<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mill Brook Manor Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000763</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Slade Road, Coolmines, Saggart, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>087 777 3271</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:millbrookmanor@yahoo.ie">millbrookmanor@yahoo.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Saggart Silverstream Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Gerry Gallen</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Angela Ring</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>62</td>
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</table>
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 29 September 2015 10:00  
To: 29 September 2015 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
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<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This was an announced inspection by the Health Information and Quality Authority (the Authority) in response to an application by the provider to register a new centre under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The inspection assessed the level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
The application submitted by the provider was to provide accommodation for a maximum of 63 adults within a two storey purpose built premises located in southwest county Dublin. As part of the application for registration, the provider submitted documentation relating to compliance with fire safety and planning requirements. The new centre consisted of 59 single occupancy bedrooms and 2 twin occupancy bedrooms, all of which were finished to a high standard. The inspection included a visit to the premises where the inspectors met management staff and reviewed documentation including policies and procedures. There were no residents in the centre as it was not yet registered. Inspectors met with the company director, provider nominee and person in charge during the inspection and found that they were aware of their legal obligations in operating a designated centre. Plans to schedule admission of new residents were discussed and agreed with the provider nominee and person in charge.

Evidence of good practice was found across all 18 outcomes, with areas of improvements found in Outcome 16 Residents' Rights. The action plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre’s first inspection by the Authority.

**Findings:**

The statement of purpose was sufficiently detailed and contained most of the information required under Schedule 1 of the regulations. The statement of purpose needed to be more specific in the arrangements for admissions to the centre and the range of needs for which the centre provides care including day services. During the inspection, inspectors were informed that the provider may increase their application to register 63 beds, inspectors advised the provider nominee to consider this in respect of the deficits outlined in Outcome 12 regarding lack of visitors room and limited communal space. Therefore, the statement of purpose will need to be amended to reflect increased numbers if required.

**Judgment:**

Substantially Compliant

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**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):**

This was the centre’s first inspection by the Authority.

**Findings:**
There was a clearly defined management structure that sufficiently identified accountability. Inspectors were satisfied with the fitness of the provider, person in charge and person participating in management. There were good systems planned around collecting and auditing information in the centre. The provider nominee was advised to clearly document and draw learning from incidents, especially those as part of the initial intake of resident admissions.

The provider nominee had a clear plan around auditing and quality assurance, and he plans to be based in the centre most days until the initial intake of residents is complete and the centre is running smoothly, getting to know residents and their families, and having regular meetings with the person in charge and the directors. The senior care assistant plans to monitor household and care staff performance, conducting monthly care audits and feeding them back to the person in charge.

There was a high standard of resources in the centre with an appropriate stock of equipment and mattresses. The provider nominee assured inspectors that he had autonomy in making decisions regarding funding and resources in order to ensure the delivery of care as described in the statement of purpose.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

*A guide in respect of the centre is available to residents. 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:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
A residents’ guide was reviewed and was found to contain sufficient information on the centre, outlining the arrangements such as around daily living, meals and activities, local external services, receiving and communicating with visitors, and safekeeping of valuables. The guide outlines the rights of the residents and how they can give feedback on the centre through the complaints process or the residents’ forum.

The template for the contract of care that will be agreed upon with residents was reviewed. It outlines the rights and responsibilities of the staff and residents, and sets out the care and services that are covered by the specified weekly contribution fee, along with a list of other services and facilities provided which are charged separately.

**Judgment:**
Compliant
### Outcome 04: Suitable Person in Charge

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a full time person in charge, who was appropriately qualified and had the requisite skills and experience necessary to manage the designated centre. The person in charge was supported by a clinical nurse manager three to ensure the effective operational management and administration of the designated centre. The person in charge was knowledgeable of the procedures around protection, notifiable incidents and use of restrictive practices.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre had a substantial suite of policies which contained all those required by Schedule 5 of the regulations. These were reviewed by inspectors and found to be satisfactory in their content. The admission policy needed to make reference to the planned schedule for the intake of the initial cohort of resident, that is, to admit one new resident per day and a maximum of four per week, with no admissions on
As the centre had not yet commenced regular operation, there were no logs and records to be reviewed, however, the policies and procedures were found to be sufficient to guide staff in maintaining records and logging information. The centre did not have a record available of the number, type and maintenance record of fire fighting equipment. While the centre had archived quotes received on insurance, there was no copy of the certificate of insurance available for review.

**Judgment:**
Substantially Compliant

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### Outcome 06: 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:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The person in charge had arrangements in place for their duties to continue in their absence with the appointment of a clinical nurse manager. The provider was aware of the requirement to notify the Authority of absence within the appropriate timeframes.

**Judgment:**
Compliant

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### Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors reviewed policies and procedures around safeguarding and responding to alleged abuse and found them to be detailed and clearly laid out the roles and responsibilities of staff and guidance to lead practice. The provider was advised by inspectors to make reference to the HSE national policies and procedures “Safeguarding Vulnerable Persons at Risk of Abuse” Dec 2014 in their own policies to ensure it was evidenced based. The person in charge and person participating in management were knowledgeable on the different types of abuse and the appropriate procedures for reporting and investigating incidents or allegations of same. There were appropriate policies in place around restraint and responding to behaviours that challenge. These policies implemented the Department of Health’s national policy “Towards a Restraint-Free Environment in Nursing Homes”. The provider told inspectors that when recruitment is complete, all staff members will attend mandatory training in protection from abuse. The centre had a detailed policy on the submission of protected disclosures.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre had policies and procedures relating to health and safety. The safety statement was centre-specific on elements such as use of hoists, aggression and violence, and fire safety arrangements. The risk management policy made appropriate reference to risk of accidents, residents going missing, assault and self harm as required by the Regulations.

All furnishings were fire safe and the building was equipped with an adequate quantity of fire doors, fire fighting equipment and emergency lighting. The building is compartmentalised and all doors used magnetic holdbacks that disengage on alarm sounding. Fire exits were clearly identified with illuminated running man signs. There were certifications of fire equipment servicing, and arrangements for regular checks and test of evacuation routes, equipment, lighting and alarms. The centre has an evacuation plan in place which clearly denotes all staff duties, and there are arrangements for temporary accommodation should returning to the centre after an evacuation not be a viable option. The provider and person in charge advised inspectors that all staff currently recruited had received fire safety training and this was supported by documentary evidence. Additional fire training, as well as manual handling training, will be scheduled after the full cohort of staff have been recruited and before the centre is
Inspectors found that although there were some measures taken to mitigate risks associated with the smoking room such as fire retardant aprons, inspectors noted that due to the proximity of the smoking room not being easily supervised, a substantial risk assessment and control measures in place was required.

**Judgment:**
Substantially Compliant

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### Outcome 09: Medication Management

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre had policies in place on procedures for prescribing, administering, recording, safekeeping and disposing of medication that were found to be in line with the regulations and with best practice. Inspectors found that there were sufficient policies and procedures in place around residents’ self-administering medication and the recording of medication errors. There were facilities available for storing medicines securely, and plans in plan to carry out ongoing audits of medication management.

The person in charge advised inspectors that links had been established between the centre and the pharmacy, and a register of controlled drugs was on order from same and there was documentary evidence to support this. Links also made with the local general practitioner (GP), and residents will have the option to retain their own if they wish.

**Judgment:**
Compliant

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### Outcome 10: 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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The person in charge and the person participating in management were aware of the incidents that required notification to the Authority within three days. The person in charge was aware of her role to submit quarterly notifications to the Authority and the contents of same.

