

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Millhouse Care Centre
<b>Centre ID:</b>	OSV-0000252
<b>Centre address:</b>	Newtown Commons, New Ross, Wexford.
<b>Telephone number:</b>	051 447 200
<b>Email address:</b>	accounts@millhouscarecentre.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Clearwood Property Management In Receivership
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	7

## **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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
10 July 2017 10:00	10 July 2017 18:00
11 July 2017 09:30	11 July 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the

Health Information and Quality Authority (HIQA). An interview was also carried out with the person in charge.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of improved levels of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. Eight of 13 actions required from the previous inspection had been addressed including the major non-compliances. Although not within the agreed timescales, an improvement plan was underway to complete the remaining five, some of which were partially completed. Additional improvements were also identified at this inspection.

Millhouse Care Centre is a purpose-built two-storey centre, which provides residential care for 62 people.

The safety of residents was promoted. Fire procedures were up to date. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

The health needs of residents were met to a high standard. Medication practices were in line with national guidelines. Residents had access to general practitioner (GP) services, to a range of other health services and care plans were in place. Some improvement was still required to the care plan documentation to ensure that arrangements were in place to meet the needs of residents. While improvements had occurred around the dining experience, weight management required additional attention.

The inspector saw that residents were part of the local community with some residents going home on a regular basis and others attending services and events in the community. However further improvement was required to ensure that all residents had opportunities to participate in meaningful activities in line with their capabilities, interests and preferences.

Staff files still did not meet the requirements of the regulations and there was limited evidence that safety checks were completed when bedrails were in use. Some improvement was required to ensure that the premises is appropriate to the number and needs of the residents.

These are discussed further in the report and included in the action plan at the end.

**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 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 inspector was satisfied that the statement of purpose met the requirements of the Regulations. It described the service that was provided in the centre. It had been updated to reflect the change to the position of the person in charge.

**Judgment:**

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:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Audits were being completed on several areas such as complaints, falls and the use of

restraint. The inspector saw that action plans with timescales were put in place to address any issues and the results of these audits were shared with all staff at team meetings.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose. This had been updated to reflect recent changes to the person in charge. A new person in charge is also due to commence employment in the coming weeks.

**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 the Resident's Guide and noted that it met the requirements of the regulations.

The inspector read a sample of completed contracts and saw that they also met the requirements of the regulations.

**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:**

The person in charge is a registered nurse with the required experience in nursing older people and worked full-time between two centres. This arrangement is due to change in the coming weeks with the appointment of a new person in charge.

The person in charge had maintained her continuous professional development having previously completed courses in gerontology and supervisory management. She continues to attend courses such as safeguarding and has plans to complete additional training later in the year.

During inspection, the person in charge demonstrated sufficient knowledge of the residents. The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

The inspector noted that she was well known to residents, relatives and staff.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Some improvement was required under this Outcome.

The inspector reviewed a sample of staff files and noted that three of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. Gaps in these files were also noted at the previous inspection.

Otherwise the inspector saw that the remaining records listed in Part 6 of the regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the regulations. This included the Directory of Residents and residents' records. The person in charge was aware of the periods of retention for

the records.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Adequate insurance cover was in place.

**Judgment:**

Substantially 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:**

The provider was aware of the regulatory requirement to notify the HIQA should the person in charge be absent for more than 28 days.

The person in charge informed the inspector that the assistant director of nursing (ADON) deputised in the event that the person in charge was absent from the centre.

The ADON was on annual leave at the time of inspection.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.



**Findings:**

The inspector found that while some improvement had taken place, some actions required from the previous two inspections around the use of restraint had not been addressed.

The inspector reviewed the care plans of residents who were using bedrails and lap belts and found that details of the use and type of restraint were included. However specific care requirements were not available. For example it stated that safety checks were to be completed regularly but did not specify how often this was needed. In addition there was limited documented evidence that safety checks were completed when bedrails were in use. A detailed policy was in place but was not implemented by staff. It is acknowledged that overall usage of restraint was low and additional equipment such as low beds had been purchased to reduce the need.

There were policies in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Actions required from the previous inspection had been addressed. The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use.

During the inspection staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatric services.

