

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Milford Nursing Home
Centre ID:	OSV-0000418
Centre address:	Milford Care Centre, Plassey Park Road, Castletroy, Limerick.
Telephone number:	061 485 800
Email address:	info@milfordcc.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Milford Care Centre
Provider Nominee:	Pat Quinlan
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	2

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:
08 May 2017 09:00	08 May 2017 18:00
09 May 2017 09:00	09 May 2017 15:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially 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	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. 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.

Overall, the inspector found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and

the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 homely way. The centre was purpose built, well maintained and nicely decorated.

There was evidence of good practice in all areas. Staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident. Residents were consulted in how the centre was run and managed and in a manner that maximised their independence.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The inspector observed sufficient staffing and skill mix on duty during the day time but had some concerns regarding the staffing levels in the early night time. This is discussed further under Outcome 18 Staffing.

Other areas for improvement included medicines management, updating the statement of purpose and recording of daily fire safety checks. These are included in the action plan at the end of the report.

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 reviewed the recently updated statement of purpose dated 21 March 2017. It required some updating in order to fully comply with the requirements of the regulations such as the name of the registered provider and the arrangements in place for the management of the centre in the absence of the person in charge. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The provider had established a clear management structure. The structure included supports for the person in charge to assist her to deliver a good quality service. These

supports included an assistant director of nursing, two clinical nurse managers 2 (CNM2), a clinical nurse specialist (CNS) in infection control and a clinical nurse manager with responsibility for practice development. There were two additional clinical nurse managers who supervised the delivery of care at night time on alternate weeks. Additional supports included the human resource department, education, research and quality department as well as the risk management and safety officer. There was always a clinical nurse manager on duty 24 hours a day, seven days a week. The assistant director of nursing deputised in the absence of the person in charge.

The management team were in regular contact. The person in charge met formally with the provider representative on a weekly basis and monthly management team meetings took place. Clinical team meetings took place two weekly and were attended by the assistant director of nursing, physiotherapy manager, occupational therapy manager and principle social worker.

The person in charge told the inspector that she felt well supported in her role that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

Systems were in place to review the safety and quality of care. There was an audit schedule in place, recent audits completed included medication management, nursing documentation, risk of developing pressure sores, falls, restraint, care planning, infection control and hand hygiene. Recommendations were documented and quality improvement plans were in place. The results of audits were discussed with staff and there was evidence of learning and improvement as a result. A review of performance against the National Standards for Residential Services for Older People in Ireland had been completed January 2017. Some improvements had been identified and a quality improvement plan was in place. The inspector noted that some of the actions identified had already been completed.

The system of review included consultation with and seeking feedback from residents and their representatives. A "comment card" was prominently available in the main reception area; responses were analysed and overall were positive and complimentary.

Residents and their representatives were also invited to complete satisfaction surveys on elements of the care and services such as the environment, recreation, catering, staff and communication. Again results were analysed and feedback was provided to staff for the purposes of learning and improvement.

Residents and staff spoken to told the inspector that they could raise any issue with the management team and that issues raised were always acted upon in a timely manner.

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 centre had a resident's guide which was available to residents and visitors and it was displayed in prominent locations throughout the centre. The guide contained all information as required by the regulations.

Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. They included details of the services to be provided, fees to be charged and details of additional charges were clearly set out.

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 was a nurse and worked full-time in the centre. She had recently been appointed to the post in January 2017. She had the required qualifications and experience in the area of nursing the older adult. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities.

The person in charge had engaged in continuous professional development having previously undertaken a Diploma in Gerontology and a Degree in Health Services Management. She had recently completed training on safeguarding and was the nominated safeguarding officer. She was scheduled to attend a practice development day on consent and capacity and planned to complete training on the Capacity Act.

The person in charge told the inspector that she was still in the process of getting to know all residents and staff. Throughout the inspection process the person in charge

demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was made readily available.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspector reviewed a sample of staff files which contained all of the information as required by the regulations

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):

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

Findings:

The provider and person in charge had put measures in place to protect residents from being harmed or abused, issues identified at the last inspection regarding documentation to support the management of behaviours that challenged and restraint had been addressed.

There was a recently updated comprehensive policy on safeguarding vulnerable adults. Staff spoken with confirmed that they had received training on elder abuse and were able to describe clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Training records viewed confirmed that staff had received on-going education in relation to elder abuse and further safeguarding training was scheduled for May, September and November 2017. Residents spoken to and those that completed questionnaires by way of feedback to the authority stated that they felt safe in the centre.

A representative from the national advocacy service (SAGE) had recently visited and gave a presentation to residents and staff on the service they provided. A bank official had also attended and informed residents regarding types of financial abuse.

The person in charge told the inspector that the finances of residents were not managed in the centre, however, small amounts of money and some valuables were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Individual balance sheets were maintained for each resident and all transactions such as lodgements and withdrawals were clearly recorded. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspector reviewed the policies on the safe use of bedrails dated April 2017 and the management of behaviours that challenge dated February 2016. The policy on bed rail use was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff confirmed that they continued to promote a restraint- free environment and were actively trying to reduce the number of bedrails in use. Three education sessions had been held with staff regarding the use of bedrails following the last inspection. The inspector noted that risk assessments along with clear rationale for their use, involvement from the multidisciplinary team and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. There were 31 residents using bedrails at the time of inspection, many of these residents were using one bedrail and many had

requested the use of bedrails. The physiotherapy manager had recently carried out a review of restraint and made a number of recommendations including the use of bed levers as an alternative. There were a number of bed levers being trialled at the time of inspection. Low low beds and bed alarm mats were in place for some residents.

The policy on the management of behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. The inspector reviewed the file of a resident who presented with behaviours that challenge and noted a detailed, person-centered care plan outlining clear guidance for staff. Staff spoken with and training records reviewed indicated that staff had received training on dementia care during 2015. Managing actual and potential aggression (MAPA) training was scheduled for staff on a number of dates over the coming months.

The person in charge confirmed that all staff, volunteers and persons who provided services to residents had Garda vetting disclosures in place.

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:

The inspector was satisfied that risk management was well managed in the centre.

There was a health and safety statement dated March 2017 available. The inspector reviewed the risk register and found it to be comprehensive. Systems were in place for the on-going review of risks. All risks specifically mentioned in the regulations were included. Risks identified in relation the building works which were in progress at the time of inspection were included. Systems were in place for regular review of risks, all risks were discussed and reviewed at the quarterly quality and safety management meetings.

The inspector reviewed the internal emergency response plan dated May 2017. The plan included guidance for staff in the event of a wide range of emergencies including evacuation of the centre.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken with confirmed that they had received this

training. The service records of all manual handling equipment including hoists were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in May 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in April 2017. The person in charge advised that daily and weekly fire safety checks were carried out however, there was no evidence that daily checks were carried out as they were not recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received formal fire safety training and further refresher training was scheduled for 22 June 2017.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use of hand sanitizers. The building was found to be clean and odour free. Monthly hand hygiene training was carried out. Regular audits were carried out in areas such as hand hygiene, environment, cleaning and sharps. The results of audits were discussed with staff to ensure learning and improvement to practice.

The inspector spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

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):

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

Findings:

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. The medication management policy had been recently updated in January 2017. Issues identified at the last inspection had been addressed however, the inspector noted some gaps in the

medicines administration sheets.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners (GP). All medicines including medicines that were required to be crushed were individually prescribed.

The inspector noted that some medicines had not been administered as prescribed. Gaps were noted in the medicines administration charts, appropriate codes had not been used and no comments had been recorded such as withheld or refused.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist. The pharmacist attended the centre on a weekly basis and also attended the medication management committee meeting every six weeks. The pharmacist carried out regular and ongoing education sessions with staff. The pharmacist was available to meet with residents, her contact details were displayed and she was due to attend the next residents committee meeting.

