<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Millbury Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000700</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Common's Road, Navan, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>046 9036400</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@millbury.ie">info@millbury.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>Rosscare Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Lucy Majella Flynn Grillet</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Brid McGoldrick;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>66</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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 January 2015 09:45  To: 19 January 2015 16:35

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

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
The Authority carried out a one day unannounced inspection at this centre as a result of unsolicited information it received. The unsolicited information related to health and safety, governance and management, staffing and the care, welfare and support of residents. The was carried out to provide assurances to the Chief Inspector that the services provided to residents were safe, effective and met their assessed needs. As part of the focused inspection, staff and residents were spoke with, observations made and documentation including, but not limited to, policies and resident's care plans were reviewed.

The unsolicited information was unsubstantiated. The inspector found for the most part safe and effective practices were in place and residents at the centre were content and well cared for. Staff spoken with were knowledgeable of the centre's policies and procedures specifically in relation to manual handling and falls management. The inspector reviewed care plans and assessments for residents and found for the most part they were up-to-date and prescriptive. Improvements were required to ensure that as needs were reassessed care plans were subsequently updated and also that care plans detailed all elements of their care such as the use of crash mats as a control measure.

The inspector found that governance and management of the centre was effective and staff were appropriately supervised and supported. Staff had relevant training which was found to be up-to-date. Audits were in place and where deficits had been identified in these audits additional control measures were put in place.
The inspector reviewed staff files and found that some improvements were necessary to comply with the requirements of Schedule 2 and Schedule 4 of the Regulations. These findings, along with others, are further detailed in the body of the report and in the action plan at the end.
**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspectors found that there was a clearly defined management structure that identified the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision and one which staff were familiar with their duty to report to line management.

Management systems were in place to capture qualitative and quantitative data in order to compile an annual review of the safety and quality of care provided to residents. For example the inspector reviewed the quarterly falls audit for 2014, trends in falls such as time of day the incident occurred were recorded and analysed. Where new trends were highlighted the inspector found that management had put systems in place to counteract the short comings. The inspector saw in one analysis there was an increase in falls during the evening in one particular unit, subsequently an additional six hour evening shifty was commenced.

Regular staff departmental and management meetings took place in addition to daily handovers at shift changes. The inspector reviewed the minutes for these meetings and found that staff were included and were encouraged to participate during the meetings.

Systems were in place to support staff and oversee their performance. New employees, as outlined in their staffing files, received probationary meetings and all staff there after received yearly appraisals. Performance management, where required was also implemented. Staff spoken with told the inspector they were well supported and management were always available should they need guidance or support. Concerns from staff were also sufficiently overseen, the inspector reviewed documentation regarding an internal investigation which took place as a result of staff communicating a concern. Systems to ensure staff received the necessary training were also in place and the inspector observed a training plan for 2015.
Residents spoke positively about the centre and complimented both staff and management.

**Judgment:**
Compliant

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
As detailed in Outcome 18 improvements were necessary to ensure the requirements of Schedule 2 and Schedule 4 of the Regulations were met. From the sample of six files reviewed the following in some of these files were unavailable on the day of inspection:
- Some staff files were without two references.
- Garda clearance was not available for all employees.
- Photographic identification along with their date of birth was not present in some staff files.
- Not all staff files contained a contract outlining the position they hold, their job title and description as required by Schedule 4.

**Judgment:**
Non Compliant - Moderate

**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
The inspector reviewed the management of incidents and accidents, more specifically the management of falls in addition to manual handling practices. The inspector found satisfactory systems in place regarding both and staff were competent in their responses.

The centre had a falls management policy which was relevant, clear and known to staff. The practices and procedures outlined within the policy ensured resident’s safety was maintained and the inspector found these procedures were implemented in practice. For example the policy stated that post fall a resident should be reassessed. The inspector saw this reflected in resident’s care planning and assessments. The inspector found that additional control measures where necessary were also identified and implemented. The inspector observed the use of censored mats, crash mats and low low beds where applicable. Care staff spoken with by the inspector were informed of the procedure should a resident fall, all care staff spoken with stated they would not move the resident, that they would make them comfortable and use the emergency call bell to alert the nurse on duty. The inspector found that incident/accident forms were completed subsequent to a fall. The centre also had a near miss register which outlined details of the near miss and an action plan was developed to mitigate the risk, which was then communicated to staff at handovers.

