed to resident safety.

The acting person in charge showed a commitment to provide person-centred care for the residents. She was knowledgeable about individual residents’ needs and preferences and worked with staff to ensure positive outcomes for the residents.
There was a variety of recreational activities provided. Inspectors found that there were informal systems in place for obtaining the views and opinions of residents and relatives. The system of open communication between the provider, person in charge, residents, relatives and staff was central to creating a positive residential care environment.

The premises and grounds were safe, comfortable and maintained to a high standard. Pleasant, secure gardens were available for residents’ use.

Areas for improvement were identified by inspectors and included further development of the risk management policy and implementation of an audit system. Improvements were also required in order to include the residents’ social and personal needs in their care plans and implementing a process for staff supervision. Other areas for improvement included updating the statement of purpose, the complaints policy and Residents’ Guide to meet legislative requirements. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.
Comments by residents and relatives

Inspectors received three completed resident questionnaires in advance of the inspection. On the days of inspection several residents and their personal confreres (friends) completed questionnaires and inspectors also spoke with residents and relative during the inspection.

Residents and their confreres praised the staff. Comments from residents included “I feel at home here with my own religious community”, “The staff are wonderful, approachable and helpful”. Comments from confreres included “I have confidence that his care needs are met” “The staff ask him what he likes and he gets what he himself asks for”, “All staff are respectful and friendly”, “Staff could not do enough for him”. Confreres talked about how they and the residents were familiar with the centre and how well it was run.

Residents spoke positively about their experience of daily life. Many talked about what they liked doing during the day, such as prayer, or attending mass, reading, following sport events on television, having newspaper reading sessions, or singing along with live music. Residents commented that “it was home from home”. One resident said “I am relaxed here now, after working in the Kenyan missions for fifty years”.

Residents were also complimentary about the quality and choice of food and said that there was a variety of snacks and drinks available to them outside of meal times. Comments included, “We get choice, they ask you what you would like”, “I look forward to my afternoon coffee and my nightcap”.

Residents and confreres spoke positively about the communication with the staff and management team. Residents told inspectors that they knew staff by first name and could approach the matron or any member of staff if they had a concern or issue.

Residents told inspectors that the staff kept their family members updated if they were unwell or had a change in their condition with one resident describing how a few months ago he was in hospital and everything was explained to his family by the nurse.

Residents and confreres were satisfied with the laundry arrangements. Residents said that they were happy with the service provided and that mislaid items were not an issue.

Residents felt the staffing levels were appropriate, commenting that one is never left waiting too long for anything they need. Confreres who visited every day said, “A carer or nurse calls on him regularly to see if he is all right”. Residents commented on how safe they felt safe “my safety has never been in question and I appreciate all the staff assistance” and “I always feel safe”.

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Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

Health Act, 2007
The provider, person in charge, and staff demonstrated a good understanding of the Regulations 2009 and the Standards. During their fit person interviews, both the person in charge and the provider could show how they were using the Regulations and Standards to shape ongoing improvement for the residents. For example, they had set up a residents’ committee and implemented suggestions from this, such as the provision of an advocacy service to give residents more say. They had carried out work to ensure that staff, relatives and residents were aware that complaints were welcome and viewed as an opportunity for positive learning. They identified auditing and learning as a way to improve outcomes for residents and also their care planning process as areas that required further improvement.

Business Planning
During the fit person interview, the provider explained the communication channel maintained between him and the congregation of the Holy Spirit. He outlined the arrangements in place should significant expenditure be required.

Leadership and Management
There was a clear management structure in place. All personnel involved in the centre had a good understanding of their roles, responsibilities and reporting relationships. The provider, a member of the Holy Ghost Father community, had his office in the centre and resided in the grounds. Deputising arrangements for the person in charge were appropriate and the acting person in charge assumed the role of person in charge in her absence. During the inspection, in the absence of the person in charge, the acting person in charge was seen to be the clinical leader. The provider who lived on the grounds of the centre was available at weekends.

The administrator was also based in the building. He had responsibility for fire precautions, health and safety, accounting, maintenance and the upkeep of the centre. A priest from the community had responsibility for residents’ pastoral care.
and personal needs. They formed a team, which provided clinical and non-clinical leadership within the centre.

During the fit person self assessment the provider told inspectors that he had identified the need for a stronger management team particularly in the area of clinical governance and recently employed a director of care to support the provider and person in charge. At the time of inspection, this person was newly appointed and demonstrated a strong commitment to promoting continuous improvements.

**Safety Statement**
There was a safety statement in place. The provider had addressed the safety of residents by ensuring that the safety statement was reviewed annually and that it included risk management measures to guide the practices of staff and addressed all areas of the centre.

**Fire Safety**
The administrator had responsibility for fire safety and had taken fire precautions which included fire training for staff. Staff knew the appropriate procedures to follow in the event of a fire and details of these procedures were posted throughout the centre. Inspectors reviewed the records which recorded the most recent training as being 6 April 2010. Inspectors also viewed a log of the daily checks of fire exits and saw that a staff member checked and signed the log. The fire alarm was checked on a weekly basis, as were the automatic door releases. Fire equipment and fire alarms were serviced by an external contractor and the most recent service was in August 2010.

