<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Milford Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000418</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Plassey Park Road, Castletroy, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 485 800</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@milfordcarecentre.ie">info@milfordcarecentre.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Milford Care Centre</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Quinlan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Marian Moriarty</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>47</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 judgments 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>07 May 2014 09:00</td>
<td>07 May 2014 17:00</td>
</tr>
<tr>
<td>08 May 2014 09:00</td>
<td>08 May 2014 15:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Contract for the Provision of Services</td>
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<td>Outcome 03: Suitable Person in Charge</td>
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<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<td>Outcome 05: Absence of the person in charge</td>
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<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

Milford Nursing Home is part of the Milford Care Centre which also comprises Milford Hospice, Milford Day Care Centre, Milford Home Care and Milford Education Centre. The nursing home was founded by the Little Company of Mary Sisters (LCMs) in 1928; the present centre is a purpose-built unit which was opened in 1999.

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and
reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was evidence of good practice in all areas. Staff demonstrated a comprehensive knowledge of residents’ needs, their likes, dislikes and preferences. The centre was clean, warm and comfortable. The communal areas were appropriately furnished and the décor was pleasant.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Areas for improvement are included in the action plan at the end of the report.
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. It required some updating in order to fully comply with the requirements of the Regulations including the name of the registered provider, current professional registration of the person in charge, the registration number, date of registration and the expiry date and any conditions attached by the Chief Inspector to the centres registration. This was discussed with the person in charge who agreed to update same and forward to the Chief Inspector.

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:**
A signed contract of care was in place for all residents. The inspector reviewed a sample of completed contracts of care and found them to be in compliance with the Regulations. They included the fees to be charged and outlined the services to be provided. The fees for additional services such as hairdressing and chiropody were
clearly outlined.

**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 nurse with the required experience in the area of nursing older people and worked full-time in the centre. She was employed in the centre since 2003.

The person in charge was actively engaged in the governance of the service and accepted responsibility and accountability for its governance, operational management and administration. Suitable governance arrangements were in place in the absence of the person in charge. The deputy director of nursing deputised in the absence of the person in charge. There was always a clinical nurse manager on duty to supervised the delivery of care.

The person in charge was knowledgeable regarding the Regulations, the Authority’s Standards and her statutory responsibilities.

The person in charge continued to update and maintain her clinical knowledge and had recently completed education on the management and treatment of Parkinson’s disease and the use of restraint in residential care. She had attended the HIQA information training days and attended a course in essential aspects of clinical record keeping and risk assessment.

The inspector observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.
**Outcome 04: Records and documentation to be kept at a designated centre**

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**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 was satisfied that records as required by the Regulations were maintained. The residents guide required updating in order to fully comply with the requirements of the Regulations. All documents as requested were made readily available to the inspector.

Written operational policies as required by Schedule 5 were available. Systems were in place for the regular review and updating of all policies. The inspector noted that all policies had been recently updated. Systems were in place to ensure that staff read and understood policies. Staff spoken with were familiar with the policies which guided practice in the centre.

There was an up to date insurance policy in place.

The register of residents was reviewed and found to be in compliance with the Regulations and had been kept up to date.

The inspector reviewed the residents guide which did not contain all of the information as required by the Regulations including a standard form of contract for the provision of services and facilities, the most recent inspection report, the address and telephone number of the Chief Inspector.

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**Outcome 05: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management
<table>
<thead>
<tr>
<th><strong>Judgement:</strong></th>
<th>Compliant</th>
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**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge and the provider were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge, and the deputy director of nursing covered for the person in charge in her absence.

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<table>
<thead>
<tr>
<th><strong>Outcome 06: Safeguarding and Safety</strong></th>
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<tbody>
<tr>
<td>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.</td>
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**Theme:**
Safe Care and Support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were policies on identifying and responding to allegations or suspicions of abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Residents spoken to told inspectors that they felt safe in the centre.

There was a transparent system in place for the management of residents’ finances. Small amounts of money were kept for safe keeping on behalf of some residents. At unit level clinical staff maintained a “triple-receipt” book signed by two staff and the resident for all transactions.

All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.
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:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector noted that the health and safety of residents, visitors and staff was promoted however, the emergency plan required further updating and fire safety training was out of date for some staff.

