Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Mill Lane Manor
Centre ID:	OSV-0000066
Centre address:	Sallins Road, Naas, Kildare.
Telephone number:	045 874 700
Email address:	milllanemanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes
Provider Nominee:	Amanda Torrens
Lead inspector:	Leone Ewings
Support inspector(s):	Jim Kee
Type of inspection	Unannounced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	8

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.

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 Quality 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:	To:
15 February 2016 09:30	15 February 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This inspection was unannounced following receipt of unsolicited information to the Authority that highlighted concerns in relation to supervision of residents, staffing and falls management negatively impacting on the care and welfare of residents. The inspection also followed up on non-compliances related to the last inspection which took place on 14 and 15 December 2015.

The inspectors had issued an immediate action letter to the provider to address matters relating to staffing at the time of the last inspection. The provider had provided the Authority with written assurances regarding actions to be taken relating to deficiencies with staffing and skill mix. Inspectors noted some progress with addressing non-compliances relating to staffing including the appointment of an assistant director of nursing, and a staff nurse had been made since the time of the last inspection. The inspectors had also reviewed additional information provided as requested including staffing rosters in the weeks following the inspection.

This inspection took place within normal working hours. On arrival to the centre, the

inspectors found the centre was clean, warm, and well maintained. The assessed dependencies of each resident were reviewed with the person in charge. The centre provides care for residents living with acquired brain injury, cognitive impairment, learning disabilities, chronic illness, mental health problems, respite and convalescence, including palliative and day care.

There were eight vacancies with 60 residents in the centre; two residents were in hospital. Staff on duty included; the person in charge, the assistant director of nursing, a new staff nurse on induction, social care facilitator and nine care assistants, physiotherapist, catering, household, laundry, maintenance and one activity staff. Staff, residents and relatives/visitors fully engaged with inspectors during the course of the inspection.

Overall, inspectors found that residents expressed satisfaction with care available to them on the day of the inspection. Governance and management required improvement as evidenced by continued non-compliance in eight outcomes.

A total of 10 Outcomes were inspected against. The inspector judged two Outcomes - Governance and management Regulation 23, and Staffing Regulation 15, as major non-compliances with the Regulations. Moderate non-compliance was found relating to:

- notifications
- health and safety
- medicines management
- complaints
- health and social care
- records

The action plan at the end of this report identifies these and other areas where mandatory improvements must be made 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 Quality Standards for Residential Care Settings for Older People in Ireland. Nine actions are the responsibility of the registered provider to address, and five actions are the responsibility of the person in charge.

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

Findings:
A revised Statement of Purpose was submitted further to the last inspection reflecting the actual staffing in place.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The lines of responsibility and accountability were not clear and required improvement. For example, in terms of notifying serious incidents as outlined in Outcome 10. The person in charge did not fully exercise her regulatory responsibility as incidents which were logged on the electronic record keeping system and were reviewed by the compliance and support manager. At the time of the last inspection the person in charge

was found to be working as a registered nurse in the centre. She was not found to be fully engaged in overseeing the administration and governance for the provision of the service. The inspectors noted that whilst some improvements had taken place to address non-compliances, that satisfactory progress was dependent on the service being suitably resourced by the provider with suitably qualified staff. The 40 working hours of the person in charge were in place and could be evidenced as allocated for management duties. However, improvements had not been fully addressed in relation to provision of registered nurses at the centre. The staffing rosters given to inspectors confirmed that on the two days and nights prior to this inspection there was only one registered nurse on duty for 60 residents over the weekend. The inspectors acknowledge that the time frame agreed with the provider (2 March 2016) for completion of one the action plans had not yet expired.

A new assistant director of nursing had been appointed on 17 December 2016, with the required information submitted with this notification to the Authority. However, the management structure as defined in the statement of purpose was not found to be fully in place. The person in charge informed the inspectors that a further experienced registered nurse was due to commence on 2 March 2016. She confirmed that staff recruitment was ongoing, but the staff turnover rate remained an issue. The person in charge confirmed that two staff nurses had been appointed since the last inspection. However, one staff nurse had left the centre in the previous eight weeks. The staff rosters provided on the day confirmed that staff nurse provision was not yet fully in line with the statement of purpose to include 4.5 whole time equivalent (WTE) posts, and that at the time of the inspection only three WTE's were on the staff nurse roster. A review of the staffing roster confirmed that staff nurses worked as the only registered nurse on duty on a number of shifts including day and night shifts.

Some improvements had taken place with regard to supervision of the unregistered staff on the staff roster, and the practices relating to staff signing for administration of medication were now in line with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) and staff now worked within their job description, whilst awaiting registration.
Staff working on the day of the inspection confirmed that they had a good knowledge of residents and the centre. Staff were found to be well supported by the person in charge. Improvement was required with regard to governance, to ensure that there were systems in place to ensure the service provided is safe, appropriate, consistent and effectively monitored. For example, complaints under investigation at the time of the last inspection had not been fully documented or investigations completed. Further to a detailed review of incidents since the last inspection the inspectors found that three statutory notifications following serious incidents were not submitted in line with legislation. Systems in place were not robust in terms of managing statutory notifications. These notifications were submitted post inspection to the Authority by the person in charge. The systems in place for supervising, recording and documenting care, and had not been fully addressed since the last inspection. A review of incidents and accidents by inspectors as referenced in Outcome 8 of this report demonstrate that adequate staff supervision was not in place relating to the number of unwitnessed incidents and accidents at the centre.

An annual review of quality and safety of care delivered to residents in the designated

centre had been completed for 2015 in line with legislative requirements in the time frame outlined by the provider. This review had not identified staff turnover as an issue as communicated to inspectors on 14 December 2015.

Judgment:
Non Compliant - Major

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):

Findings:
The provider and person in charge had made improvements since the time of the last inspection. Nursing staff were now documenting a daily record of care provided, and unregistered staff nurses were no longer signing for administration of medication. Whilst Schedule 3 documentation was improving, further improvements relating to medication records and complaints were required.

Records reviewed records related to medication as specified in schedule 3 of the regulations were not being accurately maintained. The inspectors observed that times of administration were not being documented correctly in that medicines administered at 11.45am were recorded as being administered at 9am. The times of administration as documented on the medicines administration records did not always match the prescribed times. The prescription sheets were indicating an administration time of 9pm but the medicine administration records were pre-printed with a time of 10pm, making it unclear as to the time of administration as required by professional guidelines.

Complaints records reviewed by inspectors were not fully maintained with regard to contacts with the complainant in line with regulatory requirements.

Judgment:
Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the

management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The Authority was notified further to the last inspection of the appointment of an assistant director of nursing who was participating in management, and would deputise for the person in charge. The inspector reviewed the supporting documentation submitted by the provider with the assistant director of nursing and found it was satisfactory. She has worked at the centre since June 2015 as a staff nurse and has a breadth of experience in adult nursing. She confirmed that she is engaged in continuous professional development. She was clear about her role and safeguarding policy and procedures.

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:
A risk management policy was in place but inspectors found that the written risk register was not available in full for inspection, and was not found to be kept up to date. The inspectors completed a review of falls and incidents which had taken place at the centre with the person in charge. The findings of this review were that there had been 65 recorded incidents since the date of the last inspection. As outlined in Outcome 10 three serious incidents had not been reported to the Authority.

The electronic documentation was completed further to any slips, falls or other incidents by staff. There had been a number of unwitnessed incidents which took place at the centre, and the process of follow up on these incidents included a monthly audit. However, while there was efficient recording of incidents, there was no effective system of investigating and learning from the incidents as required under regulation 26(1)(d). Residents who had falls or incidents were responded to in a timely manner with first aid measures and referral for medical review. However, risks associated with residents with

recurrent falls and incidents were not robustly reviewed by the person in charge or her deputy in a timely manner. A discussion was held with the person in charge to ascertain how incidents and falls were monitored. The systems in place was that the person in charge or other nominated staff member closed off the report on a three monthly basis. The audits from the previous two months were reviewed by the inspectors. The findings of this review were that the audit completed was not comprehensive, and did not fully evidence the measures or actions in place to mitigate any further risks to the residents. For example, staffing and supervision requirements were not recorded as being reviewed or a factor in witnessed or unwitnessed falls. The number of falls had been identified as increasing in the audit completed on 4 February 2016 but no action plan had been put in place to mitigate the risk identified. The risks associated with one staff nurse on duty had also not been sufficiently mitigated to ensure supervision of care staff and newly appointed staff had been sufficiently mitigated to ensure safe practice.

Judgment:
Non Compliant - Moderate

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):

Findings:
The inspectors reviewed the practices and documentation in place relating to medication management in the centre. Non-compliance was identified in a number of areas including practice relating to the storage of medicines, transcribing and crushing of medicines, and medicine prescription and administration documentation. Medicines were also observed to be administered outside the prescribed timeframe due to the length of time taken to complete medication administration rounds. A number of these findings are included under outcomes 5 and 11 as indicated.

The centre had operational policies relating to the ordering, prescribing, storage and administration of medicines. Medicines were supplied to the centre by a retail pharmacy business with the majority of the medicines dispensed in a monitored dosage system. There were facilities in place to ensure all medicines were stored securely within the centre. However on the day of the inspection inspectors found that cupboards in the clinical room that were used to store medicines were not kept locked at all times. This clinical room was accessed by staff on a regular basis throughout the day and also by external allied healthcare professionals visiting the centre. The medicines trolleys were kept locked at all times and were secured appropriately in the clinical room when not in use. A fridge was available for all medicines or prescribed nutritional supplements that required refrigeration, and the temperature of this fridge was monitored. All controlled

(MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the beginning and end of each working shift.

The inspectors reviewed the processes in place for administration of medicines and a newly employed staff nurse was being supervised by the assistant director of nursing. On the day of the inspection the inspectors observed that the morning medication administration round was not completed until 11.45am. There was the potential for prescribed medicines to be administered outside the prescribed time frame due to the length of time taken to complete this medication administration round. The inspectors also observed that times of administration were not being documented correctly in that medicines administered at 11.45 were recorded as being administered at 9am. This finding is included under Outcome 5.

There were procedures in place for the handling and disposal of unused and out of date medicines. However inspectors found that residents' full names and dates of first use were not being consistently marked on pre-filled insulin injection pen devices to ensure that insulin from these devices was not administered to residents after the specified expiry period. Inspectors also observed that one type of trans dermal patch was not being stored correctly within the medication trolley. The trans dermal patches were being stored in an open pouch that was not sealed properly, and the date of opening had not been marked on this open pouch of patches to ensure that the 14 day expiry could be correctly observed. The summary of product characteristics for this medicine clearly states the necessary storage requirements and the reduced shelf life of the patches once the storage pouch is first opened. One prescribed nutritional supplement stored in the fridge had no date of opening recorded to indicate its subsequent expiry date.

The inspectors reviewed a number of the prescription and administration sheets and identified a number of issues that did not conform with appropriate medication management practice:
-A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not consistently indicated that crushing was authorised for each individual medicine on the prescription sheet.
-The times of administration as documented on the medicines administration records did not always match the prescribed times. The prescription sheets were indicating an administration time of 9pm but the medicine administration records were pre-printed with a time of 10pm, making it unclear as to the time of administration as required by professional guidelines. This is included under Outcome 5.
-The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet and there were no associated resident specific care plans in place for these medicines to guide staff in the administration of these medicines (in some cases residents had been prescribed more than one psychotropic medicine on a PRN basis but the prescription did not indicate when the medicines were to be used or which medicine was to administered first. There were no protocols in place as part of behaviour support plans or care plans to guide practice to ensure appropriate consistent administration).
-Nursing staff were transcribing the prescription sheets, and two signatures were

present to indicate that double checking of transcribing was taking place. However the transcribing nurse was not consistently dating the records to indicate the date of transcribing as required by professional guidelines. This is included under Outcome 11.
-The medicine administration records for one resident indicated that the medicines prescribed for 9am had been refused on 7 days out of the last 9 days. The resident's general practitioner had not been informed of this. There was a medication management care plan in place for this resident but it not provide guidance to staff on when to inform the GP or if consideration had been given to discussing the possibility of revising the prescribed times of administration to facilitate better compliance. The inspectors were informed that nursing staff continually encouraged the resident to take the medicines but that the resident's right to refuse was respected. This is included under Outcome 11.

The person in charge informed the inspectors that the pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis, conducting reviews of residents' medications. The inspectors reviewed a sample of the medication review records which were completed by the general practitioner (GP), nurse and pharmacist on a regular basis.

There were systems in place within the centre for reviewing and monitoring medication management practices, including medication management audits conducted by the clinical nurse manager that reviewed a sample of prescription and administration records, observation of practice and practice related to the management of controlled drugs. There was a system in place to record medication related incidents including medication errors but the inspectors were informed that no such incidents had taken place recently.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
Inspectors reviewed the records of all incidents occurring in the designated centre as referenced in Outcome 8. Quarterly reports were submitted as required in a timely manner. However, improvements were required relating to the reporting requirements for three day notifications.

Three serious incidents which were notifiable to the Authority had not been submitted within the three days of occurrence. The three notifications were submitted further to the inspection on 18 February 2016. However, the person in charge did not have robust systems in place to ensure that incidents where required by legislation were notified to the Chief Inspector at the time of the inspection.

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):
No actions were required from the previous inspection.

Findings:
All lines of enquiry were not reviewed at the time of this inspection. Access to healthcare was found to be facilitated. However, some improvements were required relating to medication management, and facilitating referral to occupational therapy.

Inspectors met with a resident seated in a chair which could be tilted backwards, and was used during the day by the resident and while eating and drinking, A seating assessment had not been completed. However, the person in charge confirmed that a referral to occupational therapy (OT) was being facilitated to review seating as the OT working at the centre had recently left her post. The records to confirm this referral were not available to evidence referral.

Inspectors identified the following medication management issues that did not comply with regulation 6.
-Nursing staff were transcribing the prescription sheets, and two signatures were present to indicate that double checking of transcribing was taking place. However the transcribing nurse was not consistently dating the records to indicate the date of transcribing as required by professional guidelines.
-The medicine administration records for one resident indicated that the medicines prescribed for 9am had been refused on 7 days out of the last 9 days. The resident's general practitioner had not been informed of this. There was a medication management care plan in place for this resident but it not provide guidance to staff on when to inform the GP and no records indicated if consideration had been given to discussing the possibility of revising the prescribed times of administration to facilitate

better compliance. The inspectors were informed that nursing staff continually encouraged the resident to take the medicines and that the resident's right to refuse was respected.

The inspectors met with a staff member who worked with residents both individually and in group activity and she described what each resident like to do during the day. She interacted well with residents and spoke about the planned activity for the day including bingo, exercise group, board games and that residents who wished to exercise their right to vote would be able to do so on the day of the inspection.

Judgment:
Non Compliant - Moderate

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 complaints procedure and policy were accessible to residents and relatives in both the statement of purpose and at the reception area, and the person in charge confirmed that she welcomed feedback from residents and relatives, and would action same. Inspectors were informed that there were the two open complaints recorded since at the last inspection of 14 and 15 December 2015. Both complaints records were reviewed with the person in charge, who updated the inspectors on the progress of same. Documentation of the investigation including any relevant correspondence and telephone calls had not been recorded in the complaints files.

While written operational policies and procedures for the management of complaints were available within the centre, there was no evidence that the complaints had been fully investigated promptly in line with the policy, in order to inform the complainant of the outcome.

Judgment:
Non Compliant - Moderate

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:
All lines of enquiry were informed by the unsolicited information received and the provider's action plan response to the most recent inspection. Staffing rosters were examined, and staff interviewed. The inspectors noted that the time frame for addressing this matter had been agreed as 2 March 2016. However, in view of the unsolicited information received a monitoring inspection had been scheduled to review progress.

The staffing allocation is based on the depending of the residents as stated in the statement of purpose. The premises are laid out over two floors, with accommodation, social and recreational areas on both floors.

On the day of the inspection the dependency of residents was given to inspectors as follows (two residents in hospital):
Maximum dependency - 10
High dependency- 17
Medium dependency- 23
Low dependency- 11
Independent- 1

The assessed dependency levels of the residents at the centre had not decreased or increased significantly in the last two months since the last inspection. Six residents were documented in the restraint register as using 'wanderguard' alarms. Those residents were identified to inspectors as residents who required more frequent supervision. For example, 15 minute location checks. Staff confirmed that they knew which residents had additional supervision needs. However, the findings of a review of incidents confirmed that the number of unwitnessed slips trips and falls had increased and this had not been reviewed in the context of a staffing review.

The person in charge was working with two registered nurses on the day of the inspection. However, one was newly appointed and on an induction programme. A review of the staffing roster confirmed that the number of registered nurses working at the centre inclusive of the person in charge had not substantially increased by two whole time equivalents as outlined in the action plan, as there also had been resignations and further staff turnover noted from the staffing rosters. The impact of

reduced staffing in terms of supervision by registered nurses is evidenced throughout this report.

The number and skill mix of staff; in terms of staffing requirements had not been fully reviewed by the person in charge since the time of the last inspection. The person in charge confirmed that two further staff had been interviewed but had not yet commenced working at the centre. The rosters confirmed that on the days prior to the inspection only one registered nurse had been on duty at night and at during the weekend. Further improvements were required to fully address the major non-compliance are evidenced by non-compliance in eight of the 10 Outcomes reviewed at this inspection.

Judgment:
Non Compliant - Major

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Mill Lane Manor
Centre ID:	OSV-0000066
Date of inspection:	15/02/2016
Date of response:	29/04/2016

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated centre was not found to be sufficiently resourced or staffed with registered nursing staff to ensure effective delivery of nursing care in accordance with the statement of purpose.

1. Action Required:
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient

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

resources to ensure the effective delivery of care in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The centre has been and continues to be, resourced with registered nursing staff, ensuring the effective delivery of care in accordance with the statement of purpose & function, as advised to the authority.

Proposed Timescale: 03/03/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems in place were not fully supported or effective to ensure good outcomes.

2. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Effective and supportive management systems are in place, and continue to be in place, as advised to the authority.

Proposed Timescale: 03/03/2016

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:
Complaints records reviewed by inspectors were not fully maintained with regard to contacts with the complainant in line with regulatory requirements.

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

Please state the actions you have taken or are planning to take:
Complaints are being managed as per policy and accurate records maintained.

Proposed Timescale: 15/03/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of medicine administration were not accurately maintained as specified in Schedule 3 of the Regulations.

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

Please state the actions you have taken or are planning to take:
Medication administered, is being correctly recorded, audited and will continue to be monitored.

Proposed Timescale: 15/03/2016

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:
An up to date risk register was not available for inspection.

5. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The risk register available in the centre has now reviewed and gaps identified have been rectified, this will continue to be audited and monitored. A safety consultant engaged to review the systems in order to satisfy the provider of the effectiveness of the current system and/or the need for change. 15/03/16 & 30/04/16

Proposed Timescale: 30/04/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy was not fully implemented with regard to an effective system for investigating and learning from incidents.

