

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mill Race Nursing Home
<b>Centre ID:</b>	OSV-0000361
<b>Centre address:</b>	Bridge Street, Ballinasloe, Galway.
<b>Telephone number:</b>	090 964 6120
<b>Email address:</b>	manager@millracenursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Millrace Nursing Home Limited
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	5

## **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 un-announced and took place over 1 day(s).

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

From: 04 September 2017 10:30 To: 04 September 2017 18:00

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 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced monitoring inspection that took place over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector observed the delivery of care including social care and reviewed documentation such as care plans, accident/incident reports and policies and procedures. The inspector talked with residents, staff members and the person in charge about varied aspects of life in the centre from their perspective. Unsolicited information provided to HIQA in relation to the management of residents' care was reviewed.

There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2016 and the National Standards for Residential Care Settings for Older People in Ireland. The inspector found that an effective governance system was in place and evidence that residents received appropriate personal and social care. Residents had their identified needs met and care was observed to be delivered

with a person centered focus and provided by appropriately trained staff. There was staff present in all communal areas throughout the day and residents who spent time in their rooms were observed to be visited regularly by staff who checked on their well being. There were some improvements required in the documentation related to nutrition particularly records of food and liquids in instances where residents were being monitored due to weight changes or illness. Some records maintained did not fully convey the liquid and food intake on particular days and therefore it was not possible to determine accurately that all nutrition needs were appropriately met.

Residents had access to doctors, allied health professionals and specialist services that included mental health services. Care plans were maintained on a computer programme. Health and social care needs were described and were based on a range of evidence based assessments. The inspector found that the standard of care plans had improved since the last inspection. Reviews of care were now more detailed and described progress and change since the previous review. Short term changes in health caused by infection for example were described fully with the impact of treatment provided evident in the information recorded. The assessed dependency of the present resident group was divided equally between maximum / high dependency and medium/low dependency. Approximately a third of residents had problems associated with dementia or cognitive impairment.

Mill Race Nursing Home is a purpose designed modern two floor building located in a residential complex of apartments. It is a short walk to the shops and business facilities of the town of Ballinsloe. It can accommodate 60 residents who require long term care, periods of respite care or who have rehabilitation, convalescent or palliative care needs. There are a variety of communal sitting and dining spaces provided on both floors. There are assisted toilet facilities adjacent to the communal rooms and there is a centrally located lift to provide access to the upper floor. The building was found to be well maintained and attractively decorated. The centre has a safe secure garden with features that provide interest for residents. There were shrubs and plants in bloom and a hen coop for the centre's hens that were looked after by residents, staff and family members.

Standards of hygiene were noted to be good and the inspector saw that staff observed good hygiene practices throughout the day. Hand gels and hand washing was routine when staff moved from one activity to another or moved from one area to another. Moving and handling manoeuvres were observed to be carried out safely and residents had suitable chairs that met their assessed needs.

Residents told the inspector that they had a good lifestyle and that there was plenty of entertainment to keep them occupied. Two residents described watching the hurling final the previous day and said that they had "a lovely time with food and drinks provided by staff during the match". Other residents said they liked the regular music and singing sessions. They said that staff initiated these regularly between other activities if residents felt they would like to hear some songs. There was a scheduled activity programme and photographs of residents participating in varied activities or out on trips were on display in hallways.

Residents said they could make a complaint without difficulty and said that staff

responded promptly to address issues. The person in charge was addressing issues that had been raised and the inspector saw that the process for complaints resolution reflected the procedures in place and met regulatory requirements.

The last inspection carried out by HIQA was unannounced and was undertaken on 17 August 2016. The areas which required attention in addition to the non compliances described above included the need for regular review of night staff deployment and mandatory training for a small number of staff. These areas had been addressed. The areas where non compliances were found during this inspection included the daily records as some did not reflect the information in care plans, there was an absence of specific wound care plans to direct care and learning from accidents and incidents did not refer to additional training that may be required by staff to prevent further incidents. These are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance 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 2016

**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 Statement of Purpose set out the services and facilities provided in the designated centre and contained the required information described in Schedule 1 of the regulations. It was kept up to date and the most recent version was dated 26 July 2017.

