



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Millbury Nursing Home
Name of provider:	Rossclare Nursing Home Limited
Address of centre:	Commons Road, Navan, Meath
Type of inspection:	Announced
Date of inspection:	03 October 2018
Centre ID:	OSV-0000700
Fieldwork ID:	MON-0022363

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Millbury nursing home is a purpose-built centre located in Navan Town, Co Meath. It provides full-time nursing care to 66 residents, male and female who require long-term and short-term care. Residents assessed as having dementia can be accommodated throughout the centre. There are 66 private full en-suite single rooms, all located on the ground floor.

Accommodation is provided in three separate areas, Boyne, Comeragh and Tara all accessed from the bright reception space. A variety of communal spaces are located overlooking two central outdoor courtyards and landscaped grounds.

The centre has a reception seating space, oratory, hairdressing salon and a sensory room for residents' use. Two smoking areas are in place for residents who smoke. Suitable household areas including laundry, dirty utility rooms, cleaning rooms and kitchens are in place.

The following information outlines some additional data on this centre.

Current registration end date:	03/03/2019
Number of residents on the date of inspection:	65

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
03 October 2018	09:30hrs to 17:30hrs	Leone Ewings	Lead

Views of people who use the service

Sixteen residents completed questionnaires provided before this inspection, which were overwhelmingly positive about care received at Millbury. The centre was described as welcoming and homely, special mention was given to the staff, activities and the pleasant environment and external grounds. Staff were described as being dedicated, gentle, kind and caring when responding to residents' needs. Feedback about food, drinks and snacks was very complimentary. The premises and facilities was also very satisfactory. Access to outdoor space and the garden, and the wider community was promoted.

Care was described as being second to none for people with dementia and activities were available to all. Residents confirmed involvement with care plans and decision-making.

Residents spoke positively about the care they received in the centre and confirmed they were happy with the choices and control in place in their daily lives. They said that staff attended to their needs promptly

Residents also said that they felt their needs were well met and they were supported to retain their independence. They said there was a good choice of activities during the day and in the evenings. Residents told the inspector they enjoyed the regular visits of their hairdresser to the centre.

They were aware of the complaints policy and told the inspector they were involved in their care planning decisions. They also confirmed there were no restrictions on visitors, and they were aware of who to speak to about any aspect of service provision. Visitors confirmed a warm welcome was always afforded to them during their visits.

A number of visitors and people who had experienced a respite stay also called in to speak to the inspector and give their views which were also very positive.

Capacity and capability

A safe and effective service was being provided to residents. There were clear lines of accountability between the registered provider representative and the person in charge. Overall, the governance systems in place were found to be well organized and promoted the safe delivery and oversight of this service. For example, the provider could demonstrate ongoing improvements further to the annual quality of care survey completed over the last three years mainly in staffing and quality of

care services.

All registration details supplied were notified within time frame required to the Office of the Chief Inspector.

The systems for audit, monitoring and review of care in place promoted service improvements. The person in charge was managing the service well. She had the appropriate qualifications and experience working with older people. She was fully supported by an assistant director of nursing who deputised for the person in charge. All notifications as required by legislation had been submitted within the time frame required.

The person in charge confirmed that formal weekly meetings took place with the registered provider representative who worked in the centre as the general manager. Key performance indicators were discussed and reported on at the weekly management meeting, which also included both directors of the company.

The actions required to address the compliance plan given following the last inspection were completed. The service being provided to residents was reflective of the statement of purpose, and subject to audit and review.

There were adequate resources allocated to the delivery of the service in terms of equipment, laundry, household and catering arrangements. There was an appropriate allocation of staff in a varied skill-mix available day and night to meet the assessed needs of residents. Staff turnover levels were tracked and recruitment of staff was ongoing. Staff on duty were familiar with residents' needs. Staff training records were up-to-date and planning was in place for future training dates and professional development informed by staff appraisals. A recommendation for further staff training in the development of positive behavioural plans was made. There were no volunteers working in the centre.

Residents were protected by good recruitment practices and An Garda Síochána vetting disclosure disclosures were in place for all staff. Staff were observed to engage with residents in a person-centred and respectful manner at all times.

Residents had access to the statement of purpose, resident's guide and the complaints policy which were all on display for them to read.

Registration Regulation 4: Application for registration or renewal of registration

The information required for registration purposes was submitted by the provider for renewal.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge meets the regulatory requirements and has completed a management qualification.

