<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mullinahinch House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000148</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Mullinahinch, Monaghan.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>047 72 631</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mullinahinch@yahoo.ie">mullinahinch@yahoo.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Mullinahinch House Private Nursing Home Limited</td>
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<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
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<tr>
<td>Support inspector(s):</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>54</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 December 2017 10:00
To: 19 December 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
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</table>

Summary of findings from this inspection
This report set out the findings of an unannounced monitoring inspection. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

Care was delivered to a good standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to continuously improve residents’ outcomes. A person-centered approach to care was observed. Residents appeared well cared for and expressed satisfaction with the care they received. There was good evidence that independence was promoted and residents have autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

The centre was clean and warm with a calm atmosphere. Residents were complimentary of staff and satisfied with care services provided. The staff supported residents to maintain their independence where possible.

Residents were receiving responsive healthcare that met their assessed needs. Care
plans were person centred, clear and provided clear instruction to the staff supporting each resident. There was good evidence of regular medical reviews. Access to allied health professionals including dietician and physiotherapist was available to residents.

There was a variety of activities and pastimes available that were based on the interests of the residents. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly.

Six outcomes were judged as compliant with the regulations and a further two outcomes as substantially in compliance with the regulations. The action plan at the end of this report identifies some areas where improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**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 were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability. The management team's roles and responsibilities for the provision of care were clear. Staff spoken with were aware of their responsibilities and to whom they are accountable.

An auditing and review system was in place to capture statistical information in relation to resident quality outcomes, operational matters and staff training arrangements. Clinical audits were carried out that analysed accidents, medicine management skin integrity, dependency levels and the use of restraint (bedrails and lapbelts). Policies and procedures were in place to guide practice and service provision.

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the statement of purpose. The management arrangements include procedures for the effective monitoring of staff training needs and systems to ensure the health, safety and welfare of residents on a continuous basis.

The post of the person in charge is full time and she is supported in her role by a clinical nurse manager also employed in a full time capacity. There are systems in place to promote staff development.

There is an established risk management framework in place. There is an up to date health and safety policy and a risk register is maintained. Staff have regular meetings and the risk register is maintained up to date.

There are well developed staff recruitment procedures to ensure the staff have the required skills and competencies to undertake the duties associated with their roles and responsibilities. The provider has developed an employee handbook. Each employee had
a contract of employment in the staff files reviewed. There are procedures developed on a code of conduct for employees.

An annual report on the quality and safety of care was compiled. It set out the centre's performance for the previous year and plan for 2017. The report included the views of residents and detailed the findings of a resident survey undertaken and their opinions on the quality of service provided.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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

**Findings:**
Measures were in place to ensure that residents were protected and felt safe while at the same time had opportunities for maintaining independence. Communal areas in all parts of the building were accessible to residents. The inspectors observed that there were facilities and equipment available to support residents to retain their independence for example mobility aids, hand rails on corridors and circulating areas. There was a call bell facility in all bedrooms and within easy reach of residents. Residents told inspectors that they felt safe in the centre and spoke highly of the staff caring for them.

All staff had completed training on safeguarding matters facilitated by an external trainer. Staff spoken with could explain and describe examples of indicators of abusive situations. Staff were clear on reporting procedures within the line management structure in conversation with inspectors.

There was is a safeguarding policy in place. However, the policy requires reviews to detail the safeguarding arrangements in the event of an allegation towards a staff member including the management team and the protective measure to ensure wellbeing of residents while a safeguarding matter is being reviewed.

There was a system in place for the safeguarding of residents' finances and property. The provider was acting as a pension agent for a small number of residents. Copies of the consent form for the provider to become a designated agent were retained on file.
The systems in place to promote a restraint free environment were in line with the national policy. The centre had a record of all restraint currently in use. The restraint policy clearly defined restraint and outlined the types of restraint, assessment, checks and review practices. The inspector reviewed files. Signed consent was documented. Care plans and evaluation records included evidence of alternatives available such as low-low beds, sensor alarms and crash mats. Risk assessment and care plans were regularly reviewed.

The centre had a policy on and procedures in place to support staff with managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. The inspectors reviewed care plans including some for residents who had responsive behaviour. The care plans identified potential triggers and guided staff on how best to respond and deescalate incidents of responsive behaviour. The guidance and system in place had templates of Activating Event, Behaviour and Consequences (ABC) assessment charts for recording any incidents. Referrals were also made to specialist psychiatry of later life when required.

**Judgment:**
Substantially Compliant

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

The safety and health of residents, visitors and staff is promoted and protected.

**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 centre had policies and procedures relating to health and safety within the centre. The centre has a risk management that includes items set out in Regulation 26(1). The centre had a current risk registrar that is kept under regular review. The register identified areas of risk within the centre and the control measures in place to mitigate any hazards.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact.

There was an annual program of refresher training in fire safety in place. The centre had conducted a series of fire drills in 2017 involving staff. Each resident had a personal emergency egress plan developed. These outlined the method of evacuation and type of
equipment required to assist each resident evacuate the building safely.

Staff completed regular checks on the fire alarm system, escape routes and door closing mechanism. Certificates were available of fire fighting equipment servicing and testing by external companies.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified in their care plans.

Falls and incidents were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. The system to investigate accidents and ensure learning from adverse events has been improved since the last visit. A system to complete post incident reviews has been developed.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Policies and procedures were in place to guide staff in the management of residents’ medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines. Practices were satisfactory to ensure each resident was adequately protected by all medicine management procedures.

Nursing staff were observed as they administered medications. Staff took time with residents and reminded of the purpose of the medicines administered. The prescriptions reviewed the maximum dose of any medicine to be administered within a 24 hour period was recorded on all as required medicines. A system was in place for a regular prescription review by the resident’s general practitioner (GP) and pharmacist every
three months.

The prescription sheets reviewed were legible. Regular medication, prn medicines (a medicine only taken as the need arises) and short-term medication were identified clearly on the prescription sheets. Photographic identification was available on the medicine charts for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of medicine error in the sample reviewed.

The medicine administration sheets viewed were signed by the nurse following administration of medicine to the resident and recorded the name of the medicine and time of administration. The medicines were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medicines were being stored safely and securely in the clinic room which was secured. Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift.

**Judgment:**
Compliant

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**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:**
Assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. The assessment process used validated tools to assess each resident’s dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and routinely and as required thereafter.

Each resident had a comprehensive care plan developed with 48 hours of admission. The care plans were person centred and the detail contained within the care plans evidenced that the staff were knowledgeable on the specific care needs of residents under their care. There was evidence that care plan reviews occur at intervals not
exceeding four months or more frequently in consultation with either the resident or their representative. There were care plans in place for all needs identified.

Nursing staff demonstrated an in-depth knowledge of the residents and their physical care needs. Nursing notes were completed on a twice daily basis and provided a detailed clinical record of each resident’s health, condition and treatment given. When an acute health problem was being managed the daily nursing notes described well the interventions, the residents’ progress and response to treatment.

Care plans for psychological signs and symptoms of dementia (BPSD) and psychosocial care were in place. Behaviour logs were available to record details of any episodes of responsive behaviours. Further development in their use to inform reviews with the mental health team and in care planning reviews was discussed by the inspectors with the person in charge.

Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes. Fifty percent of the residents had pressure relieving mattresses to protect skin integrity. There was evidence in the files of access to a clinical nurse specialist in wound care. Professional expertise provided was followed.

Residents had good access to GP services and out-of-hours medical cover was provided. Access to allied health professionals including dietician and speech and language therapist was available to residents. Chiropody and optical services were also provided on referral.

The provider employs a physiotherapist who attends the centre regularly. The physiotherapist is available to review all residents and undertakes individual and group exercise to promote mobility, improve respiratory function and develops passive exercise regimes for more frail residents.

Judgment:
Substantially Compliant

**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The residents’ nutritional needs were well met. Residents were provided with a regular choice of freshly prepared food. Menu options were available and residents on a modified diet had the same choice of meals as other residents with appropriate consideration given to the presentation of these meals.

Nutritional care plans were in place that detailed residents’ individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review. Systems were in place to ensure residents had access to regular snacks and drinks.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary.

**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:**
Procedures were established to monitor the quality and safety of care. There was a residents’ committee that met regularly. Regular meetings gave residents a forum to express their views and they said that changes were made as a result of their opinions. Residents had access to advocacy services to meet with residents and discuss any issues that they may arise.

There was evidence that residents have the opportunity to participate in activities that are meaningful and purposeful that suits their individual needs and interests. The inspector found that there are adequate facilities for occupation and recreation including the opportunity to undertake personal activities in private. The centre is part of the local community and residents have access to radio, television, newspapers, information and frequent outings to events. There is a daily activity programme within the centre.
facilitated by activities team. Ten residents attended the senior citizen party in the community. A number of residents in partnership with a local community organisation attended a sports program weekly for a six week period in the community. The activity programme on display offered a wide variety of options for all residents. There was evidence of outings that had been organized and enjoyed by residents.

Frail residents and those who had significant levels of cognitive impairment were noted to be well supported and were provided with regular opportunities for social interaction and sensory stimulation. The inspector saw that residents were prompted to take part in an exercise group and shown the exercises individually. Support to enhance their participation was suitable and exercises were demonstrated repeatedly.

Social care assessments were completed. These were used to develop care plans or personal profiles with details of their life history, their likes and dislikes, interest and hobbies

There were a number of dementia friendly design features developed since the last inspection. There were visual cues and pictorial signage to guide residents. New signs have been provided to guide residents to the location of toilets and bathrooms.

**Judgment:**
Compliant

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was an adequate complement of nursing and care staff on each work shift. Staff had the required qualities, skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty. The supervision arrangements and skill mix of staff was suitable to meet the needs of residents. There is a regular pattern of rostered care staff on each work shift.
There was a calm, relaxed atmosphere observed throughout the centre. Staff levels ensured person centred, safe quality care, allowing flexibility and choice for residents in their activities of daily life. The day sitting rooms were supervised at all times.

Staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own bedrooms.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees. Staff files evidenced supervision arrangements and confirmation of Garda vetting. The person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place. The centre did not employ any external agency staff. There was an annual system of staff appraisals in place. There is a well-developed induction system in place to support newly recruited staff.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended a range of professional development courses.

**Judgment:**
Compliant

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**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:**

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

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<tr>
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<td>OSV-0000148</td>
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<tr>
<td>Date of inspection:</td>
<td>19/12/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/03/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The safeguarding policy requires reviews to detail the safeguarding arrangements in the event of an allegation towards a staff member including the management team and the protective measure to ensure wellbeing of residents while a safeguarding matter is being reviewed.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The safeguarding policy has been amended to clearly define the procedure to be followed in the event of an allegation made against any staff member including the protective measures that may be required to be implemented to ensure the wellbeing of residents while a safeguarding matter is being reviewed.

Proposed Timescale: Completed January 2018

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:
Further development in the use of behaviour logs to inform reviews with the mental health team and in care planning reviews is required.

2. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Mullinahinch nursing home will continue to work closely with the local Mental Health Team as always, in reviewing residents with mental health needs. Information from the behaviour logs will be further analysed to ascertain any recurring patterns or contributing factors which may be helpful in reviewing individual residents’ care plans for informing our ongoing continuous quality improvement mechanisms

Proposed Timescale: 16th June 2018