Systems were in place to record medicine errors which included the details, outcome and follow up action taken. Staff were familiar with them. All medicines errors were discussed at the medication management committee meetings.

Annual medicines management audits were carried out by a clinical nurse manager. Improvements required following the last audit in June 2016 included a high number of medicines not being administered as prescribed and appropriate codes not being recorded. Following the last audit all nursing staff had completed medicines management training and new medicines prescription and administration charts had been put in place.

Judgment:

Non Compliant - Moderate

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:

The inspector found that residents' had access to appropriate medical and allied health-care services. Issues identified at the last inspection in relation to inconsistencies in nursing documentation had much improved. The person in charge told the inspector that a computerised nurse documentation system was due to be put in place once all staff had received training.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GP s reviewed residents on a regular basis.

A full range of other services were available. Physiotherapy and occupational therapy (OT) were available in house. Speech and language therapy (SALT), dietetic services and psychiatry of later life were also available. Chiropody, dental and optical services were provided. The centre had links with the palliative care team, tissue viability nurse, Parkinson's and Stoma care nurses who were available for advise and support. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents who were at high risk of falls, presenting with responsive behaviour, dementia and bedrails in place. Nursing staff told the inspector that there were no residents with wounds at the time of inspection. See Outcome 7 in relation to use of bed rails and management of responsive behaviour.

The inspector found that nursing documentation had improved since the last inspection. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, falls, dependency, manual handling, bedrail use, pain and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

The inspector was satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that that if there was a change in a resident's weight, nursing staff would reassess the resident, liaise with the GP and referrals maybe made to the dietician and/or SALT. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed

nutritional supplements which were administered as prescribed.

The inspector reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans were updated following a fall. Additional measures including low low beds and alarm mats were in place for some residents. The inspector noted that the communal areas were supervised by staff at all times.

The inspector reviewed the file of a resident with dementia and noted that risk assessments and care plans in place were up to date. The care plans including guidance on communication, maintaining a safe environment, nutrition, recreation and social interaction were informative and person centered. Residents at risk of absconding were appropriately risk assessed. A new electronic bracelet system had been recently been put in place to further protect residents at risk of absconding.

Staff continued to provide meaningful and interesting activities for residents. There was a full time activities coordinator employed who was assisted by a large number of volunteers. The daily and weekly activities schedules were displayed. A variety of activities including gentle exercise, music, singing, discussion groups and bingo, poetry, imagination gym, Sonas programme (therapeutic programme specifically for residents with Alzheimer disease) took place on a regular basis. Most residents attended daily mass each morning in the chapel, many residents spoke of enjoying the daily mass celebration. Mass was relayed by video link to televisions in the centre if the residents wished to join from their own bedrooms. Residents could also attend the on site day center where a wide range of activities took place. Other activities included a baking group, art therapy, music therapy, horticulture and choir. Complimentary therapies including massage and aromatherapy were provided. There was a fully equipped hair dressing salon on site and many residents spoke of enjoying getting their hair done regularly.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was purpose-built, well maintained and nicely decorated. It was warm, clean and odour free throughout.

The design of the building was suitable for its purpose. The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs.

There was a variety of communal day spaces including day room, conservatory, dining room, smoking room and chapel. The communal areas had a variety of comfortable furnishings and were domestic in nature. Residents had further access to a smaller communal room, a spacious foyer with seating, a coffee dock and they could also access and utilise the public restaurant if they so wished.

Bedroom accommodation met residents' needs for comfort and privacy. Bedroom accommodation for residents was provided in 25 single rooms, three twin-bedded rooms and four four-bedded rooms, all with assisted shower, toilet and wash-hand basin en suite facilities. Bedrooms were laid out in two wings and an additional bathroom with toilet, wash-hand basin and assisted jacuzzi bath was provided on each wing; an assisted toilet was accessed directly from the main communal room. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms.