The inspector found that the description of the services provided and the aims and objectives of the centre were reflected in the delivery of care to residents and the way the service operated.

**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:**

There is an established management structure and this reflects the information outlined

in the statement of purpose. The person in charge reports to the area manager and there is a system in place for regular meetings /visits to the service to ensure appropriate oversight of the service for the provider representative and a supervision arrangement for the person in charge.

The person in charge is supported in his role by a clinical nurse manager (who is the nominated person participating in management), the staff nurse and care team and administration staff. There was sufficient time allocated to oversee the operational management and administration of the centre.

Management systems were in place to ensure that the service provided was safe, met residents' needs, was of consistent quality and regularly monitored. There was a system in place to review and monitor the quality and safety of care and the quality of life of residents. Two residents told the inspector during conversations that they had opportunities to convey their views about the service during meetings, when surveys were completed or directly to staff.

The inspector found that there was adequate resources in place to ensure the service operated effectively. Staff allocations were reviewed regularly according to the person in charge and additional staff were deployed if residents' care needs could not be met with the usual staff numbers. The building was reviewed regularly in relation to maintenance standards and all areas were noted to be in good condition and well decorated. Specialist equipment required by residents was available and in good condition. The inspector judged that the governance arrangements met regulatory requirements.

**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 centre was being managed by a suitably qualified and experienced nurse. The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. He had been appointed to this role in August 2016. He demonstrated that he had good knowledge of the regulations and HIQA's Standards for designated centres. Notifications of significant events were supplied on time and follow up information requested about notifications was detailed and addressed the issues raised.

The person in charge had attended training on varied topics that ensured his clinical care knowledge was up to date. The training record confirmed that he had attended training on dysphagia, infection control and undertaking venepuncture procedures. Training on the statutory topics of moving and handling, fire safety and the protection of vulnerable people at risk was undertaken in 2016 and 2017.

The inspector reviewed the duty rotas and found that three nurses were allocated for duty on the day of inspection. The person in charge worked full time and said that he had adequate time for governance, supervision and management duties. He facilitated the inspection in a competent manner and was well informed on the areas that the inspector reviewed. He was familiar with residents' care needs and the social care programme.

Evidence collated during the inspection indicated that the service was effectively managed. Complaints were addressed promptly in accordance with procedures and issues related to the safeguarding of residents were fully reviewed and appropriate support offered to residents.

**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:**  
There was a well organised administration system in place and the required records were maintained securely and information was easy to retrieve. There was a record of visitors to the centre and this was noted to be up to date and signed by people entering and leaving the building.

An action plan in the last report described that the daily records maintained by nurses did not provide a complete picture of residents' health and condition and treatment



given on a daily basis. This action was partially addressed. There were some comprehensive records where a good overview of care and treatment was described however some records did not accurately describe residents' circumstances. For example, some daily records did not refer to problems being treated and described in care plans such as the presence of wound care problems.

The inspector also found that records of nutrition and liquid intake did not fully describe the dietary intake consumed by residents. The quantity of food and liquid was not always specified in a sample of three records viewed where residents were being monitored for unintentional weight loss. There were however some records where good detail was provided but the standard was not consistent across the sample viewed.

**Judgment:**

Substantially 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 were procedures in place to protect residents and to ensure that any situation that could be regarded as an incident of abuse was explored, reported and investigated. All staff had training on this topic and training records confirmed this was updated regularly. Staff who had been recently recruited and were proceeding through their induction to the service were scheduled to attend training the week following the inspection. Staff confirmed that training included information on the types of abuse, how to keep residents safe and how to report any concerns or allegations of abuse. They were familiar with ways to explore areas of concern and knew where to access advice and guidance if needed.

Residents that the inspector talked to said that they found the staff team helpful, good humoured and attentive to their needs. Three residents said that they had good choice over their daily routines and said that staff accommodated when they changed their mind about when they got up, went to bed, had showers or baths or the activities they attended.