There was an up to date health and safety statement dated April 2014 in place. The inspector reviewed the risk register and found that it had been reviewed and updated following the last inspection. All risks identified at the last inspection and risks specifically mentioned in the Regulations were included. Systems were in place for the regular review and updating of the risk register, the Quality and Safety Assurance Group met quarterly and discussed risks and health and safety issues.

The inspector reviewed the emergency plan dated April 2014. The plan included guidance for staff in the event of a wide range of emergencies. The plan did not include guidance for staff in the event of the centre having to be evacuated, for example, it did not include details of alternative accommodation and transport arrangements.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in May 2014 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 22 April 2014. Systems were in place for weekly fire safety checks and these checks were being recorded. All staff spoken to told the inspector that they had received fire safety training and were confident in knowing what to do in the event of fire however training records reviewed indicated that some staff had not received recent training. The person in charge confirmed that fire safety training was scheduled for 14 May 2014 and further training was also scheduled for June 2014.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection. Fixed track ceiling hoists were provided to some bedrooms, bathrooms and assisted toilets to assist staff in moving techniques in resident care. The inspector saw that staff had completed up to date manual handling assessments and plans sometimes with the input of the occupational therapist.

Handrails were provided to all circulation areas and grab rails were provided in all toilets.
and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive recently updated policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Wash hand basins were located on the bedroom corridors, staff were observed to be vigilant in their use. The building was found to be clean and odour free.

An inspector spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

The centre employed a clinical nurse specialist in infection prevention and control whose duties included staff education, the investigation of and reporting on potentially adverse incidents and the audit at timely intervals of hygiene and infection control systems in line with nationally agreed best practice guidelines.

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

**Findings:**
The inspector found evidence of good medication management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management. Issues identified at the previous inspection had been addressed.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on an ongoing basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP).
Medications that were required to be crushed were individually prescribed as such.

Systems were in place to record medication errors, there were no recent medication errors.

Systems were in place for the safe return of unused/out-of-date medications to the pharmacy.

Regular medication management audits were carried out in house. The most recent audit was completed in May 2014 which indicated 95% compliance. Nursing staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

A medication management committee was in place that reviewed practice on an ongoing basis. The pharmacist visited the centre weekly, reviewed medication prescription records, made recommendations as necessary, met with residents as requested and provided feedback and training to staff. The next education session on diabetes medication was scheduled for 14 May 2014.

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents, accidents and other required notifications. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of the incident were well recorded including the immediate and follow up action taken.
**Outcome 10: Reviewing and improving the quality and safety of care**

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

**Theme:**
Effective Care and Support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the provider and person in charge had put systems in place to monitor the quality of care and experience of the residents on an ongoing basis.

The inspector reviewed recent audits completed on; wound assessment charts, infection prevention and control, the Waterlow clinical assessment tool, documentation in clinical practice, patient identification and patient assessment, falls, medication management including the management of controlled drugs. The overall findings, action plans, actions taken and responsible persons for their implementation were identified as necessary. A key recommendation following the recent falls audit was to develop staff and residents' awareness of the need for falls prevention and encourage safe behaviours to reduce falls in the centre. A falls education week was planned to take place from the 26 to 30 May 2014.

The system of review included consultation with and seeking feedback from residents and their representatives. A “comment card” was prominently available in the main reception area; responses were analysed and overall were positive and complimentary.

Residents and their representatives were also invited to complete satisfaction surveys on elements of the care and services such as the environment, recreation, catering, staff and communication. Again results were analysed and feedback was provided to staff for the purposes of learning and improvement.

Residents and staff spoken to told the inspector that they could raise any issue with the management team and that issues raised were always acted upon in a timely manner.
**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:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that residents’ health care needs were met and they had access to appropriate medical and allied health-care services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GP s reviewed residents on a regular basis.

A full range of other services were available. Physiotherapy and occupational therapy (OT) were available in house. Speech and language therapy (SALT), dietetic services and psychiatry of later life were also available. Chiropody, dental and optical services were provided. The centre had links with the palliative care team, tissue viability nurse, Parkinson's and Stoma care nurses who were available for advice and support. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents’ notes.

The inspector reviewed a number of residents’ files including the files of residents with wounds, at high risk of falls, nutritionally at risk and with specific medical conditions.

Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, bed rail use and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Nursing staff told the inspector that all care plans had been recently reviewed, however, evidence of reviews was sometimes unclear as the care planning documentation template in use did not provide space for updating of plans. There was documented evidence of residents/relatives involvement in the development and review of their care plans.
The inspector was satisfied that nutrition and weight changes were closely monitored, see further comment under outcome15.

The inspector reviewed the care plans of some residents who had wounds and found wound care to be well managed. The inspector noted that there were adequate records of assessment and appropriate plans in place to manage the wounds.

Nursing staff told the inspector that no residents were currently using bed rails as a form of restraint but that a number of residents wished to have bed rails in place and used them as enablers. Staff confirmed that lap-belts were in use in line with occupational therapy instructions and when transporting residents. Nursing staff spoke of working towards a restraint free environment and how measures including the use of additional equipment such as low-low beds and alarm mats had reduced the need for bed rails. Staff had received training in restraint management.

The inspector reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls. All residents who fell were discussed at the weekly multi disciplinary team meetings and referrals were made to physiotherapy and OT as deemed necessary.

Staff continued to provide meaningful and interesting activities for residents. The daily and weekly activities schedules were displayed. A variety of activities including light exercise, music, singing, discussion groups and bingo took place in the main day room in the afternoons. Most residents attended daily mass each morning in the chapel, many residents spoke of enjoying the daily mass celebration. Some residents attended the on site day center, they spoke of enjoying this facility and meeting up with old friends. Residents could partake in music and art therapy classes both as a group and on a one to one basis. Horticultural activities were also available. Complimentary therapies including massage and aromatherapy were provided. There was a fully equipped hair dressing salon on site and many residents spoke of enjoying getting their hair done regularly.

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Judgement:
Compliant
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The centre was purpose-built, well maintained and nicely decorated. It was warm, clean and odour free throughout.

The design of the building was suitable for its purpose. The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs.

There was a variety of communal day spaces including day room, conservatory, dining room, smoking room and chapel. The communal areas had a variety of comfortable furnishings and were domestic in nature. Residents had further access to a smaller communal room, a spacious foyer with seating, a coffee dock and they could also access and utilise the public canteen if they so wished.

Bedroom accommodation met residents’ needs for comfort and privacy. Bedroom accommodation for residents was provided in 25 single rooms, three twin-bedded rooms and four four-bedded rooms, all with assisted shower, toilet and wash-hand basin en suite facilities. Bedrooms were laid out in two wings and an additional bathroom with toilet, wash-hand basin and assisted Jacuzzi bath was provided on each wing; an assisted toilet was accessed directly from the main communal room. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms.

Adequate provision was made for administration/office facilities that facilitated management and staff in the performance of their duties.

Designated overnight facilities including sleeping, sanitary and catering facilities were available for families.

The premises is located on a large private site with well maintained external grounds, walkways, seating and ample car-parking. Residents also had access to a landscaped, spacious, secure enclosed courtyard that was directly accessed from the building including ramped access with hand rails from the main communal area.

There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

Suitable signage was provided throughout the building. The signage was clear and assisted residents and visitors to navigate the building.

The laundry, sluice room and cleaner’s room were found to be well-equipped and
maintained in a clean well-organised condition. Cleaning chemicals were securely stored. These rooms were provided with locks to protect residents and visitors.

The inspector noted that adequate staff facilities were provided and included staff toilet, changing facilities, storage lockers and dining room. Two wheelchair accessible toilets were provided for visitors’ use.

Close circuit television cameras were provided at all entrances and on the main corridors ensuring additional security and safety for residents.

**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:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector found that complaints were generally well managed.

There was an up to date complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints policy required further updating to include the name of the designated person to ensure that all records relating to complaints were maintained and all complaints were appropriately responded to. The complaints procedure was clearly displayed and contained details of the independent appeals process.

The inspector reviewed the complaints log. Systems were in place to record details of all complaints along with actions taken. There were no recent complaints and all complaints to date had been investigated and responded to. The complaints log did not include details of the complainants’ satisfaction or not with the outcome.

**Outcome 14: End of Life Care**

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred care and support
Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that caring for residents at end of life was regarded as an integral part of the care service provided.

There was a recently updated comprehensive end-of-life policy in place. Staff confirmed that support and advice was available from the local hospice home care team. The inspector saw that referrals and recommendations were maintained in some residents files.