**Insurance**
The insurance policy was reviewed and found to meet regulatory requirements.

**Protection of Older People**
There was a policy in place on detecting and reporting elder abuse. The training records reviewed by inspectors showed that all staff had attended training on the prevention of elder abuse. Staff members spoken to by inspectors could give examples of different types of elder abuse and outlined what they would do if they suspected elder abuse at the centre.

**Contracts of Care**
Contracts of care were in place and signed for each resident. Inspectors reviewed a sample of the contract of care which set out details of services to be provided for residents and of fees to be charged.

**Some improvements required**

**Complaints Policy**
The provider, person in charge and staff demonstrated a positive attitude towards managing and learning from complaints. Residents and relatives told inspectors that any complaints were always addressed to their satisfaction. Inspectors reviewed a sample of the complaints records and found them to be managed and resolved to residents’ satisfaction. However, the complaints policy did not fully meet legislative
requirements. For example, it did not include a nominated independent appeals process and the policy was not prominently displayed.

**Statement of Purpose**
Inspectors reviewed a copy of the statement of purpose. While it outlined the centres mission statement, aims, objectives, history, staff and management structure, it did not fully meet the requirements of the Regulations. For example, it did not adequately provide information about the fire precautions and associated emergency procedures.

**Residents’ Guide**
While the provider had embraced the opportunity to involve residents in drawing up the Residents’ Guide this required further development to be in line with the Regulations. For example, it required the inclusion of the terms and conditions in respect of accommodation provided.

**Residents’ Finances**
The system for managing the personal finances of residents was not robust enough to protect the interests of residents. A small number of residents required assistance with their personal finances and the acting nurse in charge who documented all transactions, managed this. An inspector reviewed the records and noted that transactions were not witnessed and there was no second signature to confirm the accuracy of the records.

**Significant improvements required**

**Risk Management/ Audits**
There was a risk management policy in place. It included measures for the identification and assessment of risk and procedures to control and manage the identified risks. Inspectors reviewed the policy on risk management and read the incident and accident reports. The policy provided guidelines to staff on what to do in the event of an accident or incident. Care plans were put in place to manage relevant clinical risk such as falls management. Events were recorded and included an account of the outcome and action taken to minimise the further risk of falls. Records were signed and dated by the person witnessing the event and by the person in charge when she had reviewed the record. However, the policy required further development to ensure all aspects of the legislative requirements were met. For example it did not include the precautions in place to control specified risks, such as resident absent without leave or assault and self-harm. While information on items such as, accidents and incidents, falls records, and restraint were collected, this was incomplete and there was no process for reviewing information, learning from it and using it to improve the quality of service and safety of residents.
2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Daily Life
There was a family atmosphere in the centre. Residents told the inspectors that they considered this their home. A resident brought an inspector for a walk, and showed her the layout of the centre. He introduced her to staff members, and explained routines. Most of the residents had worked in various mission centres and were now retired. A resident told an inspector that he spent 55 years in Africa where he set up a school and he now had opportunities to reminisce with other residents who had also spent their lives working in mission centres. The pace of life was relaxed and respected the religious ethos of the residents. There was a choice of times for getting up, and times for breakfast. Breakfast was served from 8.00 am to 10.00 am and inspectors saw residents having a relaxed breakfast in the dining room. Care staff told the inspector that five residents had breakfast in bed, as this was their preference.

Residents had a choice as to how they spent their day. Prayers and mass were central to daily life for the residents. They said this was their choice and was what they did all their lives. Some residents took a rest in the afternoon - the ADON told the inspector that this was consistent with residents’ previous lifestyle in hot countries where they had a “siesta” period. Residents were nicely dressed - most residents selected their clothes themselves each day.

Meals and Mealtimes
Residents were offered a choice of nutritious meals at each mealtime and the lunch and tea menus were attractively displayed. There was one main dining room - inspectors joined the residents and found the meal was nicely presented and residents said it was appetising to taste. The heated trolley was left in the dining room during lunch and inspectors saw residents being offered second helpings of their choice. The tables were nicely laid with centrepieces, condiments, and table napkins. There were four places at each table, which encouraged residents to chat and promoted a relaxed atmosphere. Inspectors observed residents talking to each other and enjoying their meal. It was evident from conversations with residents that they knew each other well and enjoyed the companionship brought about by sharing their lives.
Lunch was unhurried and staff assisted residents who required assistance in a discrete and sensitive manner. One resident who normally came to the dining room was not feeling well and had lunch in his bedroom. Inspectors observed that a member of staff attended the resident and offered him help and reassurance.

The inspector met the catering manager who held meetings with staff and sought feedback about the food from them. She was knowledgeable about residents’ individual preferences and dietary requirements, which informed the menus. The inspector viewed the menus and saw that a choice of nutritious meals was offered with individual dietary requirements catered for, such as diabetic diet. Drinks and snacks, and fresh water were available to residents. Inspectors saw staff providing food and drinks for residents throughout the day.

