# Health Information and Quality Authority

## Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Middletown House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000251</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ardamine, Gorey, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053 942 5451</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@middletownhouse.ie">info@middletownhouse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Joriding Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Joseph Butler</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</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>48</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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, 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 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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<tbody>
<tr>
<td>13 January 2016 10:00</td>
<td>13 January 2016 17:00</td>
</tr>
<tr>
<td>14 January 2016 09:30</td>
<td>14 January 2016 14:30</td>
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</table>

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>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<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>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<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>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
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<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection

This inspection was announced and carried out in response to an application from the provider to renew registration of the centre. This was the fifth inspection of this centre undertaken by the Authority. During the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was...
reviewed.

The inspector spoke with residents, relatives and staff throughout the inspection and also reviewed the feedback questionnaires returned to the Authority. In addition other documents submitted by the provider related to the renewal of registration were reviewed prior to the inspection.

Care, nursing and ancillary staff were well informed, were observed to have friendly relationships with residents and could convey a comprehensive understanding of individual residents' wishes and preferences. Quality of life and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care programmes and in social activity. There was a varied programme of activities and an activities coordinator was available daily to ensure activities took place as scheduled.

Residents and relatives who returned questionnaires to the Authority indicated satisfaction with the service provided. They were positive about the care provided and the input from medical staff and allied health professionals. They were aware of how to raise a concern or make a complaint.

Overall the inspector was satisfied that the person in charge and provider were committed to ensuring the centre was in substantial compliance with current legislation and that residents were safe and well cared for.

A total of 18 outcomes were inspected. The inspector found 16 outcomes were compliant and two outcomes were found substantially compliant with the Regulations. The inspector found that there was an adequate level of compliance, with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
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):**
No actions were required from the previous inspection.

**Findings:**
The provider had submitted a revised statement of purpose as part of the application to register. This was found to contain the majority of the required information described in Schedule 1. However, it did not include the information set out in the certificate of registration as required by the Regulations.

**Judgment:**
Substantially Compliant

### 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:**
Effective management systems were seen to be in place in the centre during the inspection. The person in charge was suitably qualified and demonstrated a satisfactory knowledge of the Regulations and the Authority's Standards. The inspector observed that there were sufficient resources in place to ensure the delivery of safe and quality care.
care to the residents with the present skill mix and staffing levels. The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre.

There was an organisational structure in place to support the person in charge which included an assistant director of nursing. There was a reporting system in place as observed by the inspector to demonstrate and communicate the service was effectively monitored and safe between the person in charge, the provider nominee and all staff. The inspectors saw that there was a detailed audit schedule in place.

The quality of care and experience of the residents was also reviewed regularly through an audit programme that reviewed varied aspects of the service at three, six month and annual intervals. The areas reviewed included care planning, complaints, falls, wound management, antibiotic usage, restraint and medication management. Areas that were reviewed at other times included equipment/ call bells and staff files.

The inspector reviewed audits completed by the person in charge. Clinical data was collected and reviewed. It was then trended and analysed as observed by the inspector. The inspector found that this information was used to improve the service and discussed at team meetings.

The inspector saw that a report on the quality and safety of care of residents and a quality improvement plan had been completed for 2015 and 2016. The action plan for 2016 included to improve the area of auditing, falls education and to facilitate students that were undertaking Quality and Qualifications Ireland (QQI) programmes and pre nursing course.

**Judgment:**
Compliant

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector read a sample of completed contracts and saw that they did meet the requirements of the Regulations. They included adequate details of the services to be provided and the fees to be charged, and included the cost for the additional services not included in the fee.
Inspectors saw there was relevant information available for residents on the notice boards in the main foyer. Services provided for residents were outlined in a Residents’ Guide that included a summary of the statement of purpose, terms and conditions within a sample contract of care, complaints procedure and visiting arrangements.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the designated centre was managed by a suitably qualified and experienced person in charge with authority, accountability and responsibility for the provision of services. Inspectors observed that the person in charge was well known to residents, relatives and staff.

Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents. She participated fully in the governance of the centre in a number of ways which included supervising the delivery of care, carrying out audits and managing risk.

The person in charge was committed to her own professional development and had completed a masters degree in gerontology and a FETAC Level 6 course in 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:
The inspector found that overall records were maintained in a manner that ensured completeness and accuracy.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. There was a visitors sign in book available. The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Records were stored securely and easily retrievable. The directory of residents contained all the information required by Schedule three of the Regulations and was maintained up to date.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days. The person in charge worked full time and was supported in her role by an assistant director of nursing. The assistant director of nursing covered for the person in charge in her absence.