There were two dedicated palliative care beds available in the centre. There was one family care unit consisting of a large bedroom for the resident, a large bedroom for family, full en suite facilities, kitchenette, dining area and living area. All residents were given the option of using this private facility.

Thirty one staff members had recently attended 'What matters to me ' end of life training and more staff were scheduled to attend in June 2014. Nursing staff told the inspector that following this training staff had commenced developing more meaningful and individualised end of life care plans with residents but these were not yet in place for all residents.

Two staff nurses had completed palliative care training courses and all staff nurses had recently received updated training on the use of syringe drivers.

Residents religious and spiritual needs were met. Mass was celebrated daily in the chapel. Other denominations are catered for when requested. An ecumenical service was held annually and a special mass each November to remember those residents who passed away in the previous year. There was a pastoral care team available to residents seven days a week. A bereavement counselling service was available for families after their relative had died, if they wished.

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met. The inspector spoke with the catering officer who was knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks were available throughout the day. Staff were observed offering and encouraging drinks throughout the day of inspection. The inspector saw a variety of home-cooked food being served throughout the day including homemade soups, brown bread and scones.

The menus were displayed, while the menu indicated a choice at every meal, the inspector noted that residents were not offered a choice of main course at lunch time. Residents spoken with confirmed that they were not offered a daily choice at lunch time but that they would be offered an alternative if they disliked the meal offered.

The inspector observed the dining experience and noted it to be a pleasant one. Meals were served in the bright dining room beside the kitchen. The table settings were attractive with centrepieces, condiment sets, sauces, butter and serviettes provided. A choice of drinks was offered including water, milk, soft drinks and red or white wine. The atmosphere during dinner was relaxed and unhurried. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently.

The inspector was satisfied that nutrition and weight loss was closely monitored. There was a comprehensive nutrition assessment and management policy guiding practice. All residents were nutritionally assessed using a validated tool. Residents were routinely weighed. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and/or SALT. Files reviewed by the inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed.

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:**
The inspector noted that the privacy and dignity of residents was well respected. There was an up to date policy on resident privacy, dignity and confidentiality.

Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents had individualised toiletries stored in their bedrooms.

Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect.

Residents’ religious and political rights were facilitated. Daily mass was celebrated in the chapel. There was pastoral care service available 7 days a week. The person in charge told the inspector that residents were facilitated to vote in house and that arrangements were being put in place for the upcoming elections.

Daily national and weekly local newspapers were available to residents. Residents had access to a telephone for use in private.

Staff outlined to the inspector how links were maintained with the local community. Local school children visited, local musicians visited and performed for residents. Many residents attended the care service and met people from their own communities.

The inspector noted that residents’ autonomy and independence was promoted. Staff were observed encouraging and assisting residents to mobilise and walk to the dining room, their bedrooms and bathrooms.

There was a post box located in the main foyer and a postal collection service was available from the centre daily.

Overnight facilities, public canteen and coffee dock were available to residents, relatives and visitors. Visiting was unrestricted and a high level of visitor activity was noted during the inspection. Relatives spoken to said that they could visit at any time and were always made feel welcome.

Photographic and narrative descriptions of staff uniforms were displayed to assist residents and visitors in identifying and distinguishing staff.

There were regular resident committee meetings which were facilitated by the activities:
liaison care assistant. The last meeting took place in April 2014 and was attended by six residents. The inspector reviewed the minutes of the recent meetings, there was positive feedback regarding services including catering and laundry, other items discussed included music for Easter and water jugs in residents bedrooms.

<table>
<thead>
<tr>
<th>Outcome 17: Residents clothing and personal property and possessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</td>
</tr>
</tbody>
</table>

**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 a laundry with ample space for washing/drying and sorting of residents clothing. The inspector noted that good care was taken of resident’s personal laundry. Systems were in place for the safe return of residents clothing. Residents and relatives were satisfied with the laundry arrangements.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents’ bedrooms as well as a secure lockable storage space provided for personal possessions.

<table>
<thead>
<tr>
<th>Outcome 18: Suitable Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Workforce

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
On the day of inspection, the inspector was satisfied that the skill-mix and numbers of staff were appropriate to meet the assessed needs of residents and to the size and layout of the designated centre and were consistently maintained. A planned staff roster was maintained. This was clearly presented and information in relation to staffing levels was easily retrieved from it. There was a clear management structure, designated posts of responsibility and reporting relationships and all staff spoken with were clear as to their roles and responsibilities.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy based on the requirements of the Regulations. The inspector reviewed a sample of staff files and found that they were substantially compliant with the requirements of the Regulations. Since the last inspection, certified photographic identification was now being maintained on staff files for all recently recruited employees as well as electronic photographs that were held previously.