The inspector found that additional safeguards were in place to protect residents in particular residents with dementia. A more robust pre-admission assessment was completed to ensure that the centre could meet the needs of the residents. Staff had also undertaken additional training on managing responsive behaviours.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents' monies continued to be managed in a safe and transparent way.

**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 was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. Regular hygiene audits were carried out.

The risk management policy met the requirements of the regulations.

Procedures for fire detection and prevention were in place. Servicing records were up to date. Fire drills were carried out on a regular basis and when required action plans were put in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended the mandatory training in moving and handling. Hoists and slings were available and servicing records were up to date.

**Judgment:**

Compliant

***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 was satisfied that medication management practices were safe.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. The pharmacy staff were also assisting in the checking of the medications provided against the prescriptions.

The inspector saw that notices were on display advising residents that the pharmacist was available for discussion and support if needed.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

**Judgment:**

Compliant

***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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that improvement was required to ensure that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing and allied health care. Some actions from the previous inspection had not been addressed within the agreed timeframe.

The inspector reviewed the management of clinical issues such as diabetic care and found that improvement was required. Care plans were in place and detailed the care to be provided including timing and frequency of blood sugar recordings. The system in place was that these records were to be inputted on the computerised care planning system. However on reviewing these records, gaps were noted. For example a blood sugar level was to be recorded each evening prior to administering medication. The inspector found that no records were inputted for several days. In addition according to the care plan, a weekly fasting blood sugar was to be taken. Again the inspector found gaps which could impact on the health of residents. For example there was a recording for the 8th June and the next record was for the 20th June.

The nurse spoken with subsequently found and showed the inspector where the daily records had been recorded on the medication records instead of the computerised system. However, the weekly fasting records could not be located.

Weight management is discussed in more detail under Outcome 15.

Improvement was found in relation to wound care planning which had been identified as an area for improvement at the last inspection. Having reviewed wound management practices the inspector saw that appropriate wound assessment and treatment charts were in place and residents had access to the services of a tissue viability nurse.

It was noted at the previous inspection that there was limited evidence that care plans were reviewed following consultation with the resident or, where appropriate, their relative. The inspector saw that this had been addressed. Regular reviews were undertaken and it was documented that residents or their relatives when appropriate were consulted.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy

(SALT), occupational therapy (OT) and dietetic services. A physiotherapist attended the centre to provide individual and group sessions for the residents. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

**Judgment:**

Non Compliant - Moderate

***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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The centre is a purpose-built two-storey centre, with a memory unit on the second floor. Some improvement was required to ensure that the premises were made more suitable for residents.

There are 54 single bedrooms with full en suite toilet and shower facilities and four twin bedrooms with similar en suite facilities. In addition to this there are a number of toilets and bathrooms throughout the building.

The centre contains a number of dining rooms and day areas. An oratory, visitors' room and a library are also located in the building. Kitchen and laundry facilities are located on the ground floor. The front foyer was popular with residents and visitors.

An enclosed courtyard is accessible from the ground floor; however the inspector was concerned that the more dependant residents on the first floor did not have access to this area on a regular basis.

The centre is largely decorated in a homely and comfortable fashion. Large paintings and smaller pictures are displayed at various areas throughout the building, as are artworks created by residents and photos of recent activities and events. Furniture and equipment seen in use by residents was in good working condition and regularly serviced. Adequate arrangements were in place for the disposal of general and clinical waste.

Some rooms were decorated in a personalised manner and contained clocks and calendars to orientate residents to place and time. Some rooms had also recently been repainted but some remained that required redecoration. The inspector noted that the televisions in most of the bedrooms were small which may interfere with residents' ability to watch their favourite television programmes.

While a small number of bedroom doors displayed signage personalised to the residents, improvement was needed to ensure that residents were supported in locating their rooms where required. Some signage was available at eye-level to indicate the presence of toilets, but despite the agreed timescale from the previous inspection, sufficient directional signage was still not available to assist residents in locating communal rooms.

In addition, contrasting colours to support residents with dementia were not in use on corridors or on grab rails in toilets and shower rooms.

A lift provided access between the ground floor and first floor, and handrails were available in all circulation areas.