**People with Dementia**
The acting nurse in charge told the inspector that approximately 10 of the 23 residents had some degree of dementia. The facilities within the centre allowed residents to move about and walk around with ease. Residents who needed to wander were free to do so. The inspectors observed staff interaction with the residents and noted that staff knew each resident and knew how to engage with them. They could identify signals of impending distress or agitation early on and put interventions in place, which prevented an incident. The inspector saw the care assistant turn on background music that helped ease one resident’s agitation. The inspector saw a staff member working with another resident who was agitated - the care assistant knew that a warm drink and providing the resident with the support of a male staff member helped calm and alleviate the resident’s agitation.

**Privacy and Dignity**
The inspectors noted that the manner in which residents were addressed by staff was caring, friendly and respectful. The inspectors observed that staff promoted the privacy and dignity of residents. Staff members knocked and waited before entering residents’ bedrooms and ensured doors and curtains were drawn while delivering personal care.

**Transition to Residential Care**
Residents were familiar with the service before coming to live there. They had visited some residents who were known to them and attended celebrations there prior to admission. This provided an ease of transition for residents to residential care. Residents were referred for admission through the congregation’s leadership team. They are familiar with the residents and staff and take a personal interest in each resident’s welfare and wellbeing.

**Meaningful Occupation**
There was some activities arranged for residents and this provided interest to the day. Inspectors observed one resident reading the newspaper aloud, using a microphone to a group of residents; he engaged with them as he did this, talking about the events of the day. A member of staff facilitated a group crossword, which one resident said he particularly enjoyed. Residents told the inspectors that they looked forward to the singing and music sessions. An inspector saw two residents with communication difficulties singing along with other residents. It was evident to
inspectors that singing and music were enjoyed by many residents including residents who were confused or who had dementia related conditions.

Inspectors observed that daily life was planned around residents expressed wishes for prayer, peacefulness and reflection. Daily mass and prayers were central to daily life. Inspectors observed some residents who were involved in the preparations for daily mass. A resident described to the inspector how he took responsibility for the vestments and ensured that the particular colour vestment was left out for the priest to wear each day.

Outings
A staff member told the inspector that four of the residents joined other members of the congregation for a weekly social gathering and refreshments. This was held in the main mission house on the same grounds as the centre. There were some outings arranged for the more independent residents. Residents told inspectors that they enjoyed trips out occasionally to concerts, and scenic areas such as the recent trip to Glendalough.

Residents' Civil and Religious Rights
Residents’ civil and religious rights were respected. All of the residents are members of the congregation of the Holy Spirit and mass and prayers were held daily in the centre. There was a separate oratory in Marian House for prayer and reflection. The provider told inspectors that residents had voted to elect members of the leadership team within the congregation.

End-of-Life Care
There was a policy for end-of-life care which provided direction to staff on the care of residents who were dying. The policy included directions for involving the resident and their families in planning the end-of-life care of the resident and there were facilities for families to use or sleep over at these times.

Enablement and Participation
The provider met informally with each resident to chat, ascertain where support might be required and to identify potential problems which could be avoided with timely interventions. There were systems in place for residents to participate in and inform decision-making about the running of the centre, and citizenship was actively promoted.

Since undertaking the fit person entry programme, the person in charge had supported the formation of a residents’ committee. Inspectors read minutes of two meetings, in which residents’ views were noted. For example, their suggestion for development of a gardening project was acted upon. New garden furniture was purchased and residents were supported in improving the garden with new plants. A number of residents told inspectors how the garden was their favourite place. Plans for the advocacy service had been well thought out and inspectors met the newly appointed advocate who described the challenges in supporting residents who have cognitive impairment and difficulty in communication.
Some improvements required

Choice
There was a lack of choice and consultation in the area of bathing and showering. There was a daily allocation list, inspectors viewed the list and saw that each resident was allocated a certain day for a shower or bath. A care assistant told the inspector that residents were assigned a specific day to shower and bathe.

Social Assessment
While work has commenced on including residents’ life story and occupational history in their care plan, this needed further development and documentation. There was inconsistent recorded assessments of the residents’ individual social needs, likes and dislikes and consequently residents did not have a plan in place to identify how their needs for stimulation, occupation and engagement were to be met.

Activities
Although activities were provided for residents to add interest to the day they tended to be prescribed rather than developed in partnership with residents and relatives to fully reflect residents’ likes and dislikes. Inspectors were not satisfied that the activities met individual resident’s needs. Many of the residents with cognitive impairment were unable to participate in group activities and there were inadequate arrangements in place to meet their specific requirements. Staff told inspectors that 10 of the 23 residents had varying degrees of cognitive impairment. There was no structured plan in place for these residents to meet their social needs. A care assistant told inspectors that while they had training in Sonas activity (a special form of sensory communication with people with dementia) this training was not utilised.

Privacy
While residents did not complain inspectors were concerned that some arrangements, such as the use of see through glass panels on bedroom doors, did not promote the privacy and dignity of residents.
3. Healthcare needs

Outcome: Residents’ healthcare needs are met.