A notification in relation to safeguarding was sent to HIQA. This matter was investigated by the person in charge and did not relate to circumstances or staff in the centre. It was

reported to the statutory services as required and support including counselling was provided to help residents explore the safeguarding matter reported.

There was a policy on, and procedures in place, for the use of restraint. Where restraint was used it was in line with good practice guidance. Instances of chemical restraint use reported in the quarterly notifications to HIQA were consequent to a significant behaviour change related to a mental health issue. The inspector found that this was a temporary problem that had resolved. Staff had support from the mental health team to guide their practice and ensure the well being of the resident.

Policies and procedures were in place to guide staff on how to respond to responsive behaviours. Observation of care practice and a review of care plans conveyed that staff were knowledgeable about residents' needs and patterns of behaviour. They provided support that reflected a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were observed to reassure residents, to divert attention in an appropriate and sensitive manner when residents displayed such behaviours and also spent time talking to residents to reassure them.

**Judgment:**

Compliant

***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:**

There were health and safety policies in place to guide staff in a range of situations and the governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. A health and safety statement was available. There were clinical risk assessments undertaken for a range of risk situations that included falls risks, nutritional care, tissue viability and impairment related to dementia.

Staff conveyed good awareness of safe infection control measures, were noted to undertake moving and handling manoeuvres safely, and could describe the actions they would take if the fire alarm was activated.

There were procedures in place for the prevention and control of infection. Hand gels were located at the entrance and along the hallways. These were observed to be used throughout the inspection day when staff moved from one area to another. Visitors were also diligent about their use. There was a sufficient number of cleaning staff available

each day to ensure the centre was maintained in a clean condition. Staff interviewed conveyed that they had appropriate knowledge and procedures in place to avoid cross contamination. They could outline the different cleaning products in use and the purposes for which they were used. They were familiar with the safety measures to be observed when hazardous chemicals were in use and were noted to ensure that cleaning trolleys were not left unattended.

The inspector reviewed the fire safety arrangements. Fire instructions were prominently displayed and emergency lights and fire exits were easy to see from various points in hallways. All staff the inspector spoke to knew what to do if the fire alarm was activated. Fire drills had taken place in December 2016 and June 2017. The drills included the use of fire extinguishers, evacuation procedures and the drill completed in December had simulated a night time evacuation. The training included information and guidance on the actions to take should a person's clothing catch fire.

A fire register was in use to record fire training, fire safety equipment and safety checks. A summary of residents' evacuation needs was available in the front of the register. This was updated with the details of two residents admitted during the inspection day. Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly and the fire extinguishers annually as required. Other fire-related equipment such as emergency lighting was also serviced on a contract basis. There was a list of all fire equipment in the building as required by fire safety regulations. There were procedures in place to check that the fire alert and fire safety measures were operating effectively. Regular checks of fire exits, the fire panel and the door closures were undertaken. Each resident's evacuation needs were risk assessed, and their mobility needs and requirements for equipment in the event of evacuation were outlined. The inspector found that all fire exits were clear and unobstructed during the inspection.

Staff were observed to undertake moving and handling manoeuvres safely. Training records indicated that staff had up-to-date refresher training in moving and handling. There was sufficient equipment in the form of hoists and slings available to staff to meet residents' needs. Each resident's moving and handling needs were identified. The provider has contracts in place to ensure that all equipment was appropriately serviced. Equipment such as specialist beds, wheelchairs, hoists and the nurse call system were serviced on a contract arrangement.

There were records maintained of all incidents and accidents. A review of the records indicated that factual and substantiated information in relation to events was recorded. The details of the accident/incident, the date the event occurred, the circumstances of how the residents were found, and name and details of any witnesses were outlined. Contacts made with the general practitioner (GP) and next of kin were also described.

All incidents that resulted in injury or that required hospital treatment were notified to HIQA and there was a system to advise the area manager and provider representative of significant events in relation to residents. Measures to prevent further falls were put in place. However the inspector noted that while accident reports described the events and preventative measures well there was no information to indicate where training may be required to prevent further incidents.

For example where skin tears or unexplained bruising had been noted the review of these events did not include possible causes such as poor moving and handling techniques or other circumstances relevant at the time that could indicate that further staff training may be needed. The inspector concluded that learning from incidents and untoward events required more attention to ensure comprehensive preventative measures were put in place.