The management team were committed to providing ongoing training to staff. The service incorporated a centre of education and much of the education and training provided to staff was facilitated by it. Training records indicated that staff had attended recent training in the use of syringe drivers, oral hygiene, nutrition policy education, hand hygiene, waste management, wound care and end of life care.

A large number of volunteers attended and assisted residents with a variety of activities in the centre. There was a designated volunteer coordinator, records reviewed indicated that volunteers were vetted appropriate to their role and level of involvement in the service. Induction training was provided to all volunteers and their roles and responsibilities were clearly set out. Volunteers received education and training relevant to their role and level of involvement in the centre.

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:
Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Milford Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000418</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>07/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18/06/2014</td>
</tr>
</tbody>
</table>

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 statement of purpose required updating in order to fully comply with the requirements of the Regulations including the name of the registered provider, current professional registration of the person in charge, the registration number, date of registration and the expiry date and any conditions attached by the Chief Inspector to the centres registration.

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:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The Statement of Purpose has been amended to reflect the requirements outlined above.

**Proposed Timescale:** 18/06/2014

### Outcome 04: Records and documentation to be kept at a designated centre

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents guide did not contain all of the information as required by the Regulations including a standard form of contract for the provision of services and facilities, the most recent inspection report, the address and telephone number of the Chief Inspector.

**Action Required:**
Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
1) HIQA Inspection Reports will be made available for review in the Director of Nursing Office.
2) The residents guide is being reviewed and amended to reflect the requirements above and will also incorporate that new HIQA Standards that are scheduled for consultation and dissemination before the end of 2014.
3) In the interim, a document reflecting the requirements above will be attached to the current residents guide.

**Proposed Timescale:**
1) Post publication of the report from this HIQA Inspection
2) Before the end of 2014 – following dissemination of the new HIQA Standards
3) July 2014

**Proposed Timescale:** 31/12/2014

### Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan did not include guidance for staff in the event of the centre having
to be evacuated, for example, it did not include details of alternative accommodation and transport arrangements.

**Action Required:**
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
The internal major emergency plan has been updated to provide further guidance to staff in the event of the centre having to be evacuated, including details of immediate alternative accommodation and a process for dealing with transport arrangements.

**Proposed Timescale:** 18/06/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff had not received recent fire safety training.

**Action Required:**
Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

**Please state the actions you have taken or are planning to take:**
The majority of staff who were out of date on the day of inspection have since completed fire training. It is intended that the remainder will have completed this training by the middle of July.

**Proposed Timescale:** 31/07/2014

**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:**
Evidence of care plan reviews was sometimes unclear as the care planning documentation template in use did not provide space for updating of plans.

**Action Required:**
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

**Please state the actions you have taken or are planning to take:**
The templates for care planning are currently being reviewed so that it will be clear as
to when a care plan has been updated.

**Proposed Timescale:** 31/10/2014

### Outcome 13: Complaints procedures

**Theme:** Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy required further updating to include the name of the designated person to ensure that all records relating to complaints were maintained and all complaints were appropriately responded to.

**Action Required:**
Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

**Please state the actions you have taken or are planning to take:**
The complaints policy has been updated to denote an person independent of person nominated in Regulation 39(5) and whose responsibility shall be to responsible to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

**Proposed Timescale:** 18/06/2014

**Theme:** Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints log did not include details of the complainants’ satisfaction or not with the outcome.

**Action Required:**
Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
The complaints log has been amended to include a section to record the complainant’s satisfaction or not with the outcome.
**Proposed Timescale:** 18/06/2014

<table>
<thead>
<tr>
<th><strong>Outcome 15: Food and Nutrition</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
</tbody>
</table>

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

The menus were displayed which included a choice at every meal, however, the inspector noted that residents were not offered a choice of main course at lunch time. Residents spoken with confirmed that they were not offered a daily choice.

**Action Required:**

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

A daily individual menu will be offered to each resident who are able to express their choice.

Proposed Timescale: Commencing as from the beginning of July 2014

| **Proposed Timescale:** 01/07/2014 |