Healthcare is integral to meeting individual’s needs. It requires that residents’ health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Health Promotion

Health was promoted with emphasis on a good diet and exercise. There was a proactive approach to maintaining and improving residents’ mobility and physical independence. Residents could access the large landscaped garden and a smaller courtyard garden with ease. A number of residents told the inspector they looked forward to their daily walks in the fresh air. Inspectors saw staff assisting residents with walks throughout the day. A physiotherapist attended the centre twice a week and provided physiotherapy for up to ten residents each week. Inspectors saw records of individual residents who received treatments. Flu vaccine was offered to residents and staff.

There were systems in place to monitor residents’ nutritional wellbeing. Inspectors saw that along with medical review, residents who had lost weight were referred to a nutritionist for review. A staff member told the inspector that residents who had a history of urinary tract infections had their urine monitored to prevent reoccurrence of infections. Residents’ records reviewed confirmed this.

Healthcare Assessments and Care Plans

Pre-admission assessments were carried out by the person in charge who liaised with the resident and/or family member, the community leader and the provider. They assessed the suitability of a resident to the service to ensure that all resources were in place when a resident was admitted. Prior to admission, most of the residents had resided in the “mission house” beside the centre. The inspector reviewed a number of care plans and saw that residents had a clinical assessment on admission, including risk assessments for falls risk, and nutritional risk. These assessments informed the residents’ care plan. Risk assessments and care plans were reviewed every three months or when there was a change in a resident’s health status. The inspector observed that two residents who were at risk of falls wore hip protectors and care staff spoken to understand the value of these to minimise the risk of a fracture if a person fell.
Healthcare Services
Residents said they were satisfied with the care provided to them by the staff. The inspector saw how a staff member was quick to respond to a resident when he told her he was in pain. One general practitioner (GP) provides medical care for the residents and attended the residents each week. Residents told inspectors that they were satisfied with this choice. A system of medical review of each resident was in place. Out-of-hours medical care was provided by a doctor on call service.

Chiropody treatments were provided to each resident every three months or as needed. Residents said they were satisfied with this service. Optical, dental and audiology services were provided by private arrangement. The inspector saw a “tests and appointment and therapy book” where records of appointments were set out for individual residents. This prompted staff to make arrangements for residents to attend appointments. Drivers from the congregation were available to take residents to hospital appointments, and outings.

Medication
There was a comprehensive medication management policy which guided practice. An inspector observed the medication practices and found that medication was administered in accordance with the policy. The inspector reviewed the medication prescription, administration, and storage and was satisfied that the policy guided practice for safe management and storage of medications. Medications that required special control measures were maintained securely. These medications were counted at the time of administration and at the change of each shift - nurses maintained a register of controlled drugs and a separate stock sheet. Two nurses signed and dated the register and the stock sheets.

Towards a Restraint Free Environment
There was a comprehensive policy on restraint to guide staff and inspectors saw from medical records that the decisions about restraint were made collaboratively with residents, families, staff and general practitioners. Inspectors saw that a wanderer alarm was used by two residents to promote these residents’ safety and sense of freedom at the same time.

Some improvements required
Care plans were in place and inspectors found that staff had a strong knowledge base about each individual resident. However, this knowledge was not always reflected in the care plans. There was no consistent system for the evaluation of care to establish whether it was delivered consistently or that the resident was satisfied with it. Inspectors found that some of the good person-centred practices observed were not incorporated into the care planning process. For example, although several residents availed of regular physiotherapy, this support was not reflected in the residents’ care plans.
4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents’ individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Premises
This centre was spacious and there was a good standard of décor. The fixtures, fittings and equipment were available in sufficient numbers and were well maintained. Residents told the inspector that they found it homely and comfortable. The colour scheme and furnishings were appropriate and bright. Residents had a choice of lounges and quiet areas for their use. The communal areas such as the dining rooms and the day-rooms had a variety of comfortable furnishings and were domestic in nature. Inspectors saw that residents’ bedrooms were personalised. Some residents had their own small furnishings, collages of family photographs and favourite religious objects and ornaments.

The centre was surrounded by spacious landscaped gardens with colourful flower beds and grass areas. A care assistant told an inspector that two of the more independent residents looked after some of the garden plants. There was one secure courtyard and one other courtyard in each unit with suitable garden seating, which residents said they liked in fine weather.

Infection Control
The premises were clean and infection control was of a good standard. Personal protective equipment such as gloves and aprons were available and inspectors saw that staff used good infection control practices. Staff wore gloves and aprons appropriately and used the alcohol gels provided frequently throughout the day. There was a detailed cleaning schedule in place. The cleaning staff member spoken to by the inspector had a very good knowledge of her role in infection control and she was using colour coded mops for different areas of the building. Cleaning chemicals were stored securely. Arrangements for the disposal of domestic and clinical waste management were appropriate.

Equipment
There was sufficient assistive equipment provided to meet the requirements of the residents, such as mobility aids, hoists, and alternating pressure relieving mattresses. Equipment was well maintained with servicing records available.
Laundry
Residents said they were satisfied with the laundry service. There were two dedicated laundry staff who worked opposite shifts. The inspector met the laundry person and reviewed the laundry service and saw that residents’ personal clothing were appropriately labelled and separate areas were utilised for the storage of clean and soiled laundry.