Adequate provision was made for administration/office facilities that facilitated management and staff in the performance of their duties.

Designated overnight facilities including sleeping, sanitary and catering facilities were available for families.

The premises was located on a large private site with well maintained external grounds, walkways, seating and ample car-parking. Residents also had access to a landscaped, spacious, secure enclosed courtyard that was directly accessed from the building including ramped access with hand rails from the main communal area.

There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

Suitable signage was provided throughout the building. The signage was clear and assisted residents and visitors to navigate the building.

The laundry, sluice room and cleaner's room were found to be well-equipped and maintained in a clean well-organised condition. Cleaning chemicals were securely stored. These rooms were provided with locks to protect residents and visitors.

The inspector noted that adequate staff facilities were provided and included staff toilet, changing facilities, storage lockers and dining room. Two wheelchair accessible toilets were provided for visitors' use.

Close circuit television cameras were provided at all entrances and on the main corridors ensuring additional security and safety for residents.

The provider representative updated the inspector regarding the proposed improvements and extension to the nursing home. He advised that following the completion of the current building works to the new hospice it was planned to increase the size of the current nursing home by converting the existing hospice space located on the first floor. The plan included additional single bedrooms on the first floor and the conversion and refurbishment of the existing four bed rooms to single rooms with individual en suite facilities. He hoped that these works would commence in early 2018.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed in a prominent position.

The inspector reviewed the complaints log, there were no open complaints. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to.

Residents spoken with told the inspector that they could speak with and raise any issue with members of the management team and felt they would be listened to. Throughout the inspection, inspectors observed good communication between residents and staff.

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 residents at end of life was regarded as an integral part of the care service provided.

There was a comprehensive end-of-life policy in place. Staff confirmed that support and advice was available from the local hospice home care team.

There were two dedicated palliative care beds available. There was one family care unit consisting of a large bedroom for the resident, a large bedroom for family, full en suite facilities, kitchenette, dining area and living area. All residents were given the option of using this private facility.

Most staff had attended 'What matters to me ' end of life training and further end of life training was scheduled on a number of dates during May 2017.

Residents religious and spiritual needs were met. Mass was celebrated daily in the chapel. Other denominations are catered for when requested. An ecumenical service was held annually and a special mass each November to remember those residents who passed away in the previous year. There was a pastoral care team available to residents seven days a week. A bereavement counselling service was available for families after their relative had died, if they wished.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit and what they would like to eat and drink. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken with praised the staff stating that they were kind, caring and treated them with respect.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Mass was celebrated daily in the centre. The rosary was recited before mass daily. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room or in their bedroom.

There was an open visiting policy in place. The inspector observed many visitors coming and going throughout the inspection. Overnight facilities, public restaurant and coffee dock were available to residents, relatives and visitors. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff.

Daily national and weekly local newspapers were available to residents. Residents had access to a telephone for use in private.

There was a post box located in the main foyer and a postal collection service was available from the centre daily.

The centre was part of the local community and residents had access to radio, television, the internet and Skype. There were two computers available for residents use. Some residents used the internet to communicate with family members who lived

abroad while others enjoyed surfing various websites.

Staff outlined to the inspector how links were maintained with the local community. Many volunteers from the local community visited every day and assisted residents with a variety of activities. Local school children, local musicians, local choirs and a magician visited and performed for residents. Some residents attended the daycare service and met people from their own communities. Residents could avail of day trips to local areas of interest and the local shopping centre. Plans were in place to visit the local cinema. The mobile library visited every second week. Special events were celebrated such as Halloween, Christmas and Easter. Relatives were invited to attend special events including the upcoming Summer BBQ.