Judgment:
Compliant

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):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors were informed that links have been established with the general practitioner, pharmacy and allied health professionals to cater to the future residents' health needs. Inspectors reviewed a sample of the documents that were available and found that there was a comprehensive pre-admission assessment plan in place. Arrangements and templates were established for risk assessment and recording on admission of elements such as falls, continence and restrictive practices. Monitoring arrangements and charts on nutritional intake, hearing aids, oral and psychological health had also been created. There was a risk assessment tool in place for use of bedrails and hoists, a template for regular staff checks during restraint periods and Antecedent-Behaviour-Consequence (ABC) charts for behaviours that challenge. Inspectors found the planned documentation around the health and social care needs of the residents to overall be in line with best practice, and will continue to monitor same when they are implemented in practice when residents are admitted to the centre.

Judgment:
Compliant
**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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre consists of 58 single occupancy bedrooms, and two twin occupancy bedrooms, all with ensuite bathrooms, across two floors. Each floor had a communal day room/dining area. The main foyer was large and inviting as a communal area and there were small seating areas along the hallways on the ground floor. The ground floor also contained an oratory, hairdressing room, and designated smoking room, the latter of which was equipped with sufficient ceiling extractors. The outdoor garden space was still under construction, but there was a finished accessible outdoor courtyard in the centre of the building to which residents had full access through a conservatory sitting room. The centre had a well equipped kitchen with storage and separate toilets and a shower for catering staff.

Inspectors observed that all rooms were fitted with fire proof doors and hallways were compartmentalised by double fire doors, all of which were fitted with magnetic holdbacks. The centre was well lit and ventilated, with appropriate floor coverings and fire retardant furnishings. There was an elevator in the centre. Each room and floor surface was level, with no steps or trip hazards. All hallways were lined with grabrail banisters and the bathrooms were fitted with low level ware and support rails for residents with low mobility or in wheelchairs. There was a sufficient quantity of assistive equipment such as full body and sit-stand hoists.

Residents' bedrooms are generous in size and large enough to accommodate a wheelchair user. The rooms are well finished and homely in appearance with sufficient storage space for the resident's clothes and personal belongings including lockable storage for valuables. The bedrooms, bathrooms and communal areas were all equipped with call bell functions, and the call bell device could be detached from the wall for ease of access by the resident.

There was a small therapy room on the first floor which was to be used as a nurse station and for clinical storage and documentation, inspectors found this room to be quite small for the number and needs of residents on the floor and requested the provider to address this issue.

While the inspectors acknowledged that there were no residents in the centre, they
found that the day/dining room on the first floor was limited in size for 20 residents and this was the only communal space available to them on the first floor, however it was difficult to form a judgement on this issue until the centre was occupied. There was also no adequate private room in which residents could receive visitors as referred to in Outcome 16. These issues were brought to the attention of the provider and person in charge who agreed to review them.

The centre had a large laundry room on the basement of the centre, and adequate sluicing facilities on both resident floors, the provider informed inspectors that sluicing machines were being installed in coming days. In addition, the heating system in the centre was not fully operational on the day of inspection and the provider agreed to submit confirmation once it was fully operational.

**Judgment:**
Compliant

### 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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The centre had policies and procedures on complaints that were in line with the regulations. The complaints officer was identified and sufficient arrangements were in place for recording and following up on complaints, feeding the outcome back to residents, and recording their satisfaction. A procedure for appealing outcomes was in place, conducted by the person in charge of another designated centre.

**Judgment:**
Compliant
### 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

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
Inspectors found that there was a satisfactory end of life care policy in the centre. The provider told inspectors that a twin bedroom may be used for end of life care due to its size and ability to accommodate family if required. The provider and person told inspectors that they had yet to establish arrangements for referral to palliative care specialists but there were plans in place to do so.

**Judgment:**  
Compliant

### 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

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
As no residents have been admitted to the centre yet, inspectors did not observe practices around mealtimes, records of dietary requirements or availability of healthy and varied foods. The centre had adequate kitchen facilities and staff. There were policies and procedures around nutrition and food safety.

**Judgment:**  
Compliant
Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The provider and person in charge advised inspectors that residents will be consulted on the running of the centre through a residents' committee meeting which will be held regularly, minuted and involve a residents' advocacy group.