Kitchen
The inspector met with the catering manager and viewed the kitchen which was clean and well maintained. Catering staff had received training in food hygiene and best practice. There were ample supplies of meat, fresh fruit, vegetables and dry foods in stock. A variety of snacks such as yoghurts and fresh fruit were available to residents as required.
5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.
Information is accessible, accurate, and appropriate to residents’ and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents’ privacy is respected.

Evidence of good practice

Communications
Inspectors observed communications between management, staff, residents and relatives and found that they interacted in an open and receptive manner with each other. Visitors told the inspectors they felt welcomed at all times and were kept informed about the care needs of the resident. Inspectors saw the provider, assistant director of nursing, and staff interact informally with residents and relatives. To support good communication, a joint decision was made between residents and staff to colour code staff uniforms. For example, staff nurses wore royal blue uniforms and household staff wore green. Residents told inspectors that they found this helpful as it created more visual clarity for them. The notice board for residents and staff included information of interest such as music sessions, upcoming local events and group activities.

Nurses and care staff told inspectors about the staff handover meeting at each change of shift which both nursing and care staff attended. They said it helped communication within the team and kept staff up-to-date with residents’ needs. They said day staff and night staff shared information and there was an opportunity to ask questions and to seek clarification where necessary.

There was a call bell system throughout the facility. Inspectors observed that call bells were responded to promptly during inspection. Inspectors observed good practices when staff were communicating with people with dementia and communication difficulties. For example, inspectors observed that staff took time to discover what a resident who had difficulty expressing himself was trying to say.

Residents had easy access to different media, such as newspapers, books, radio and television. A resident told the inspector how he was delighted that his friend in France identifies TV programmes which would be of interest to him, and emails the programme list to Marian House. He said the secretary prints a copy for him and other residents.
Policies
Inspectors found that the person in charge had a comprehensive set of policies, which met the requirements of the Regulations. The newly appointed health care manager told inspectors that operating polices were under review so that policies would be more easily accessed with a list of staff signatures to indicate that staff had read and understood them. When inspectors spoke to staff, they demonstrated how policies and procedures informed practices. For example, the inspector spoke with a care assistant who had a good knowledge of the policies on the management of residents with a history of falls. He spoke about the policy, how this guided his practice, he described the importance of ensuring residents wore the correct footwear and used the assistive devices to support themselves. Inspectors saw residents wore appropriate footwear and noted staff reminding residents to use their walking aid.

The inspectors reviewed the communication policy, which reflected best practice and guided staff in communicating with residents who have communication difficulties due to cognitive impairment.

Record Management
Inspectors saw that records were stored in a locked filing cabinet when not in use. This ensured residents files, containing confidential information, were stored safely.
6. **Staff: the recruitment, supervision and competence of staff**

**Outcome:** Staff are competent and recruited in sufficient numbers to meet residents’ needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

**Evidence of good practice**

**Staffing Levels**
The inspector was satisfied that staff were available in sufficient numbers and with the skills and competencies to meet the needs of the residents. Resident dependency was calculated using the Barthel Index. This was used along with clinical judgement to inform staffing requirements. Staff and residents said staff were available in sufficient numbers and with the skills and competencies to provide care when required both day and night.

**Staffing Deployment over the 24 hours period**

<table>
<thead>
<tr>
<th>Time</th>
<th>Nurse</th>
<th>Care Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>2 and Acting nurse in charge</td>
<td>5</td>
</tr>
<tr>
<td>Afternoon</td>
<td>1 and Acting nurse in charge</td>
<td>4</td>
</tr>
<tr>
<td>Evening</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Night</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Most of the staff had been in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to their needs in an informed way.

**Team Work**
Staff were organised in teams of nurses and care assistants. The care assistants told the inspector that they had four to five residents in their care each day. The team leader was a nurse who met with team members after the handover to organise and prioritise the work for the day. Staff supported each other when required. Teams were alternated so that all staff were familiar with all the residents. Staff accompanied the residents in their care to the dining room this ensured that each resident had their specific requirements met and information about food intake was communicated back to the team. Care assistants documented information about care
provided in daily flow sheets and the staff nurse also made a daily entry in the care plan.

**Education and Training**
The newly health care manager demonstrated a commitment to continuing development of all staff. The training folder which inspectors reviewed documented the training provided to staff in 2010. Mandatory training such as manual handling and fire training were provided regularly. Inspectors reviewed the attendance records and training schedule - all staff training was to be completed by the end of October 2010.

Inspectors reviewed the training records which showed that staff had attended numerous training courses including incontinence training, management of dysphasia, and activity in dementia care, wound care, and medication management. Staff that inspectors interviewed were knowledgeable of the Standards. Five of the fifteen care assistants had achieved the FETAC (Further Education and Training Awards Council) Level 5 qualification and four others were completing this course.

**Staff Meetings**
The person in charge held meetings with all staff members and separate staff nurse meetings to address clinical issues. Inspectors viewed the minutes of some of these meetings and found that communication was open and learning was identified in areas such as infection control, and privacy and dignity for residents.

**Staff Files**
The staff files reviewed by inspectors showed that they contained all the required criteria such as Garda Síochána vetting, birth certificates, references, curriculum vitae and proof of as set out in Schedule 2 in the Regulations 2009.