Adequate parking was available at the front of the building.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector was satisfied that the complaints of each resident and their family were listened to and acted upon and there was an effective appeals procedure.

A log was maintained electronically and adequate details were recorded including the level of satisfaction with the outcome. The inspector read a sample of complaints received and found that they were managed in line with the policy in place. Some were still open and investigations were underway. Residents told the inspector who they would talk to if they had a complaint.

A summary of the complaints' procedure was on display prominently in the front foyer.

**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:**

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. This practice was informed by the centre's policy on end-of-life care.

Staff provided end-of-life care to residents with the support of their GP and the community palliative care team who were available for advice and support.

The inspector reviewed a sample of end-of-life care plans and saw that residents had been given the opportunity to outline their preferences regarding their preferred setting for delivery of care and other care preferences.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight.

**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):**

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

**Findings:**

The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious while also properly prepared, stored and cooked. Improvement was required to ensure that the management of weight loss was in line with the care plans and policies in place.

Weights were recorded on a monthly basis or more frequently if required. Approved nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights. However the inspector noted that a resident who was on weekly weights had a dramatic recorded weight loss over one week. However there was no evidence that any action was taken in response to this including a possible recheck.

In addition the inspector saw that a resident was to have a record of his food intake maintained. However the inspector saw that the records were incomplete for the days reviewed. For example the inspector saw that one day no entries of food intake were recorded at all. Another day it appeared as if the resident only had breakfast as no other entry was made for that day.

It was found at the previous inspection that recommendations of the dietitian were not consistently incorporated into the care plans or practices. The inspector read a sample of care plans and saw that this had been addressed. The recommendations of both the dietitian and the speech and language therapist were incorporated into the care plans and practices.

It was also found at the previous inspection that adequate assistance for residents was not available at meal times. At the time of inspection, this action had been addressed. Adequate assistance was available and the meals were unhurried. The inspector also noted that meals were nicely presented, tables were nicely laid and contrasting colour crockery was in use.

The inspector visited the kitchen and found that it was clean and organised. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences which was documented and records held in the kitchen.

**Judgment:**

Non Compliant - Moderate

***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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Although some improvement had occurred, additional action was required to ensure that all residents had opportunities to participate in meaningful activities in line with their capabilities, interests and preferences.

It was highlighted at the previous that residents, particularly those with dementia, did not have opportunities to participate in meaningful activities. While some improvement had occurred, the inspector did not observe regular meaningful activities taking place. The inspector saw that on one afternoon there was a music session which the residents said they thoroughly enjoyed. While a ball game was observed, a minimal number of residents were seen to engage in the activity. Similarly a minimal number of residents engaged in arts and crafts. The activity coordinator was on leave at the time of inspection and the second person to assist with activities was also on extended leave.

There did not appear to be an adequate system in place to ensure residents engaged in activities while activity co-ordinators were not working. The inspector was unable to confirm if the activities were more meaningful when the activity coordinator was on duty although several residents said they would like something else to do during the day. This was discussed at the feedback meeting and the inspector saw that this aspect of care was under review by the management group.

Residents were facilitated to receive visitors in private. Several rooms were available for this if residents wished. The inspector saw relatives visiting at various times during the day. Relatives indicated that this was usual.

Residents had access to a private telephone, with some phones being installed in residents' rooms for their convenience. The person in charge outlined the arrangements in place to facilitate residents to vote in the centre, and to exercise their religious rights.

Residents had access to independent advocacy services. Residents' meetings were also held on a two monthly basis.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Residents could have their laundry. The inspector visited the laundry which was organised and well equipped. Staff spoken with were knowledgeable about the different processes for different categories of laundry.</p> <p>There was adequate space for residents' possessions including a lockable space. Residents and relatives spoken with confirmed that they were happy with the service provided.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 18: Suitable Staffing</i></b> <b><i>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.</i></b></p>
<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector found that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Improvement was required to ensure that staff files met the requirements of the regulations.</p> <p>The inspector reviewed a sample of staff files and noted that three of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. Action in relation to this is included under Outcome 5.</p> <p>Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.</p>

A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on infection control, use of restraint and dementia care including the management of responsive behaviours.

The inspector also saw where staff appraisals were undertaken on a yearly basis and the results of these were used to identify additional training needs.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the regulations.