**Judgment:**

Substantially 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 systems in place ensured that medicines were supplied, stored and managed safely. There was a procedure to guide staff on how medication was to be prescribed, administered, recorded, stored and disposed of if unused or out of date.

Photographic identification was available on the medicine administration charts to ensure staff could check the correct identity of the resident receiving the medicine and reduce the risk of error. The prescription sheets reviewed were legible. The administration sheets viewed were signed by the nurse following administration of medicines. Medicines were administered within the prescribed timeframes. There was a record made when a medicine was refused or not given for any reason.

Medicines 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.

A system to review and monitor medicines management practice and ensure safety and compliance with procedures was in place. Medicine errors were recorded and investigated. There was one error related to the omission of a medicine as the time it was to be given had been omitted and another where a smaller dose was given as the supply had not been renewed. These matters had been reviewed and checks of administration /prescription records as well as checks of supplies had been strengthened to prevent further errors. Medicines are supplied in a monitored dosage system. Nurses said they found the system helpful and said that it was easy to manage.

Residents had a choice of pharmacist, where possible and arrangements were made to support residents to meet with the pharmacist when they wished. There was a notice that advised residents that they could meet with their pharmacist prominently displayed in the lift.

**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):**

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

**Findings:**

There were 55 residents accommodated at the time of the inspection. Many residents were noted to have a range of healthcare problems and the majority had more than one medical condition in receipt of treatment or being managed by medicines. Approximately a third of residents had dementia or cognitive impairment. The inspector found that residents were appropriately assessed and reviewed regularly to ensure that their care needs were met to a satisfactory standard.

There were comprehensive nursing assessments completed when residents were admitted to establish their health and social care needs, as well as determine areas of risk. A range of validated assessment tools were used to assess care needs and determine risk factors in relation to falls, pressure area problems, nutrition and medical conditions. An assessment of memory and cognitive ability was also completed.

The assessments completed were used to develop care plans that were person-centred and generally described the care to be delivered. Care plans were maintained on a computer programme and were updated at the required four monthly intervals or when there was a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans reviewed. Information from relatives was viewed by staff as very helpful particularly where residents had dementia as in many instances residents had been unable to tell them about hobbies, interests and personal routines.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff were knowledgeable about residents' preferred daily routines,

their likes and dislikes. These were noted to be observed during the inspection with residents supported to get up, rest or return to their rooms when they wished.

Residents had access to primary care services including doctors. There was evidence of medical reviews following admission, to review medication and when residents became unwell. Access to allied health professionals was available and accessible, and the inspector saw that contributions from physiotherapists, speech and language therapists, dieticians and chiropodists were recorded in care records and their recommendations were included in care plans and communicated to staff.

There were some aspects of care planning and record keeping in relation to wound care that required review to ensure that appropriate guidance was available for staff. There were two residents with wound care problems. One had been present on admission. Both wounds were related to pressure area problems and were healing well. There were appropriate assessments and wound dressing regimes in place. Records described the condition of the wound, the response to dressing regimes and general progress however there was no overall care plan to guide staff on what specific dressings to use, what to do if the dressing regime did not result in improvement or when to refer for specialist advice. There were preventative measures in place to prevent deterioration, and these included position changes at regular intervals. Records viewed indicated that these preventative measures were in place with good outcomes for residents. A range of suitable equipment was provided to ensure adequate pressure relief was provided and included air mattresses and pressure relieving cushions.

Residents who had specialist care needs, such as mental health problems or dementia, were appropriately assessed and there was information in records that indicated where depression or memory problems created risk or required particular attention. Staff had developed a good working relationship with the mental health team and residents' medical files confirmed that staff from mental health services contributed to residents' care and advised on treatment plans. Communication capacity was noted to be well described. There was information available on orientation to surroundings, the social care needs of residents and how these were being addressed, and what interventions were put in place when residents had fluctuating behaviour patterns.