**Recruitment and Induction**
The inspectors reviewed the recruitment and induction policy in place. The policy was comprehensive, staff files showed that the most recently employed staff had been recruited and inducted in accordance with the policy. Recently employed staff described their induction to the inspector and this was in line with the policy.

**Facilities**
Facilities provided for staff were adequate.

**Some improvements required**

Inspectors reviewed staff records and saw that monitoring of staff performance and development had commenced. However, there were no timeframes set out to complete this work and it was not guided by a policy.
Closing the visit

At the close of the inspection visit, a feedback meeting was held with the provider Fr Peter Conaty and Ms Mary Sheehan to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Marguerite Gordon

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

27 November 2010
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Marian House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0063</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22 and 23 September 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>4 January 2011</td>
</tr>
</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy in place to guide practice did not meet the legislative requirements. While information on items such as accidents and incidents, falls records, and restraint was collected, this was incomplete and there was no process for reviewing information, learning from it and using it to improve the quality of service and safety of residents.

Action required:

Provide and implement a risk management policy that meets the legislative requirements and that facilitates investigation and learning from incidents/accidents involving residents, including near misses.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems
**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
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<tbody>
<tr>
<td>A risk management policy group will be convened to reformulate the risk management policy to ensure that Marian House Nursing Home meets all aspects of the legislative requirements. The health care manager will chair this working group to co-ordinate both policy development and implementation. This group will build on work already undertaken.</td>
<td>30/04/2011</td>
</tr>
<tr>
<td>Precautions will be documented to control specified risk which will also strengthen policy and procedures regarding residents’ absence without leave, assault or self harm.</td>
<td></td>
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<tr>
<td>Information on all aspects of risk management will be documented.</td>
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<tr>
<td>A process for reviewing information will be utilised and evaluated. This will establish how the system informs best practice and creates a learning environment</td>
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<tr>
<td>The nurse in charge will put systems in place to monitor risk management as appropriate to her role and function and areas or responsibility.</td>
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<tr>
<td>On behalf of the provider, work is underway by the bursar and his team in progressing aspects of the risk management policy e.g. areas within Kimmage Manor have been identified as part of emergency planning as acceptable locations with appropriate facilities for emergency evacuation.</td>
<td></td>
</tr>
<tr>
<td>Investigation and learning from incidents /accidents will be better facilitated within policy design and implementation.</td>
<td></td>
</tr>
<tr>
<td>Cognisance of Health Act, 2007, Regulation 31 and Standards 25 and 29 will inform actions required particularly in relation to governance.</td>
<td></td>
</tr>
</tbody>
</table>

2. **The provider has failed to comply with a regulatory requirement in the following respect:**

Although activities were provided for residents they tended to be prescribed rather than developed in partnership with residents and relative to fully reflect residents’ likes and dislikes.
### Action required:

Provide opportunities for residents to participate in development of activities appropriate to his or her interests and capacities.

### Reference:

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 20: Social Contacts  
Standard 18: Routines and Expectations

### Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Provider's response:</th>
<th>Timescale:</th>
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<tbody>
<tr>
<td>In the context of continuous improvement weaknesses in social assessment are acknowledged. Going forward we will ensure that all residents will have a plan in place to identify how their needs for stimulation, occupation and engagement can/will be met. Activities will be identified through the care planning process to ensure that resident's needs are met in terms of meaningful activities suited to individual interests and capacities. Actions underway compliment assessment and care planning which has already commenced with residents.</td>
<td>30/04/2011</td>
</tr>
</tbody>
</table>

### 3. The person in charge has failed to comply with a regulatory requirement in the following respect:

Care plans did not reflect the staff’s knowledge about and changing needs of each resident.

There was no consistent system for the evaluation of care to establish whether it was delivered consistently or that the resident was satisfied with it.

### Action required:

Set out each resident's needs in an individual care plan which is developed, agreed and reviewed with each resident and available to each resident or their representative including but not limited to their social preferences.

### Reference:

Health Act, 2007  
Regulation 8: Assessment and Care Plan  
Standard 11: The Resident's Care Plan
Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale: 30/04/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>A validated minimum data set which incorporates assessment and care planning has been introduced at Marian House and replaces previous care plans. Validated tools such as the MUST tool et al continue to be used as per best practice. This work is in progress.</td>
<td></td>
</tr>
<tr>
<td>The nurse in charge will take direct responsibility for achievement of this required action and will ensure that nursing/care staff receive the necessary supports in a learning environment to facilitate same. Meaningful participation for more vulnerable residents will continue to be key.</td>
<td></td>
</tr>
<tr>
<td>All aspects of clinical governance will also be discussed and monitored at Marian House Board meetings.</td>
<td></td>
</tr>
<tr>
<td>In addition, effective management systems are in place to promote and implement Standard 29 and 30 aligned with policies, procedures and practice to ensure that residents healthcare and social needs are met.</td>
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<tr>
<td>Audit systems will use evidence based approaches to establish to a greater extent if there is consistency in delivery of care - same will be clearly documented.</td>
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<tr>
<td>Discussion will also take place to elicit the views of residents on these matters through advocacy activities.</td>
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<tr>
<td>Team meetings will prioritise this aspect of care.</td>
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<tr>
<td>The pastoral care conferee will liaise with residents/advocate to support articulation of their experience of care provided.</td>
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4. The provider has failed to comply with a regulatory requirement in the following respect:

The system for managing the personal finances of residents was not robust enough to protect the interests of residents. A small number of residents required assistance with their personal finances and the assistant director of nursing, who documented all transactions, managed this. An inspector reviewed the records and noted that transactions were not witnessed and there was no second signature to confirm the accuracy of the records.
### Action required:

Maintain an up-to-date record of each resident’s personal property signed by the resident.