Judgment:
Compliant
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):
No actions were required from the previous inspection.

Findings:
There was a policy on adult protection in place which was in line with the national policy on safeguarding vulnerable adults. Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. There was an ongoing program of training in safeguarding vulnerable adults in place.

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place. Entrance and exit doors were monitored by CCTV.

The financial controls in place to ensure the safeguarding of residents’ finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents’ personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for the running balance of each resident’s account.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. Inspectors saw that a restraint-free environment was promoted. There were no physical or environmental restraints in use at the time of this inspection.

There is a policy on the management of behaviour that is challenging. Staff spoken with were very familiar with resident’s behaviours and could describe particular interventions well to the inspector for individual residents. There was evidence staff had completed training in behaviours that challenge. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. It was evidenced in medical files the community mental health nurse visited the centre routinely.

The inspector saw that incidents were being reported and evidence-based tools, such as ABC (Ancedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour.

Judgment:
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 found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement dated June 2014. There was a risk management policy that was in line with the Regulations. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. All staff had been trained in manual handling and appropriate practices were observed by the inspector.

The clinical risks identified included skin vulnerability and compromised nutrition status. There was a good outline of the risks presented and the control measures in place. The latter were fully described in care records and were used to develop a range of care plans that directed care and ensured the well being of residents.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed, vital signs for residents were checked and recorded. The inspector observed that falls and any other near misses were analysed on a regular basis and strategies put in place to minimise reoccurrence.

Overall fire safety was well managed. The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection.

Inspectors found that there were measures in place to control and prevent infection. Staff were knowledgeable in infection control. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

The centre was visibly clean with a cleaning schedule identifying areas to be cleaned.
and cleaning frequencies. The person in charge described how clothes, linen and towels were separated, stored and washed separately. All laundry was done on site. The inspector reviewed the laundry arrangements in place. The design of the laundry facilities allowed for correct flow and appropriate segregation of soiled and clean items.

**Judgment:**
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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found staff were knowledgeable about medication management and administered medications safely. There was a comprehensive medication management policy in place to guide practice which gave clear guidance to nursing staff on areas such as ordering, prescribing, administration of medicines 'as required' (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

There was no transcribing of medications in the centre. Written evidence was available that medications were regularly reviewed by resident's general practitioner (GP). Medicines were being stored safely and securely in the clinic room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded.

The inspector read a small sample of completed prescription and administration records and saw that they were in line with best practice guidelines. For example prescribing of medications required to be crushed had been individually prescribed by the prescriber. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

**Judgment:**
## 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):**
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 and accidents. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required.

** 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):**
No actions were required from the previous inspection.

**Findings:**
There were 48 residents in the centre during the inspection. All residents were residing in the centre for long term care. There were 14 residents with maximum care needs, 15 residents were assessed as highly dependent, 15 had medium dependency care and four were assessed as low needs. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Eighteen residents had a diagnosis of dementia, cognitive impairment or alzheimers.

The arrangements to meet residents’ assessed needs were set out in individual care
plans. The inspector found that a good standard of personal care and appropriate medical and allied health care access was in place. Recognised assessment tools were used to identify residents care needs, evaluate progress and assess risk factors such as vulnerability to falls, dependency levels, compromised nutritional status, risk of developing pressure sores and moving and handling needs. There was a record of the resident’s health condition and treatment given completed daily and at night.

The inspector reviewed four resident’s care plans and certain aspects within other care plans such as wound management and care plans related to residents with dementia. In the sample of care plans reviewed there was evidence that the care plans were updated at the required intervals or in a timely manner in response to a change in a resident’s health condition. On admission a comprehensive assessment of needs was completed, reviewed and updated at regular intervals. There was evidence of consultation with residents or their representative in care plans.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents’ medical notes showed that GP’s visited the centre regularly. A review of residents’ medical notes showed that GP’s visited the centre to review residents and medications. Medication was reviewed to ensure optimum therapeutic values Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and staff from mental health services for older people was timely when referrals were made. Residents and staff informed the inspectors they were satisfied with the current healthcare arrangements and service provision.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information about their care and treatment was readily available and shared between providers and services.

The inspector reviewed care plans of residents receiving wound management. There was evidence that the wounds had been assessed and dressed in accordance with good practice guidance. There was a wound management policy which guided the staff in the prevention and management of wounds. The inspector saw that records outlined the size and extent of the tissue damage, the dressings in use and progress each time the dressing was changed. Staff were well informed on wound care practice. Expert advice was available from nursing staff in the acute services that had specialist expertise in this area.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of chair alarms and hip protectors. There was very good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff.

Residents had care plans for nutrition in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor
nutrition. There was ongoing monitoring of residents’ nutrition. Nutritional screening was carried out using an evidence-based screening tool. All residents were weighed regularly. Resident identified at risk were weighed on a more frequent basis.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Two activities coordinators had responsibility for social care programmes and a variety of activity was available.

Overall the inspector was satisfied that the care plans contained the required information to guide the care for residents.

**Judgment:**
Compliant

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### 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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents’ individual and collective needs in a comfortable and homely way. The building is laid out over two separate floors. The perimeter of the building is monitored by CCTV (closed circuit television) surveillance. Overall the inspector found that the premises were decorated and maintained to a high standard and had suitable heating, lighting and ventilation. On the day of inspection the building and surrounding grounds were clean and well presented. The building was equipped with a functioning call bell system.

There was sufficient communal spaces available for residents' use throughout the building. The amount of useable space available to each resident in single and twin occupancy bedrooms enhanced their safety and comfort. It also encouraged and aided their independence. Inspectors observed that bedrooms were personalised with photographs, paintings and furniture. There was an adequate number of toilets and bathroom/shower facilities. The environment was homely, well decorated and in a style which was comfortable. There was a programme of regular maintenance as observed by the inspector. There was a secure outdoor area which could be accessed from a number
of points. There was a water feature in the outdoor area and garden seating was provided. Suitable external lighting was provided.

Appropriate assistive equipment was readily available to meet the needs of the residents, such as electric beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. The corridors were wide allowing easy access for residents using wheelchairs and other assistive equipment.

The kitchen was found to be well equipped. The inspector observed a plentiful supply of fresh food. The laundry complied with the requirements in the Authority’s Standards.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found evidence of good complaints management. The person in charge and provider had a positive attitude to receiving complaints and considered them as a means of improving the service. Inspectors reviewed the complaint’s policy and found it to be comprehensive. It met the requirements of the Regulations. It described how to make a complaint, who to make the complaint to and the procedure that would be followed on receipt of a complaint.

The policy also contained an independent appeals process. At the time of inspection no written complaints had been made, but there were systems in place to record them fully if there were. The inspector observed that advocacy services were identified to help residents raise any issues or concerns they may have.

The complaints procedure was on display on the main reception area. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint. Residents told the inspector that they felt comfortable in discussing concerns with any member of the management team as they were always on site and available.

**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):
No actions were required from the previous inspection.

Findings:
This outcome was the subject of a thematic inspection in July 2014 and all aspects of end of life were examined in detail during the inspection. On this inspection staff spoken with demonstrated an understanding of the principles that underpinned the centre’s approach to end-of-life care and also an individual commitment to those principles of dignity and respect for the wishes and preferences of residents at the end of their lives.

The end-of-life care policy had been revised in December 2015 to reflect all the good practices of end-of-life care provided and ensured sufficient detail to guide staff. Some of the staff had received end-of-life training.

The inspector observed that a multidisciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team. However, residents with a do not resuscitate (DNR) status in place did not have the DNR status regularly reviewed to assess the validity of clinical the judgement on an on going basis.

Most residents had a plan of care for end-of-life. The care plans contained detail of personal or spiritual wishes. Decisions concerning current and future healthcare interventions and advance care planning required review. Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were not documented in all of the end-of-life care plans reviewed.

In some records reviewed it conveyed that residents and relatives were consulted and where they wished to express a view about how their end of life care should be managed this was recorded. There were issues of capacity to make decisions that the person in charge and staff had to consider as some residents were highly dependent, had dementia or a combination of complex conditions. The person in charge recognised that decisions made in relation to end of life care were determined by the clinical presentation that prevails in the absence of residents being able to make a decision on their own behalf.

Judgment:
Substantially 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):**
No actions were required from the previous inspection.

**Findings:**
Residents were provided with food and drink insufficient quantities to meet their needs.

This outcome was the subject of a thematic inspection in July 2014 and all aspects of food and nutrition were examined in detail during the inspection. This outcome was found to be compliant on the thematic inspection. There was a food and nutrition policy in place that provided detailed guidance to staff and is supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, care planning and decisions on withholding/withdrawing nutritional or hydration support. Staff were familiar about the policies in place.

The inspector observed that a lunch menu for the day was on display which offered an appetiser, a choice of starters, four options for main course and a choice of desserts including tea and coffee with biscuits following the meal. The dining area was bright and well decorated with tables set for individuals and groups of up to four. The atmosphere in the dining area was homely and interactive with residents and staff seen to engage in comfortable and courteous conversation. The inspector spent time sitting in a dining area and observed that staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. The inspector observed that residents were provided with the meals of their choice which were freshly prepared, nutritious, and appetising in presentation. Meals which were required to be pureed were also presented in an appealing manner with individual elements of the meal clearly identifiable.

Light snacks were available throughout the day which were regularly offered to residents and available on request. Afternoon tea was available from 3pm with supper served at 6pm. Water and mixed drinks were visibly available and also seen to be regularly offered by staff.

The feedback received from residents during the inspection was positive and while a menu was displayed the inspector saw and residents confirmed that they were served whatever they wanted. They described meals as “tasty and varied” better than in a hotel.

**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):
No actions were required from the previous inspection.

Findings:
Residents and family members spoke highly of the staff team and their attitude to their roles, and friendly nature. The inspector found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. The inspector observed positive interactions between residents and staff over the two days. The inspector observed good examples of the dignity of residents being promoted. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them.

There was evidence of a good communication culture amongst residents, the staff team provider and person in charge. Residents were well dressed. Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily as observed by the inspector. A residents’ forum was in place and minutes of meetings were viewed by the inspector. Residents had access to an independent advocacy service.

Residents’ civil and religious rights were respected. Residents and staff confirmed that they had been offered the opportunity to vote in elections. Residents could practice their religious beliefs. There was a visitor’s room to allow residents meet with visitors in private. There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by two activities coordinator. The inspector spoke with one of the activity coordinators who confirmed the range of activities in the weekly program. The activity schedule provided for both cognitive and physical stimulation.

Visitors were welcomed and residents had access to the television and radio. Staff said that residents really appreciated hearing local news and they kept them up to date with community events. The centre had its own bus and day trips were organised weather permitting. The inspector saw that some residents went out in the mornings for a walk.
## Judgment:
Compliant

### 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):
No actions were required from the previous inspection.

### Findings:
Residents’ personal spaces were personalised with photographs, pictures and other personal possessions. The inspectors found there to be policies and procedures in place to guide staff in the area of protection of residents’ personal property. The inspectors saw that there were inventory lists of resident’s belongings in the care plans.

There was a system in place to ensure laundry was effectively managed. Residents and relatives expressed satisfaction with the laundry service provided. As outlined under outcome eight there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

### 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):
No actions were required from the previous inspection.
**Findings:**
The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

There were three nurses rostered throughout the day to meet the clinical care needs of residents. There were care staff allocated to residents in sitting rooms throughout the day. In addition, there were activity staff present in the communal sitting rooms to facilitate a flexible program of activities and to spend time with residents who wished to remain in their rooms.

Staff demonstrated good knowledge and understanding of each resident’s background. Staff described residents preferred daily routines, likes and dislikes in conversation with the inspector. Staff told the inspector that they were well supported and that a good team spirit had been fostered among staff. The inspectors noted that there were staff meetings arranged and that a range of topics were discussed. The person in charge was present at handover each morning and would discuss any issues arising also at that time.

The inspector found that the education and training made available to staff was supporting them in their roles. There was good access to mandatory training, which was refreshed routinely in line with the centre policy. Documentary evidence of training attended was in place and staff verified that training was delivered and refreshed often.

Training had been provided on a range of topics in 2015 that included elder abuse and the protection of vulnerable people, fire safety, infection control, food safety, restraint management, and dementia. Good supervision practices were in place with the nurses visible on each floor providing guidance to staff and monitoring the care delivered to residents. Staff told inspectors that the person in charge was involved on a daily basis and clear directional leadership and support was noted to be provided.

The inspector saw that the process of formal support and supervision had commenced for all staff. There was a recruitment policy in place, and the inspector was satisfied that staff recruitment was in line with the Regulations. A sample of four staff files were examined and the inspector noted that all relevant documents were present.

**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:

Ide Cronin
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>Middletown House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000251</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13/01/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25/01/2016</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 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 did not include the information set out in the certificate of registration as required by the Regulations.

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

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The information set out in in the certificate of registration is included in the Statement of Purpose and Function.

**Proposed Timescale:** 15/01/2016

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Person-centred care and support</td>
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</table>

The **Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Ensure that all residents have a plan of care for end-of-life.

**2. Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**
The end of life care plans will be reviewed and will ensure that the care plans address the physical, emotional, social, psychological and the spiritual needs of the residents.

**Proposed Timescale:** 30/04/2016