The action plans outlined in the last report had been addressed. Reviews of care now outlined progress and change from the previous review and care plans were noted to be updated when care needs changed. For example a resident on oxygen therapy had the regime reviewed and this was clearly outlined in the care plan with supplementary actions such as sitting upright to be in place to help make breathing easier.

There was a varied social care programme available to ensure residents had social stimulation and interesting activities to attend each day. It was prominently displayed and included exercise groups, arts and crafts, baking and music sessions. There were photographs on display of residents engaged in the varied activities. There were also services provided weekly by a hairdresser. A physiotherapist also visited weekly to assess residents and provide treatment programmes. Mass was celebrated in the centre for residents who wished to attend. Local and national newspapers, televisions and radios were available to ensure residents were up to date with news and events.

**Judgment:**

Substantially Compliant

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and home like setting. The premises takes account of the residents' needs and abilities, and the arrangements were in line with Schedule 6 of the regulations.

Mill Race Nursing Home is a modern two story building that is specifically designed to meet the needs of dependent persons. It is a large building organised over two floors and is situated close to the town centre which provides easy access to the town for residents. There were many features that supported good care practice and promoted independence. These included different signage on doors to rooms to enable residents find their own rooms, good levels of lighting and several access points to the secure garden. The lift was centrally located and easy to access.

There are fifty two single bedrooms. Forty seven have ensuite facilities and a further four have ensuites and a kitchen area. One single room does not have these facilities. There are four double rooms and these have ensuites and appropriate screens to protect residents' privacy. Bedrooms met the minimum size requirements. Rooms viewed were well furnished, clean, bright and well organised. There were call bells in bedrooms and ensuites to enable residents to request help when needed. Residents had personal items such as photographs, ornaments and pictures on display. There were additional baths and showers around the building which gave residents the choice to have a bath or shower.

There was communal sitting and dining areas on each floor and residents had a choice of sitting in quieter areas if they wished. All rooms well decorated and had adequate space for residents to sit in comfort and to use their assistive equipment without obstruction. There are toilets located close to the sitting rooms and dining room for residents' convenience. The communal areas were spacious and had good levels of natural and artificial light. All areas viewed were well decorated and maintained to a

good standard. Residents had access to a safe enclosed garden. This was noted to be well used and was well cultivated with shrubs and plants. There was a hen coop with several hens that many residents and visitors took an active interest in and fed regularly.

Staff facilities were provided. Separate toilet facilities were provided for care and kitchen staff in accordance with environmental health legislation and good infection control practice.

There were two areas noted to require attention. The sitting room on the upper floor was very warm and poorly ventilated. The balcony off this room was accessible to residents but had no features of interest to encourage residents to sit outside.

**Judgment:**

Substantially Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had a procedure for the management of complaints. The person in charge explained that issues of concern are addressed immediately where possible and the more complex complaints are acknowledged in writing and an investigation is undertaken to review the matter and resolve the issue.

The procedure for complaints management was displayed and residents confirmed that they knew how to raise a concern and make a complaint. The person in charge was the nominated person to address complaints. A record of all complaints and the outcome including if the complainant was satisfied as required by regulation 34- Complaints procedure was available.

The inspector found that a range of matters had been addressed and these included concerns about the supervision of residents and personal care. The inspector reviewed information on record in relation to unsolicited information relayed to HIQA. Care practice in relation to the observation of changing health needs, care interventions and the management of nutrition and hydration were the focus of the concerns. The inspector found that residents had been assessed, reviewed and had additional medicines to address their illnesses. Some residents had complex conditions and required several medicines to ensure their wellbeing. Changes in health were



documented however nutrition records as described in outcome 5 did not provide a full picture in relation to the adequacy of nutrition or hydration and is identified in this report for action.

**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):**

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

**Findings:**

The inspector found that the number and skill-mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Copies of staff rotas were provided to the inspector. The planned and actual staff rota conveyed that staff allocations were planned and reviewed in the context of resident need and unexpected staff short falls. For example, the unplanned absence of care staff due to illness on the inspection day had been addressed by the clinical nurse manager who had deployed one of the nurses to support carers during the morning to ensure residents' personal care needs were met.