Judgment: Compliant

Regulation 15: Staffing

Appropriate levels of staff numbers and skill-mix to meet residents' needs were in place with at least with a low level of staff turnover.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training including mandatory training was up-to-date. The level of staff supervision in place was adequate.

Judgment: Compliant

Regulation 21: Records

Records reviewed were clear and kept up-to-date.

Records of An Garda Síochána (police) vetting disclosures were in place for all staff working at the centre.

Judgment: Compliant

Regulation 22: Insurance

Insurance cover was in place.

Judgment: Compliant

Regulation 23: Governance and management

Systems in place ensured a safe, appropriate, consistent and effectively monitored service was provided. The registered provider representative and person in charge were closely involved in gathering feedback from residents and relatives to inform the annual review of quality and safety of service for 2018.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contract of care clearly outlined the services provided and any additional fees

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

All volunteers had An Garda Síochána (police) vetting disclosures in place and were supervised commensurate with their roles.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications had been submitted and received as required by regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints process was in place and clearly communicated throughout the building. Residents confirmed they knew what steps to take if they wished to make a complaint.

The complaints records were reviewed by the inspector. However, no written complaints had been made since the last inspection.

Two issues had been brought to the providers attention and detailed steps taken to address these issues were recorded, and the level of satisfaction with the outcome clearly recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures required by regulation were in place and were evidence-based.

Judgment: Compliant

Quality and safety

The inspector found there were good healthcare outcomes for residents using the service. The premises were bright, clean and well maintained with décor to a high standard.

There was multidisciplinary care team approach to providing health care to residents. Residents were consulted with regarding the development of their individual care plans which included assessment of needs and treatment plans. They received the care which they needed. Staff liaised with the local community services regarding appropriate admission and discharge arrangements. Residents had timely access to most health care services based on their assessed needs although access to audiology, optical and dental services required review. Residents with communication difficulties were facilitated to communicate with staff. The approaches used were reflective of good practice.

Arrangements were put in place to assist residents to support them to make decisions consistent with their capacity for example referrals to the ward of court system. Residents had opportunities to participate in meaningful activities in

accordance with their interests, abilities and capacities. The group social and recreational programme was relevant and meaningful to the residents and for those who did not wish to participate, staff tried to engage them on a one-to-one basis with activities of their preference. These activities promoted their physical and mental health and well-being.

Residents meetings were held and some residents confirmed that they had been consulted with about the day-to-day running of the centre. Resident had access to an independent advocate service and this was advertised. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives.

Policies and procedures were implemented they ensured residents were protected from abuse. All staff had participated in training in safeguarding. Inspectors were informed that all staff had An Garda Síochána (police) vetting and a sample of randomly selected staff files confirmed this information. Staff members who communicated with the inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. The provider does not act as a pension agent for any resident at the centre.

A restraint free environment was promoted and any physical restraint was used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure. Records regarding physical restraint were maintained in accordance with the regulations. Records and audit reflecting the use of psychotropic medications to manage responsive behaviours had improved since the last inspection. Medicines management practices were safe and closely monitored with audit and review processes in place.

Regulation 17: Premises

The premises was purpose-built and appropriate to the number and needs of the residents and was in line with the centre's statement of purpose.

Judgment: Compliant

Regulation 26: Risk management

The risk register was reviewed and found to be up-to-date, with details of any identified risks. Each resident had an individual mobility assessment and suitable moving and handling plan in place which supported their independence.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety and maintenance was well managed. Fire drills were practiced during day and night hours.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Each resident is protected through the residential services policies and procedures for medicines management. The pharmacist was available to support residents and provides staff education. A clear system was in place to record any medication errors, and or omissions which were monitored and followed up by the person in charge. Medicines management was subject to audit and staff competency recorded.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident assessments and care plans were reflective of care delivered for a sample of residents reviewed. They were person-centred and had been reviewed within a four month period. Family meetings to review care and evaluate were an established part of practice at this centre.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and healthcare was being provided to residents, in line with their identified health and social care needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff demonstrated a gentle approach and confirmed they had received suitable training in managing responsive behaviours. Improvements had been made and records were now in place to ensure that where any restrictions were used in the centre, they were individually assessed as being appropriate and the least restrictive option. Staff confirmed they had received suitable training in managing responsive behaviours. For example, staff were trained to offer individual sensory communication techniques, which were effective in reducing levels of agitation for any residents who could not take part in group activity.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including effective recruitment practices, and training in relation to detecting, preventing and responding to allegations of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant