

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mullinahinch House
Centre ID:	OSV-0000148
Centre address:	Mullinahinch, Monaghan.
Telephone number:	047 72 631
Email address:	mullinahinch@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mullinahinch House Private Nursing Home Limited
Provider Nominee:	Aidan Murray
Lead inspector:	PJ Wynne
Support inspector(s):	Geraldine Jolley
Type of inspection	Announced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 May 2016 09:15	16 May 2016 17:00
17 May 2016 09:15	17 May 2016 15:10

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	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

There were 52 residents in the centre during the inspection and two in hospital. All

residents were residing in the centre for continuing care. Residents were in advanced old age with many complex medical conditions. Eighteen residents were over 90 years of age and 19 over 80 years old. Thirty three residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's.

The inspectors met with the residents, provider, person in charge and staff. There was evidence of a commitment to providing quality, person-centered care. A number of questionnaires from residents and relatives were received prior to the inspection and the inspectors spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

There was evidence of individual residents' needs being met. Staff supported residents to maintain their independence where possible. The building was warm and comfortably decorated. Fittings and equipment were clean and well maintained.

Residents spoken with stated that they felt safe in the centre. Residents were facilitated and supported to practice their religious beliefs. A wide range of activities was facilitated by an activity coordinator.

A total of 18 Outcomes were inspected. Thirteen outcomes were judged as compliant with the regulations and the remaining five as substantially in compliance with the regulations.

The action plan at the end of this report identifies these and other areas where 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 and the National Quality 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 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):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised periodically.

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):

No actions were required from the previous inspection.

Findings:

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place.

The governance arrangements in place are suitable to ensure the service provided is safe and appropriate. The registered provider is actively involved in the centre. He knowledgeable of residents, their families and their social care needs.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. A system of audits is planned to include clinical data over a wide range of areas namely any accident or falls sustained by residents, the usage of psychotropic medication, and the number of residents with a raised bedrails. A list of residents with a do not resuscitate status (DNR) was maintained to ensure the DNR status was reviewed periodically to up hold the validity of the clinical decision.

However, the aim, objective and methodology was not defined for all planned audits. While a significant amount of clinical data was collected there was not a system to collectively review the information to identify trends to inform the development of improvement plans for enhanced individual and collective outcomes for residents.

An annual report on the quality and safety of care was compiled reviewing and providing information on all aspects of the service provision for the previous year. Residents views on the service provided were obtained. Questionnaires were completed by residents or their next of kin and their findings and opinions reflected in the report.

Judgment:
Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that all residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties to include a contract for a resident recently admitted to the centre.

The contracts specified the total amount payable and details the items covered by this fee. Expenses not covered by the overall fee and incurred by residents for example, chiropody, physiotherapy, hairdressing and escort to appointments were clearly explained in the contract of care and the associated charges separately identified.

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge is a registered nurse and holds a full-time post. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

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.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.</p> <p>Medical records and other records, relating to residents and staff, were maintained in a secure manner.</p> <p>The directory of residents contained the facility to record all information required by schedule three of the regulations. The directory of residents was maintained up to date.</p> <p>The complaints procedure was displayed inside the main entrance for visitors to view and provided guidance on how to raise an issue of concern.</p> <p>Written operational policies, which were centre-specific, were in place. Some policies were identified as requiring review to take account of emerging best practice to ensure procedures are well developed to provide guidance to staff. The communication policy requires review by way of example. Given the advanced age profile of residents communication needs are assessed regularly and the outcomes described in care plans. As this is occurring in practices in some plans of care the policy requires review to ensure the practice is standardised. Similarly the adult protection policy while comprehensive requires minor amendment to ensure a third party is identified to investigate any allegation to ensure impartiality.</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 06: Absence of the Person in charge</i> <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.</p>

A key senior manager is notified to HIQA to deputise in the absence of the person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction.

The provider is an agent to manage pensions on behalf of six residents. Transparent systems were in place and financial statements or invoices were issued periodically.

Staff spoken with was able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. Two staff members were qualified trainers in adult protection. Additionally refresher training was facilitated by an external trainer during 2015.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported in the past twelve months

There is a policy on the management of responsive behaviour. Staff spoken with were familiar with residents' behaviours. Staff could describe particular residents' daily routines well to the inspector. The majority of staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. Additional training is planned in this area by the person in charge following the development of new course by the local psychiatry team.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. It was evidenced in medical files the community mental health nurse visited the centre.

There was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were ten bedrails and one lap strap in use. A risk assessment was completed prior to using bedrails. Signed consent was obtained. A restraint or enabler register was maintained. This recorded the times bedrails were raised and taken down. All residents were checked periodically throughout the night. Bumpers were fitted over some bedrails to minimise risk of injury for residents with poor skin integrity or those with involuntary movement.