There is an ongoing recruitment plan in place for the service to ensure that replacement staff are available when staff leave. The person in charge confirmed that all staff had vetting disclosures in place and did not start work until these had been received.

The staff rota allowed for two nurses and two carers for night duty. This allocation addressed an action plan in the last report where the night duty allocation of nurses was identified for attention as there were some times when one nurse was on duty over the two floors to address the nursing needs of sixty residents.

A staff training and development plan was in place. All staff except recently recruited staff had completed training on the mandatory topics of fire safety, moving and handling and adult protection. This was scheduled as part of their induction plan. Staff interviewed confirmed that there was an induction programme provided for all new staff, and this included an introduction to the philosophy of care, the layout of the

building and resident care needs. Staff had opportunity to work with other staff during this period to enable them to become familiar with work practices and residents' individual needs and routines.

There was a training record maintained and this provided an overview of training that had taken place. The inspector saw that staff had training on the mandatory topics of moving and handling, fire safety and the protection of vulnerable people. Training had also been provided on dementia and responsive behavior, infection control, hand hygiene, food safety, the management and control of hazardous substances and restraint management. Nurses had attended training on medication management and wound care in addition to the other topics.

The inspector spoke with several staff-nurses, carers and ancillary staff. They described caring for older people positively and were enthusiastic about the contribution they felt they made to residents' lives. They said being able to help people become more independent, helping them with personal care and ensuring that they had "fun and enjoyment" each day were factors that made their jobs worthwhile. They were aware of the function of inspection and knew that certain standards such as safety of the building and staffing levels applied to designated centres and had to be in place.

**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:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Mill Race Nursing Home
<b>Centre ID:</b>	OSV-0000361
<b>Date of inspection:</b>	04/09/2017
<b>Date of response:</b>	09/10/2017

### 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:

The daily records of residents' health and condition did not accurately reflect some aspects of the care being delivered specifically in relation to wound care.

Records of food and liquids were not specific in respect of quantity and did not provide sufficient detail to enable anyone reading the record to determine if the diet/liquid intake was adequate.

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

**1. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A review of daily records has been undertaken to ensure that they accurately reflect all aspects of care being delivered and, in particular, wound care.

A review of current food and fluid charts has been undertaken to ensure that they contain sufficient information to guide and record care. The charts will include all relevant dietary instructions and information including consistency, fortifications and/or an indication of whether supplements are required or any restrictions indicated. The food and fluid records also include specific instructions re food/fluid intake and space to record same.

**Proposed Timescale:** 31/10/2017

**Outcome 08: Health and Safety and Risk Management****Theme:**

Safe care and support

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

Learning from incidents required further attention. For example where skin tears or unexplained bruising had occurred the reviews of such incidents did not include an examination of practice in relation to moving and handling techniques or other circumstances relevant at the time. The inspector concluded that learning from incidents and untoward events required more attention to ensure appropriate preventative measures were put in place.

**2. Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The PIC will ensure that all staff maintain current manual handling training. There will be an opportunity for all staff to undertake reflective practice in order to learn from incidents and to implement agreed measures to prevent recurrences. Learning outcomes and/or quality improvements will be documented. Incidents, in particular those related to unexplained bruising will be regularly reviewed as part of the Quality and Safety Management system in the Nursing Home.

**Proposed Timescale:** 31/10/2017

## 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:

There were some aspects of care such as wound care problems that were not supported by a care plan to guide staff actions.

### 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:

There are care plans in place to support the current practice in maintaining skin integrity and tissue viability for all residents in the Nursing Home. The PIC will monitor the care plans for those residents with wounds to ensure that they guide nurses in appropriate treatment and care.

**Proposed Timescale:** 31/10/2017

## 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:

There were two premises areas noted to require attention. The sitting room on the upper floor was very warm and poorly ventilated.

The balcony off this room was accessible to residents but had no features of interest to encourage residents to sit outside.

### 4. 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:

A review of under floor heating has taken place and the imbalance has been rectified. In order to improve ventilation in this room, staff will open windows and doors as required.

The balcony area will be improved so that residents may make use of this area when the weather permits.

**Proposed Timescale:** 31/10/2017