Safe systems were found to be in place regarding manual handling procedures and practices. Each resident had a manual handling plan which was recorded in their care plan but also discreetly stored in their wardrobe. The inspector reviewed a number of these and found they were up-to-date. Staff spoken with told the inspector about resident’s manual handling plans and spoke about the procedure regarding the use of manual handling equipment such as hoists and handling belts. The centre had a sufficient number of hoists in the centre to meet the needs of the residents; at the time of inspection there were nine hoists in total. The inspector reviewed the maintenance records for the hoists and saw they were serviced annually.

The inspector reviewed the training records for staff and found that all staff had up-to-date training in manual handling and falls management. The inspector spoke with residents who were supported by hoists and the assistance of two staff, these residents confirmed they felt safe and the practice of staff was appropriate to their needs.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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

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

**Findings:**
The inspector found that residents had care plans in place to meet their needs. The inspector reviewed care plans which were linked to falls management and the mobility of residents. The inspector reviewed a sample of resident's care plans and saw that care plans were person-centred and for the most part detailed as to how staff were to meet the specific needs of each resident. The inspector read in the progress notes of residents, and saw from a review of checklists, for the most part, the care delivered to residents, by staff, reflected their care plans and assessment of needs. Areas of improvement were identified; the inspector read in the care plan for one resident that staff should check on them every thirty minutes. The inspector subsequently reviewed the checklists and saw this resident was being checked hourly. The nurse told the inspector this practice had recently been reviewed and changed to hourly checks, however this was not reflected in their care plan and required to be updated. The inspector also saw in the room of another resident a crash mat and a rambling mat in place, however these control measures were not documented in their care plans. This was highlighted with the nurse on duty who immediately updated the care plan.

Staff were observed using the Epicare system and were seen inputting the care they had delivered to the resident such as personal care and assistance with meals. Care staff spoken with by the inspector were confident using the Epicare system and explained that for the most part they only updated the information and progress notes for those residents they provided care to while on duty.

**Judgment:**
Substantially Compliant

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**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

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

**Findings:**
From an examination of the duty roster the inspector found that there were sufficient staff on duty to meet the needs of the residents at the time of inspection. Each unit was staffed with a nurse, supported by care staff and also had an activities coordinator. There were two clinical nurse managers also on duty as too domestic staff. Staff turnover was found to be high for the centre during the past four months as six staff had left however the inspector saw in the resignation letters of employees a number of these were due to personal reasons.

In discussion with staff, they confirmed they were supported well by the person in charge and the senior nurses. The inspector found staff to be knowledgeable and well informed of their roles and responsibilities. Staff told the inspector they attended yearly appraisals and had their training requirements met. From a review of staff training records the inspector saw that staff had up-to-date training and access to education as seen in the training plan for 2015.

The inspector reviewed the staff files for six recently recruited employees. Improvements were necessary to ensure they met the requirements of Schedule 2 of the Regulations. Some staff files did not have two references, Garda clearance, proof of identity including their date of birth in addition to some staff files not containing job descriptions/contract. This is further outlined in Outcome 5.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000700</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>19/01/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12/02/2015</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report improvements were required to ensure that all necessary documentation as outlined in Schedule 2 and 4 was available in each staff file.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
All staff files have been reviewed and any outstanding documentation has been requested. An Administration Officer has been assigned to oversee that all staff files comply with our recruitment policy and as outlines in schedule 2, 3 & 4. Future employees will not commence employment until relevant documentation has being received.

Proposed Timescale: 11/05/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two care plans reviewed did not have needs assessed as required by Regulation 5(2).

Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
The above mentioned care plans have been updated on the date of inspection and a care plan audit will be carried out in April 2015. Any changes with residents conditions as assessed by staff nurse is communicated to all staff on each shift and in each unit at handover time and care plans are updated accordingly

Proposed Timescale: 11/05/2015