Pursuant to maintaining links and updates with the wider community, there are plans in place for a weekly newsletter which will reference upcoming local events that may interest the residents. The centre will also provide residents with access to centre phones and newspaper choices, and each bedroom is equipped with a television.

There is an oratory in the centre, and arrangements are made with for a local priest to visit the centre when it is in operation. The centre is in the process of recruiting two staff as activities coordinators, so as to provide meaningful activities for residents seven days a week. The person in charge plans to promote residents' ability to exercise their right to vote.

As identified in Outcome 12, there was no suitable private space outside of their bedroom in which residents can receive visitors such as family and friends, in addition, inspectors observed that there was no screening between beds in the twin rooms, this was discussed with the provider who agreed to address these issues.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents’ clothing and personal property and possessions
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.

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
At the time of inspection, no residents were living in the centre. However, inspectors were satisfied that the bedrooms had adequate storage for personal belongings and clothes, with wardrobes, drawer chests and lockable storage for valuables. The centre also kept a safe in which residents could have items stored. Inspectors were satisfied that the policy on residents’ personal property, finances and possessions was in line with the regulations.

Judgment:
Compliant

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):
This was the centre’s first inspection by the Authority.

Findings:
At the time of inspection, recruitment was in progress for care assistants and nurses. The centre’s policy on recruitment, selection and vetting of staff was in line with the regulation and provided clear guidance. The staffing levels were planned as having three nurses and the person in charge or clinical nurse manager (CNM) working during the day, with three nurses and the CNM at night. Inspectors advised the provider to consider if this ratio of staff to nurses would be adequate for the large number of single occupancy rooms on the two floors once occupied.

Inspectors reviewed a sample of personnel files and found them to contain the documents required under Schedule 2 of the regulations. All nurses had confirmation of their 2015 registration with An Bord Altranais agus Cnáimhseachais na hÉireann archived.

There was documentary evidence to demonstrate that all staff currently working in the centre had received mandatory fire training, and other mandatory training such as
protection, infection control and manual handling will take place when all staff have been recruited according to the person in charge.

**Judgment:**
Compliant

### 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:**

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

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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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose needs to be more specific on arrangements for admissions, day care service, the number and needs of residents for whom the centre provides.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Statement of Purpose has been updated to reflect the needs of the residents for whom the centre provides care for, including the arrangements for admissions.

Proposed Timescale: 07/10/2015

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:
The admissions policy did not include the plan on admitting the initial intake of residents

2. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
The admission policy has been reviewed and updated to include the number of planned admissions daily/weekly.

Proposed Timescale: 07/10/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have a record of the number, type and maintenance record of fire fighting equipment.

3. 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:
A record of fire fighting equipment is completed and will be incorporated into the Fire safety register.

Proposed Timescale: 07/10/2015
Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have a copy of the certificate of insurance at time of inspection.

4. Action Required:
Under Regulation 22(1) you are required to: Effect a contract of insurance against injury to residents.

Please state the actions you have taken or are planning to take:
The certificate of insurance is now in place.

Proposed Timescale: 07/10/2015

Outcome 08: 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:
A substantial risk assessment and control measures in place for the smoking room was required.

5. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Policy and procedure in place. Risk assessment with regards to smoking room complete. Smoking assessments will be completed on residents on admission and reviewed 3 monthly or as required.

Proposed Timescale: 07/10/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no screening between beds in the two twin rooms.
6. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
Screening ordered and awaiting installation.

**Proposed Timescale:** 22/10/2015

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no suitable private space outside of the bedroom in which residents can receive visitors such as family.

7. **Action Required:**
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.

**Please state the actions you have taken or are planning to take:**
A visitor’s room is available. Rooms in foyer have been reconfigured to create a visitors room in which residents can receive visitors such as family in a private area away from their bedroom.

**Proposed Timescale:** 07/10/2015