### Reference:

Health Act, 2007  
Regulation 7: Residents’ Personal Property and Possessions  
Standard 9: The Resident’s Finances

### Please state the actions you have taken or are planning to take with timescales:  

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<th>Timescale:</th>
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<tr>
<td>31/01/2011</td>
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<tr>
<th>Provider’s response:</th>
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<tbody>
<tr>
<td>The system for managing the personal finances of residents is now more robust in that for the small number of residents who require assistance a new Income and Expenditure template is now in place with a double co-signature system in use to document all transactions. The signatories are Regina Sheridan (Nurse in Charge) and Fr Jude Lynch who is the community bursar and named administrator. Fr Lynch monitors the way that the personal finances of residents is managed to confirm accuracy of records. Transactions are also witnessed in order to protect the interests of residents. In addition, an up to date record of each resident’s property is signed by the resident or his advocate.</td>
</tr>
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</table>

### 5. The provider has failed to comply with a regulatory requirement in the following respect:

The complaints policy did not fully meet legislative requirements, for example it did not include a nominated independent appeals process and the policy was not prominently displayed.

### Action required:

Further develop the complaints policy to include a nominated independent person, and ensure that the complaints procedure is displayed in a prominent position.

### Reference:

Health Act, 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

### Please state the actions you have taken or are planning to take with timescales:  

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<th>Timescale:</th>
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Provider’s response:

The complaints policy will be amended to include a nominated independent appeals process. Dr Michael Ahern has agreed to be the nominated independent person as he is experienced in both policy development regarding complaints and effective appeals procedures.

The nurse in charge will ensure that complaints and comments remain an agenda item at team meetings for feedback and future learning. Measures identified which require improvement will be put in place in the context of audit, evaluation and continuous improvement.

The nurse in charge will ensure that there is a clear complaints procedure in an accessible format prominently displayed at reception in Marian House.

| 6. The person in charge has failed to comply with a regulatory requirement in the following respect: |
| Monitoring of staff performance and development was incomplete and there were no timeframes set out to complete this work and it was not guided by a policy. |
| Action required: |
| Introduce a process to ensure that all staff members are supervised on an appropriate basis pertinent to their role. |
| Reference: |
| Health Act, 2007 |
| Regulation 17: Staff Training and Development |
| Standard 24: Training and Supervision |
| Please state the actions you have taken or are planning to take with timescales: |
| Provider’s response: |
| The person in charge will be mentored and supported by the Health Care Manager in order to assist her to develop the necessary knowledge and skills to monitor staff performance and development. |
| Clear timeframes will be set to complete work related to staff appraisals/performance development management. This work is already underway with performance development reviews providing opportunities to review key performance areas related to various staff roles and functions. Individual reflection by staff on their experience, transfer of learning from education undertaken in 2010 has been built in to the review process. |
| Timescale: 30/04/2011 |
An additional outcome sought from performance management and development discussions is to provide feedback to staff regarding their individual contribution to the Authority registration process for Marian House. Identification of staff training needs for all staff appropriate to their role and areas of responsibility will help develop future goals/targets with staff. Action plans which include personal/professional development needs and how these could be met are integral to same and will be documented as agreed by staff member and manager.

<table>
<thead>
<tr>
<th>7. The provider has failed to comply with a regulatory requirement in the following respect:</th>
</tr>
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<tbody>
<tr>
<td>Residents were assigned a specific day to have a shower/bath. There was a lack of consultation and residents’ choice on this issue.</td>
</tr>
</tbody>
</table>

**Action required:**

Put systems in place that provides freedom for residents to exercise choice in relation to personal activities such as showering/bathing.

**Reference:**

Health Act, 2007  
Regulation 10: Residents’ Rights, Dignity and Consultation  
Standard 2: Consultation and Participation

**Please state the actions you have taken or are planning to take with timescales:**

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<th>Timescale:</th>
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<tr>
<td>31/04/2011</td>
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Provider's response:

The extent to which residents both experience and exercise choice regarding their daily routines and ways that promote residents to make choices in relation to personal activities e.g. showering, bathing, night time routines will be discussed and monitored at the Residents Committee.

The advocate for Marian House is aware of this aspect of care and will work with residents to promote expression of preferences. Care plans will also be utilised as a mechanism to support this action.

Individualised approaches to care will be led by the nurse in charge to ensure that any necessary changes in practice take place.

The nurse in charge will reinforce the importance of consultation with residents regarding personal activities and will put systems in place to provide residents with greater choice. These aspects of care
will be discussed and monitored at team meetings from January to April 2011 to track changes in practice.

