

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mill Brook Manor Nursing Home
Centre ID:	OSV-0000763
Centre address:	Slade Road, Coolmines, Saggart, Co. Dublin.
Telephone number:	087 777 3271
Email address:	millbrookmanor@yahoo.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Coolmine Healthcare Limited
Provider Nominee:	Gerry Gallen
Lead inspector:	Helen Lindsey
Support inspector(s):	Shane Walsh
Type of inspection	Unannounced
Number of residents on the date of inspection:	63
Number of vacancies on the date of inspection:	0

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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 February 2017 09:30 To: 16 February 2017 15:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from the receipt of unsolicited information and to monitor progress made since the previous inspection in August 2016. The inspection focussed on suitable staffing, governance and management and health and social care needs of residents. As part of the inspection, the inspector met with residents, family and staff members, observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

Overall inspectors found that the governance and management arrangements in the centre were effective at monitoring the quality of care provided to people using the centre. There was a senior management team who regularly carried out checks on how well the service was meeting the needs of residents and took action when improvements were needed. The provider and person in charge were aware of the issues relating to staffing levels in the centre and provided evidence to confirm steps were being taken to ensure residents needs were met.

Residents were being supported by staff using evidence based nursing care, each resident's needs had been assessed, and care plans developed setting out how care was to be provided. Meetings were held with the resident and their families to review their plan of care.

The centre was clean and well presented on the day of inspection and infection

control practice was seen to be in line with expected standards.

Areas for improvement identified during the inspection were staff recruitment, specifically relating to Garda Vetting checks, and improvement was required to ensure the number and skill mix of staff was appropriate to meet the needs of the residents at all times.

The action plan at the end of this report identifies a number of areas where improvements are still required to meet the requirement of the regulations and national standards.

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):

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

Findings:

Inspectors found there were effective governance and management systems in place to monitor the quality of care and experience of the residents on an ongoing basis.

The person in charge oversaw a range of audits in the centre, gathered monthly key performance indicators and held weekly meetings with the clinical standards officer to identify if any areas of practice in the centre required improvement. The person in charge explained they review the information on resident care in the centre for the previous week and have an action plan for action required following the meeting.

There was also a two weekly resident care meeting taking place including the provider and senior nursing staff. One of the outcomes of these regular meetings overseeing resident care was that residents care records were up to date and reflected the use of evidence based practice.

Records of these meetings showed the range of topics covered including audits, care plans, allied healthcare, end of life care and other resident focused needs. As the provider attended meetings regularly they were up to date on all issues relating to the centre including building management, staffing and resident care.

The premises were maintained to a good standard, and suitable aids and equipment where specific needs had been identified, for example hoists. The service provided was in line with the statement of purpose produced by the provider.

An annual report was available that reviewed the main areas of practice in the centre for the last year, and an improvement plan for the coming year. Staffing in the centre was the focus of one chapter in the report, with actions identified to achieve improvement in retention.

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:

Inspectors reviewed one element of this regulation.

A selection of staff files were reviewed and found to contain the expected documentation. However, three cases were identified where a Garda Vetting disclosure, that is required in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, had not been received. There was evidence it had been applied for but had not been obtained prior to the member of staff commencing employment. The provider took immediate action to address this matter when it was brought to their attention.

Judgment:

Non Compliant - Major

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):

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

Findings:

Inspectors specifically looked at the infection control element of this regulation and

found that practice was consistent with the standards published by HIQA.

There was a detailed and comprehensive policy in place that covered topics such as hand washing, personal protective equipment and housekeeping arrangements.

The staff who spoke with inspectors were clear about the practice for infection control, and were able to give detailed explanation of the practice to be followed in the case of an identified infection.

Housekeeping staff had the relevant equipment to carry out their role, and their practice was seen to be in line with the standards.

There were hand sanitizers available throughout the centre, wash hand basins in relevant areas of the centre, and also personal protective items such as aprons and gloves available in the areas where they were needed, for example close to residents rooms and bathrooms.

Residents spoken with reported there were high levels of cleanliness in the centre, and this was seen on the day of the inspection.

Inspectors followed up two actions from the last inspection. One related to the lack of risk assessment related to the smoking room. During this inspection a full risk assessment was seen to be in place, and records showed the room was being reviewed for safety hazards regularly.

The other area of improvement required in the last report was the staffs knowledge of the fire safety procedures. During this inspection all staff spoken with were clear of the action they needed to take when the fire alarm sounds.

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:
Residents were receiving care and support that corresponded with their assessments of

need.

Inspectors reviewed a sample of resident's records and found that each resident had an assessment prior to moving to the centre prior to being offered a place in the centre.

When they arrived at the centre a full assessment was completed and care plans were developed where residents had specific health and social needs. The care plans set out what the residents needs was, the aim of the support and how the care was to be provided. They were in place for a range of needs including nutrition, moving safely, personal hygiene and skin integrity. Records showed these were reviewed and updated at least every four months, or more frequently as required.

Care plans were also reviewed with residents and families, with notes of the meeting summarising the discussion and who took part in the review.