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):

Findings:

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. A health and safety statement was available dated April 2016.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures to include residents accommodated on the first floor. The policy included procedures to guide staff should the clothes of a resident catch fire. Staff had completed refresher training in fire safety evacuation procedures.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Structural works were undertaken to upgrade the fire safety systems. Emergency lighting and a heat detection sensor was installed in each ensuite bathroom. Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors provided were serviced quarterly and annually as required.

Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

Evacuation pads were located at intervals on each bedroom corridor around the building. Each resident had a personal emergency evacuation plan in place.

Records indicated fire drill practices were completed. However, the procedures to complete and record fire drills require review. The fire drill records did not record the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination.

A sufficient amount of personal protective equipment was readily available to staff. However, a risk assessment to ensure the location of the stored equipment did not pose a risk to residents with dementia and free access to handrails was not undertaken. The management team discussed they had identified issues with the storage of protective equipment and the matter was under review. A number of options were being explored.

A small number of residents smoked. A risk assessment was completed and a plan of care developed. It detailed if the resident was safe to smoke independently and outlined the level of assistance and supervision required in a plan of care.

Falls and incidents were documented. 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. However, a post incident review was not completed to identify any contributing factors for example, changes to medication or onset of an infection.

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 to include the type of hoist and sling size. These were documented in care plans.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen, sluice rooms and stairwells was secured in the interest of safety to residents and visitors. Restrictors were fitted to windows.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

All medication was dispensed from blister packs. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all medication orders were correct for each resident.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

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

Medication was being crushed for some residents. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed by the GP as suitable for crushing.

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. The inspector checked a selection of the medication balances and found them to be correct.

Judgment:

Compliant

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:

The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to HIQA as required.

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:

There were 52 residents in the centre during the inspection and two in hospital. There were 19 residents with maximum dependency care needs. Fourteen residents were assessed as highly dependent and 17 had medium dependency care needs. Four residents were assessed as low dependency. All residents were residing in the centre for continuing care.

Residents were in advanced old age with many complex medical conditions. Eighteen residents were over 90 years of age and 19 over 80 years old. Thirty three residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's. Nineteen residents required the use of a hoist to meet their moving and handling needs safely.

Staff supported residents to remain independent. This was documented in care plans and observed to be followed by staff. This was supported by advice from allied health professionals to staff to keep residents eating and mobilising independently. This was reflected in care practice. Staff were positively engaged with residents and the sitting and dining room was well supervised.

A preadmission assessment was completed to ensure the centre could meet the needs of prospective residents.

The arrangements to meet residents' assessed needs were set out in individual care

plans. A range of risk assessments had been completed. There was linkage between assessments completed and developed plans of care.

There were plans of care in place for each identified need. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

The interventions outlined in some plans of care require review to ensure they are accurately descriptive to address the care problems identified and when reviews occur the revised interventions are updated within the plan of care. By way of example some care plans for responsive behaviours or dementia problems did not describe what the resident can still do for themselves, who they still recognise or outline to what stage their dementia has progressed.

Residents had access to GP services and there was evidence of medical reviews. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Residents had timely access to allied health professionals to include speech and language therapist, dietician, physiotherapy and a chiropodist.

There were three residents with vascular or pressure wounds at the time of this inspection. The inspector reviewed the care plans for these residents. A plan of care was in place and regularly revised. Assessment evidenced the wounds were healing. A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

Findings:

The building is designed to meet the needs of dependent older people. The building was well maintained, warm, comfortably decorated and visually clean.

There was a high standard of décor throughout and good levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

There are a variety of sitting rooms available for use by residents. A dining area suitable in size to meet residents' needs is located off the kitchen. Two separate sittings are accommodated at each meal time. Other facilities include a room where residents can meet visitors in private, smoking room, hair salon and an oratory.

Bedrooms accommodation comprises of 28 single and 12 twin ensuite bedrooms. There is one ensuite bedroom available to accommodate four residents. Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach. There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience.

The inspector noted further improvements in the use of visual cues or pictorial signage to direct resident from their bedrooms to communal areas would be beneficial to assist promoting the independence of residents.

Staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff in the interest of infection control.

A safe enclosed garden was available to residents.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal

complaints procedure, unless the complainant wishes otherwise. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints and the complainant's satisfaction with the outcome.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. There were 25 residents with a do not attempt resuscitation (DNR) status in place.