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

Please state the actions you have taken or are planning to take:
The current risk management policy is now being implemented in full. A safety consultant engaged to review the systems in order to satisfy the provider of the effectiveness of the current system and/or the need for change. 15/03/16 & 30/04/2016

Proposed Timescale: 30/04/2016

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:
Medicines stored in the clinical room were not stored securely at all times.

7. Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:
All medication storage areas within the clinical room are now locked, with staff nurses being reminded of their duty to ensure security at all times.

Proposed Timescale: 15/03/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspectors reviewed a number of the prescription and administration sheets and identified a number of issues that did not conform with appropriate medication management practice:
- A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not

consistently indicated that crushing was authorised for each individual medicine on the prescription sheet.
-The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet and there were no associated resident specific care plans in place for these medicines to guide staff in the administration of these medicines (in some cases residents had been prescribed more than one psychotropic medicine on a PRN basis but the prescription did not indicate when the medicines were to be used or which medicine was to administered first. There were no protocols in place as part of behaviour support plans or care plans to guide practice to ensure appropriate consistent administration)

Medicines were observed to be administered outside the prescribed timeframe due to the length of time taken to complete medication administration rounds.

8. 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:
All medicinal products are administered, as per policy, in accordance with the directions of the prescriber and any advice provided by the pharmacist regarding the appropriate use of the product.

Proposed Timescale: 15/03/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Dates of opening or dates of first use were not being consistently recorded on medicines with reduced expiry dates once opened or used for the first time as specified in the relevant summary of product characteristics for these medicines.

9. Action Required:
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
Dates of opening and/or first use are being recorded as specified in the relevant summary of product characteristics for these medicinal products.

Proposed Timescale: 15/03/2016

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge did not have robust systems in place to ensure that serious incidents where required by legislation were notified to the Chief Inspector.

10. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
There is a robust system in place, now being adhered to, to ensure that serious incidents, where required by legislation, are notified to the Chief Inspector.

Proposed Timescale: 15/03/2016

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:
Inspectors identified the following medication management issues that did not comply with regulation 6.
-Nursing staff were transcribing the prescription sheets, and two signatures were present to indicate that double checking of transcribing was taking place. However the transcribing nurse was not consistently dating the records to indicate the date of transcribing as required by professional guidelines.
-The medicine administration records for one resident indicated that the medicines prescribed for 9am had been refused on 7 days out of the last 9 days. The resident's general practitioner had not been informed of this. There was a medication management care plan in place for this resident but it not provide guidance to staff on when to inform the GP and no records indicated if consideration had been given to discussing the possibility of revising the prescribed times of administration to facilitate better compliance. The inspectors were informed that nursing staff continually encouraged the resident to take the medicines but that the resident's right to refuse was respected.

11. 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:
Staff Nurses are now following policy and recording the date of transcription on prescription kardexes.

In the event of persistent refusal of medication by a resident, the GP is informed, strategies to facilitate better compliance are considered and the resident's care plan amended to reflect this. Continuous audit and monitoring will take place.

Proposed Timescale: 15/03/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Occupational therapy referral could not be evidenced for an individualised seating assessment.

12. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
A copy of all MDT referrals are maintained in the residents' record.

Proposed Timescale: 15/03/2016

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Complaints had not been investigated promptly.

13. Action Required:
Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

Please state the actions you have taken or are planning to take:
Our existing complaints policy, following review by the provider, is deemed fit for

purpose. In order to ensure adherence to the policy, a workshop will be facilitated, continuous audit and monitoring of adherence will then take place.

Proposed Timescale: 30/04/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Numbers and skill mix requires review to ensure that the staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre.

14. 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:
The numbers and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre, as advised to the authority.

Proposed Timescale: 03/03/2016