Where residents had healthcare needs, appropriate referrals were seen to have been made to allied professionals such as the dietician and occupational therapist. Where recommendations for treatment had been made, they were seen to be put in to place. For example where residents required a modified diet the kitchen staff were informed and the care staff ensured the resident received a meal of the correct consistency.

A range of nursing assessment tools were used to assess residents needs, and where the outcomes identified action was needed, evidence was seen that it was taken. Records showed that the nursing staff responded to the results of the assessments and took appropriate action. For example if residents were losing weight, records showed that the general practitioner was informed, referrals were made to the dietician, and more frequent checks were carried out for example monitoring the residents weight weekly rather than monthly.

A review of nursing and medical notes showed that where it was noted a resident was presenting with a healthcare need a timely response was carried out, for example calling the general practitioner (GP) or out of hours GP where relevant.

Inspectors spoke with staff in the centre who were found to know the policies and procedures in the centre relating to meeting residents health and social care needs. The new on-line care records were seen to be easy to access and update, and staff said they supported them to keep up to date with resident's personal needs.

Residents and relatives spoken with during the inspection said their health and social care needs were being met.

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 the inspection residents health and social care needs were being met. However there were inconsistencies in the staffing levels being provided in the centre on a day to day basis. This was reported to be having an impact on the consistency of care for residents.

The provider and person in charge explained that they were very aware of the issues in the centre relating to staffing levels. They explained the measures in place to recruit new members of staff and that it could be challenging to cover short notice sick leave for the nursing staff and health care assistants. They confirmed that senior nursing staff were delegated the responsibility of covering short notice absence and encourage to ensure cover was in place. Examples were seen where as a last resort cover had at least been provided at times when residents would have the highest level of need, for example in the morning.

A review of the staffing rosters showed that in a two week period there were 1 out of 3 of days where there was one health care assistant down from the usual number. The senior nurse on duty explained the process in place to cover absence, and staff confirmed they were called in if required to cover extra shifts. Some roles in the centre were supernumerary to the care roster each day, and so they would be available to offer support if required. For example the clinical nurse manager and person in charge. The roster confirmed there was nursing staff on duty at all times.

On the day of the inspection staff were seen to be supporting residents in a timely way with personal care and other health care needs. Many residents were enjoying the activities provided by the activity coordinator which included one to one conversation, group quizzes and arts and craft projects.

Residents and relatives were generally positive about the care and support they received. A theme in the feedback from residents was that 'most of the time' staff responded to them quickly, but sometimes they had to wait. They also noted that there seemed to be regular changes in the staff, which meant they were not always supported by people who knew their needs well.

Nursing staff and healthcare assistants spoken with said that they felt residents needs

were being met, but if there were less staff on duty it became more of a challenge to meet them in a timely way.

There were arrangements in place for staff supervision, with the person in charge and CMN available in the centre and observing practice. The nurse in turn supervised the health care assistances, who were seen seeking advice and guidance as required. Annual appraisals were being carried out.

A review of the training records showed that all staff had completed training, or where scheduled in the next month, including as a minimum fire safety, manual handling, and protection of vulnerable adults. Most staff had also undertaken infection control training.

Judgment:

Non Compliant - Moderate

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:

Helen Lindsey
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Mill Brook Manor Nursing Home
Centre ID:	OSV-0000763
Date of inspection:	16/02/2017
Date of response:	27/03/2017

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:

Garda vetting had not been obtained for three members of staff prior to commencing employment, and so the record was unavailable.

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

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

the Chief Inspector.

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

The following actions have been taken around Garda Vetting;

- The 3 staff identified as having Garda vetting submitted but not returned have been taken from our roster with immediate effect from the day of inspection. Since then Garda vetting has been obtained and staff have returned to employment.
- We have adjusted our staffing roster in the affected areas to maintain our staffing levels and ensure the safe delivery of care to our residents.
- We have amended our recruitment practices and policy to reflect this change and our administrators have been informed of the importance in compliance with this matter.
- In order to ensure full compliance in the future no staff member shall be employed without Garda vetting in place prior to employment.

Proposed Timescale: Immediate & on-going

Proposed Timescale: 27/03/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The staffing levels required review to ensure there were consistently sufficient numbers of staff with the relevant skills to meet the needs of residents.

2. 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:

In order to ensure that consistently high standards of care is being delivered to our residents the following actions have been taken:

- We have reviewed our staffing resources and made some adjustments to our rosters to ensure that staffing levels are maintained at the required times.
- An active recruitment drive to hire fulltime and flexible health care assistants has been in place since the beginning of February and we have now filled all vacant healthcare positions. All necessary documentation has been received on every new staff member prior to being placed on the roster.
- We will continue to devise the staffing roster with sufficient numbers to compensate for unanticipated absences of staff and maintain care delivery on a day to day basis
- As we have had a significant increase in staffing and resident occupancy in the last year there has been fluctuations in resource requirements that will no longer occur as maximum occupancy and staffing levels have been reached. We will continue to monitor staff turnover and aim to maintain a stable core team to ensure continuity of

consistently high standards of care to each of our residents in a person centred manner.

Proposed Timescale: 31/03/2017