

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Millhouse Care Centre
Centre ID:	ORG-0000252
Centre address:	Newtown Commons, New Ross, Wexford.
Telephone number:	051 447 200
Email address:	nursing@millhousecarecentre.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Clearwood Property Management Company Limited (In Receivership)
Provider Nominee:	Pat Shanahan
Person in charge:	Audrey Molony
Lead inspector:	Ide Batan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	61
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 November 2013 10:00 To: 26 November 2013 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the monitoring inspection the inspector met with residents and staff members. The Inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

Matters arising from the previous inspection (two actions) carried out on 18 December 2012 were satisfactorily addressed by the provider. Health and social care needs continued to be met to a good standard and there was evidence of safe medication practices.

The premises and grounds were fit for purpose and were maintained to a good standard. A pleasant, secure garden was available for residents' use. Overall, the inspector found there was an adequate governance structure in place. The person in charge and her deputy were present throughout the inspection and they had a comprehensive knowledge of residents' living in the centre.

The person in charge and her deputy had an adequate understanding of the legislation and demonstrated this by meeting 8 of the 10 outcomes inspected against. The provider and the person in charge were found to be operating in compliance with the conditions of registration and in almost substantial compliance with 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. Improvements required were in relation to updating the statement of purpose and care planning.

Section 41(1)(c) of the Health Act 2007 Compliance with 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose provided on 26 November 2013 and found that it described the services and facilities provided in the centre and that the information was generally in accordance with Schedule 1 of the Regulations. The name and details of the newly appointed person in charge had been updated.

However, the written statement of purpose did not reflect the conditions of registration granted by the Chief Inspector and it did not outline if the centre provided any separate facilities for day-care.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Contracts of care were in place in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident or next of kin as appropriate. The contracts stated the monthly fee and described the services which were covered by the monthly fee. The contracts also described those services which incurred additional fees and also the additional fee incurred.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a good understanding of her role and responsibilities as required by the Regulations.

The person in charge confirmed that she reports to the operations manager and regular management meetings take place.

The person in charge provided information and documents to the inspector in a timely manner during the inspection. The centre's level of compliance with the regulatory requirements at the time of inspection reflects the ability of the person in charge and her deputy to manage the centre well.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse.

Staff spoken with on inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse. Records reviewed confirmed that staff had received training on identifying and responding to elder abuse. The inspector observed that not all staff had attended this training. However, the inspector noted that the remaining staff were scheduled for training the following week after inspection.

The Authority had received three notifications of allegations of abuse since the date of the last inspection. The inspector was satisfied that two incidents had been reported, investigated and closed in a timely and appropriate manner. One incident remains ongoing and the inspector was satisfied that there were appropriate measures in operation to safeguard residents.

The inspector noted that staff demonstrated a good standard of appropriate communication and respect for all residents at all times.

The management of resident's finances was not reviewed on this inspection.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a risk management policy which mitigated risks to residents, staff and visitors. The external areas and courtyard appeared safe and level access was in place for wheelchair users. The maintenance reports were attended to in a timely manner by maintenance staff.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments. Fire procedures were prominently displayed throughout the centre. Service records showed

that the emergency lighting and fire alarm system was serviced and up to date.

The fire panels checks were in order and fire exits which also had daily checks were unobstructed. The inspector read the fire register which showed records of weekly inspections. Staff had received annual training and regular fire drills were carried out. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

The training matrix showed that staff had up-to-date training in moving and handling and practices observed by the inspector were satisfactory. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were discretely displayed in a location where staff could easily access them.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency such as loss of heat, water supply or power.

The centre was visually clean and infection control practices as observed by the inspector were adequate.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed medication management practice and found an adequate level of compliance. Nursing staff were knowledgeable about medication and administration practices.

The inspector reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of unused or out of date medications. There were clear guidelines in place for staff administering medication to residents that supported safe practice. Records indicated that medication reviews took place on a regular basis.

Medication administration observed was as per the centres policy and as per "Guidance to Nurses and Midwives on Medication Management 2007" (An Board Altranais agus Cnáimhseachais na hÉireann). Records showed that nursing staff received regular training in medication management

A locked medication fridge was provided and the temperature was monitored and recorded daily. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The care and welfare of all residents was found to be satisfactory with appropriate healthcare provision and access to all allied health care professionals. The nursing documentation was in a transition from a paper based system to a computerised system of recording.

The inspector reviewed a sample of residents' care plans and found that relevant risk assessments, such as skin integrity, continence, falls and nutrition were routinely carried out. Residents had care plans in place for their identified needs however there was inconsistent evidence of resident or next of kin involvement in the care planning process.

There was a daily nursing record of each resident's condition and the medical notes showed that residents had regular access to their GP. Residents also had good access to allied health professionals when needed such as speech and language therapist (SALT), dietician, chiropodist, physiotherapy, occupational therapy, dentist and the psychiatry of old age team. Records of these referrals were written up in the residents' records.

Wound assessment documentation was accurately completed and showed that the wound care was being managed in accordance with the schedule specified by the tissue viability nurse specialist.

The use of restraint was limited and there was a policy in place to guide practice in this area. The inspector noted that risk assessments for the use of bed rails were carried out.

Residents' falls risk was assessed routinely. Residents at a high risk of falls had been provided with a range of interventions to reduce this risk of injury and these included low beds, suitable foot wear, alarms and increased supervision arrangements where appropriate.

The inspector found some evidence of good practice in relation to the management of behaviours that challenged. The clinical nurse manager stated that a small number of residents sometimes displayed these behaviours. The inspector found that there was good access to the psychiatry of old age team for those residents who required this. The inspector found that staff were knowledgeable about meeting the needs of residents who displayed behaviours.

Residents were encouraged to be independent and many went outside for walks or used the gardens which were maintained and included a variety of seating areas. Some residents attended local workshops in the nearby town. There was an activities programme in place. A range of one-on-one activities were provided for residents who did not wish to participate in the group setting.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of good practice in the area of complaints management, and the complaints policy was found to comply with the Regulations.

The inspector found that the actions taken to investigate and resolve complaints were recorded and that for complaints, there was a commentary that described if the complainant was satisfied with the way the complaint had been managed.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that there was a commitment to promoting the independence, choice and personal dignity of the residents. The inspector saw staff in communal areas observed chatting freely with residents. There was a Resident's Guide available which was in accordance with the Regulations. There were facilities available for residents to see visitors in private. Residents stated that they could talk to staff at any time.

Family and social relationships were encouraged through the open visiting policy. Inspectors observed staff knocking before entering residents' rooms. Inspectors observed good interactions between staff and residents. There was an active residents' forum in operation. The inspector viewed minutes from previous meetings.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A sample of the staff records were reviewed by the inspector to assess compliance with the Regulations. The inspector found that all the required Schedule 2 documentation

was available. Garda Síochána vetting and reference checks were in place along with an induction programme for new staff members. The records were noted to be well organised and information was readily accessible.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a range of training which included management of challenging behaviour, palliative care, continence, infection control, use of restraint and medication management. Recent training records were viewed which confirmed this. The inspector also saw that staff appraisals were undertaken.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. The person in charge told the inspector that staffing levels were based on the number of residents and their dependency levels. The number and skill mix of staff on duty on the day of inspection was adequate to meet the needs of residents. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Ide Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Millhouse Care Centre
Centre ID:	ORG-0000252
Date of inspection:	26/11/2013
Date of response:	17/12/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The written statement of purpose did not reflect the conditions of registration granted by the Chief Inspector and it did not outline if the centre provided any separate facilities for day-care.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Millhouse Care Centre provides no day care services. Our statement of purpose has been amended to state that no separate facilities for day care are provided by Millhouse Care Centre. Conditions of registration have also been added to the statement of purpose, which has been forwarded to the inspector.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 17/12/2013

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was inconsistent evidence of resident or next of kin involvement in the care planning process.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Each resident in Millhouse has a resident daily life care plan completed by their named nurse. All care plans are reviewed every 3 months or sooner if the resident needs change. Where the resident condition allows care plans will be discussed with the resident at each care plan review. When a resident is not in the position to discuss his/her care plan then the resident's Next Of Kin will be contacted by his / her named nurse to discuss the care plan. This discussion will be documented by the resident's named nurse.

Proposed Timescale: 31/01/2014