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):

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

Findings:

On the day of inspection, there was an adequate ratio of staff to residents on duty during the daytime, however, the inspector still had some concerns regarding staffing levels in the early night time.

On the day of inspection there were four nurses and ten care assistants on duty during the morning time; four nurses and four care assistants on duty in the afternoon and evening time from 14.00 to 20.00 and two nurses and two care assistants on duty at night time 20.00 to 08.00. There was always an additional CNM on duty and the person in charge was also on duty during the day time. There was an additional care staff on duty from 20.00 to 22.00 some days during the week. Staff rotas reviewed by the inspector indicated that these were the usual arrangements.

The inspector had some concerns regarding staffing levels in the early night time. At this time the two nurses on duty were involved in administering the medication rounds,

therefore, there were only two care assistants on duty to assist residents who may wish to go to bed, some who required the assistance of two staff while other residents required supervision in the day areas during this time period.

The provider and person in charge advised that funding for the additional hours had been approved but that it had been difficult to get staff to cover this shift. They both told the inspector that they were committed to reviewing staffing rosters and to engaging further with staff with a view to ensuring an additional staff member on duty during these hours seven days a week.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the regulations. Staff files were found to contain all the required documentation as required by the regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction and orientation received and training certificates were noted on staff files.

A large number of volunteers attended and assisted residents with a variety of activities in the centre. There was a designated volunteer coordinator, records reviewed indicated that all volunteers had Garda vetting in place. Induction training was provided to all volunteers and their roles and responsibilities were clearly set out. Volunteers received education and training relevant to their role and level of involvement in the centre.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2017.

Judgment:

Substantially 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:

Mary Costelloe
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 report¹

Centre name:	Milford Nursing Home
Centre ID:	OSV-0000418
Date of inspection:	08/05/2017 and 09/05/2017
Date of response:	31/05/2017

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose dated 21 March 2017 required some updating in order to fully comply with the requirements of the regulations to include the name of the registered provider and the arrangements in place for the management of the centre in the absence of the person in charge.

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

1. Action Required:

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

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

The statement of purpose has been updated to include the name of the registered provider and the arrangements in place for the management of the centre in the absence of the person in charge.

Proposed Timescale: Completed

Proposed Timescale: 31/05/2017

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:

The person in charge advised that daily and weekly fire safety checks were carried out however, there was no evidence that daily checks were carried out as they were not recorded.

2. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

A documentation process for recording the daily fire check has been initiated in addition to the existing recorded weekly fire check.

Proposed Timescale: Completed

Proposed Timescale: 31/05/2017

Outcome 09: Medication Management**Theme:**

Safe care and support

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

Some medicines had not been administered as prescribed. Gaps were noted in the medicines administration charts, appropriate codes had not been used and no comments had been recorded such as withheld or refused.

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

- (a) Education will be provided to nurses by the clinical nurse managers to ensure a daily review of documentation in all drug kardexs is conducted by all nurses prior to finishing their shift to ensure required documentation is complete.
- (b) A documented weekly review shall be initiated and alternated between the clinical nurse managers and the practice development facilitator and clinical placement coordinator.
- (c) A further audit of medication administration will be conducted in June 2017.
- (d) Any areas of improvement identified in the audit will be actioned through a quality improvement plan and additional training provided as required to all individuals identified through audit as needing same.

Proposed Timescale:

- (a) Week ending June 4th 2017
- (b) Week ending June 4th June 2017
- (c) End of June 2017
- (d) End of September 2017

Proposed Timescale: 30/09/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspector had some concerns regarding staffing levels in the early night time. At this time the two nurses on duty were involved in administering the medication rounds, therefore, there were only two care assistants on duty to assist residents who may wish to go to bed, some who required the assistance of two staff while other residents required supervision in the day areas during this time period.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

An additional care assistant has been employed between the hours of 8pm – 10pm each night in order to address this matter.

Proposed Timescale: Completed end of May 2017

Proposed Timescale: 31/05/2017