Resident's end-of-life care preferences or wishes are identified and documented in their care plans. A system is developed to ensure residents with a DNR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Each resident had a plan of care for end-of -life needs. The care plans contained details of personal or spiritual wishes. Decisions concerning future healthcare interventions were outlined. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans. The wishes of residents who did not wish to discuss end-of-life care were respected and detailed in care plans.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort

measures. There were two residents under the care of the palliative team at the time of this inspection.

Judgment:
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 inspectors reviewed the menu and discussed options available to residents. Nutritional risk assessments were completed. Residents had care plans for nutrition in place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition intake.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Care staff spoken with could describe the different textures and the residents who had specific requirements.

All residents were weighed regularly and those at risk on a more frequent basis.

Residents spoken with were complimentary of the food and told inspectors they could have a choice at each mealtime. Requests for an option other than those on the menu were facilitated.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.</p> <p>Staff promoted residents mobility. Care staff encouraged residents to walk for exercise to the dining and provided the appropriate level of assistance.</p> <p>Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre's management team.</p> <p>Residents had access to a variety of national and local newspapers and magazines. These were located in easily accessible areas and available to residents daily.</p> <p>A residents' forum was in place. Residents had access to an independent advocate who provided feedback to the person in charge and facilitated a residents' meeting.</p> <p>Residents could practice their religious beliefs. There was a visitor's room to allow residents meet with visitors in private. A newsletter was published by the centre weekly to inform residents on a variety of topics and events occurring within the centre.</p> <p>A social care assessment was completed for each resident. These captured information on the residents life prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes. The assessments identified any limitations on a resident's ability to partake in activities.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 17: Residents' clothing and personal property and possessions</i> <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p>

Findings:

There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A property list was completed with an inventory of all residents' possessions on admission. The property list was updated at regular intervals.

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 proper 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.

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.

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 professional development training.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Mullinahinch House
Centre ID:	OSV-0000148
Date of inspection:	16/05/2016
Date of response:	22/06/2016

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 aim, objective and methodology was not defined for all planned audits. While a significant amount of clinical data was collected there was not a system to collectively review the information to identify trends to inform the development of improvement plans for enhanced individual and collective outcomes for residents.

1. Action Required:

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

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:

Audits will be amended and further developed to define a clear scope or goal. Analysis of audits will be conducted to identify any possible deficits in the service provided to residents and learning implemented to enhance individual and collective outcomes for residents.

Proposed Timescale: 19/09/2016

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:

Some policies were identified as requiring review to take account of emerging best practice to ensure procedures are well developed to provide guidance to staff.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policies will be reviewed and amended to take account of emerging best practice to improve guidance to all staff members. Training will then be provided to all staff members to ensure the service provided is safe and appropriate for all residents.

Proposed Timescale: 19/09/2016

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:

A risk assessment to ensure the location of the stored equipment did not pose a risk to residents with dementia and free access to handrails was not undertaken.

3. 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:

As discussed with inspectors at the closing meeting, this was undergoing review prior to this inspection. The storage of gloves & aprons on corridor areas had been risk assessed and devices were been sourced to restrict the access to all residents. Wall mounted Danicentres have been implemented throughout the centre, which has resulted in unobstructed access to handrails and further reduced the volume of gloves & aprons, stored on corridor areas. Accessibility of PPE to staff members still remains of great importance.

Proposed Timescale: 23/05/2016

Theme:

Safe care and support

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

A post incident review was not completed to identify any contributing factors for example, changes to medication or onset of an infection.

4. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Post incident reviews will be enhanced to outline contributing factors and measures implemented to alleviate further incidents of a similar nature.

Proposed Timescale: 23/05/2016

Theme:

Safe care and support

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

The procedures to complete and record fire drills require review. The fire drill records did not record the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety

management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drill records will be further developed to define goals and objectives for each drill. Records will define specific objectives for each drill and detail areas which require improvement from previous drills. Table top drills will be undertaken prior to simulated practice to ensure all staff members are aware of all fire procedures to enable them respond safely and promptly.

Proposed Timescale: 19/07/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The interventions outlined in some plans of care require review to ensure they are accurately descriptive to address the care problems identified and when reviews occur the revised interventions are updated within the plan of care

6. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plans will be further developed to include more detail as to the level of independence a resident may have and interventions implemented to assist and promote that resident's assessed needs. Care plans will be amended to include the stage residents are at on their dementia journey. Interventions will be reviewed and adapted where necessary to ensure suitability for each residents changing needs.

Proposed Timescale: 19/09/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Further improvements in the use of visual cues or pictorial signage to direct resident from their bedrooms to communal areas would be beneficial to assist promoting the

independence of residents.

7. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Additional visual cues to assist and promote the independence of residents are been developed. A number of different signs and visual cues are been considered for their suitability to the home.

Proposed Timescale: 17/08/2016