It was found at the previous inspection that the staffing levels and skill mix complement required review in order to adequately meet the assessed needs of all residents, particularly residents that were accommodated in the memory unit. The inspector found that a lot of work had been undertaken in this area.

Additional training and one to one support had been provided. Staff were relocated to be available to assist residents particularly on the first floor. Additional clinical supervision was in place. Residents were assessed to ensure that the centre could meet the residents' needs. There was no evidence at this inspection that staffing levels and skill mix were inadequate to meet the current needs of residents but this will require constant monitoring.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

**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:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider’s response to inspection report<sup>1</sup>**

<b>Centre name:</b>	Millhouse Care Centre
<b>Centre ID:</b>	OSV-0000252
<b>Date of inspection:</b>	10 and 11 July 2017
<b>Date of response:</b>	01 September 2017

**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:**

A satisfactory history of gaps in employment was not available in three of four files reviewed.

**1. Action Required:**

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

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:**

The Registered Provider will carry out a full audit of all employee files to ensure that they contain a full employment history and any gaps in employment are explained.

**Proposed Timescale:** 31/08/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Care plans did not provide sufficient detail to guide practice regarding the frequency of safety checks.

There was limited documented evidence that safety checks were completed when bed rails were in use.

**2. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The Registered Provider will review the care plans to ensure that they include an indication of the frequency of safety checks for residents who require bedrails, in accordance with each resident's assessed care needs and the National Guidelines on the Use of Restraint in Designated Centres.

The Registered Provider will review the care plans to ensure that regular bedrail safety checks are consistently recorded when residents are in bed, including recording the safety checks carried out by staff each time direct care is provided to residents when they are in bed.

**Proposed Timescale:** 31/08/2017

**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:**

Blood sugar levels were not consistently recorded in line with the care plan in place.

**3. 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 Registered Provider has reviewed the care plans to ensure that the required frequency of blood sugar monitoring is clearly indicated and that the results, and any actions taken on the basis of results, are recorded consistently in accordance with the individual residents' prescribed treatment and care plan.

**Proposed Timescale:** 31/07/2017

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Some improvement such as directional signage and contrasting colours, are required to ensure that the premises were made more suitable for residents with dementia.

**4. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The continued improvement of the environment for residents with dementia will include appropriate directional signage and contrasting colours to enable residents to identify their rooms and find their way to communal areas of the centre.

**Proposed Timescale:** 30/09/2017

**Theme:**

Effective care and support

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

An enclosed courtyard is accessible from the ground floor; however the inspector was concerned that the more dependant residents on the first floor did not have access to this area on a regular basis.

**5. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the

matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The Registered Provider will ensure that regular opportunities are offered to residents on the first floor to access the courtyard as they wish.

**Proposed Timescale:** 31/07/2017

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Food diaries were not accurately maintained.

Weight records showed unexplained weight loss but no action was taken.

**6. Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Education and awareness sessions will continue to be provided for all nursing staff in order to improve the quality, completeness and accuracy of documentation in relation to the nutritional needs and dietary preferences of the residents in the home. Education requirements will be supported and guided by the dietician and progress will be monitored by the Person in Charge.

The Person in Charge will ensure that food diaries are accurately maintained.

The Person in Charge will ensure that each resident is provided with adequate quantities of food and drink in order to meet their dietary needs, based on a nutritional assessment and in accordance with the resident's expressed preferences.

Where a significant or unexplained weight loss occurs, the care plan will clearly indicate the action taken to investigate and address this.

**Proposed Timescale:** 31/08/2017

**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:**

All residents did not have opportunities to participate in meaningful activities in line with their capabilities, interests and preferences.

**7. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The activities has been reviewed and work will continue to ensure that residents have the opportunity to participate in and receive therapeutic and one-to-one or group activities, according to their preference. The employment of Social Care Practitioners will enable a greater focus on residents' quality of life and wellbeing and will further enhance their social care. The schedule of activities will be reviewed to ensure that an appropriate range of person-centred, meaningful activities is provided to residents in accordance with their choices, capabilities and preferences. Work continues within the centre on documenting residents' life stories.

**Proposed Timescale:** 31/08/2017