### 8. The provider has failed to comply with a regulatory requirement in the following respect

Some arrangements such as the use of see through glass panels on bedroom doors did not promote the privacy and dignity of residents.

**Action required:**

Review the arrangements for residents to undertake personal activities in private insofar as is reasonable practical.

**Reference:**

Health Act, 2007  
Regulation 10: Residents’ Rights, Dignity and Consultation  
Standard 4: Privacy and Dignity

**Please state the actions you have taken or are planning to take with timescales:**

Provider's response:

The arrangements for residents to undertake personal activities in private in so far as are reasonable and practical will be reviewed. As part of the care planning process each resident will be consulted to identify individual needs and preferences and to ensure that privacy and dignity needs are fully met. This will be carried out in the context of what is reasonable and practical and compliant with safe nursing care practice.

The use of see through panels on bedroom doors will be reviewed and appropriate action will be taken according to residents expressed choices regarding same. As appropriate, the glass panels will be covered to maximise privacy and dignity as per the choice expressed by residents.

Resident's feedback will inform review and future planning regarding engagement in personal activities which take place in private. Residents already have an established pattern of reading in their individual rooms, listening to music, contemplative prayer, hosting visitors etc. Thus the promotion of dignity and privacy may need to be taken into consideration/balanced when encouraging residents to actively participate in group social activities.

These matters will be raised at the residents committee meeting to be scheduled in January 2011. Actions required will be documented

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<th>Timescale:</th>
<th>30/04/2011</th>
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in a transparent manner to evidence outcomes achieved via a tracking document between January and April 2011. Standards 2: Consultation and Participation and Standard 4: privacy and Dignity will underpin discussion with residents.

<table>
<thead>
<tr>
<th>9. The provider has failed to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The statement of purpose did not fully meet the requirements of Regulations. For example it did not adequately provide the fire precautions and associated emergency procedures.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Action required:</th>
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<tbody>
<tr>
<td>Update the statement of purpose to include all of the items listed in Schedule 1 of the Regulations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Act, 2007</td>
</tr>
<tr>
<td>Regulation 5: Statement of Purpose</td>
</tr>
<tr>
<td>Standard 28: Purpose and Function</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
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</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>30/04/2011</td>
</tr>
<tr>
<td>The registered provider shall keep the statement of purpose under review as detailed in Health Act 2007 Part 2 Section 5(3) of the maintenance, care, welfare and well-being of persons resident in a designated centre for older people.</td>
<td></td>
</tr>
<tr>
<td>The statement of purpose will be reformulated to include any items omitted which are listed in Schedule 1 of the Regulations therein. The document will also be amended to provide clearer information about fire precautions and associated emergency procedures.</td>
<td></td>
</tr>
<tr>
<td>The Congregation of the Holy Spirit has identified appropriate accommodation in Mission House or Shanahan House on the grounds of Kimmage Manor in the event of an emergency which requires the relocation of residents from Marian House.</td>
<td></td>
</tr>
<tr>
<td>This work will take place in tandem with review of fire precautions and the emergency policy.</td>
<td></td>
</tr>
<tr>
<td>This work will also be discussed at team meetings and the residents committee as the statement of purpose is an important agenda item.</td>
<td></td>
</tr>
</tbody>
</table>
10. The provider has failed to comply with a regulatory requirement in the following respect:

The Residents’ Guide required further development to be in line with the Regulations.

**Action required:**

Update the resident’s guide to include all details as required by the Regulations.

**Reference:**

Health Act, 2007  
Regulation 21: Provision of Information to Residents  
Standard 1: Information

**Please state the actions you have taken or are planning to take with timescales:**

**Provider’s response:**

A small working group has been established to review the Residents’ Guide. This group is led by Fr Michael Mulvihill and includes the advocate and a number of residents of Marian House. Participative structures are key to the Congregation’s approach to preparing documentation which updates the Residents’ Guide thus ensuring that its details are in line with the Regulations.

The civil and religious rights will be documented within the residents guide.

Information detailing facilities and services to be provided as per contract of care will also be included in the residents guide.

Information regarding spiritual well-being and participation in the wider ministry of the Congregation will be a key element of the residents guide.

The person in charge will ensure that residents receive a copy of the Residents’ Guide in an accessible format as part of the admission process. The Pastoral Care confrere will support use of the Residents’ Guide to assist residents’ transition to Marian House Nursing Home.

**Timescale:**  
30/04/2011
Provider’s response:

The Congregation of the Holy Spirit as provider of Marian House Nursing Home welcomes the opportunities provided for continuous improvement and quality of services as an outcome of the registration process. It is wholly committed to strengthening its provision of service delivery in areas of weakness identified through the registration process. The Congregation has made internal changes as required to progress and support the action plan as outlined in the document.

We would like to put on record that our experience of working with the Authority’s inspectors involved was very positive, transparent, fair and professional. We look forward to working in partnership to remedy any outstanding issues between now and April 2011.

The Congregation of the Holy Spirit wishes to acknowledge its appreciation of the contribution of all staff involved.

Provider’s name: Peter Conaty C.S.Sp.
Date: 3 January 2011