

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mill Race Nursing Home
<b>Centre ID:</b>	OSV-0000361
<b>Centre address:</b>	Bridge Street, Ballinasloe, Galway.
<b>Telephone number:</b>	090 964 6120
<b>Email address:</b>	administration@millracenursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mill Race Nursing Home Limited
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Shane Grogan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	50
<b>Number of vacancies on the date of inspection:</b>	10

## 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: 17 August 2016 10:00 To: 17 August 2016 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This was an unannounced monitoring inspection and took place over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspectors observed the delivery of care including social care and reviewed documentation such as care plans, accident/incident reports and policies and procedures. The inspectors talked with residents, staff members, the recently appointed person in charge, the clinical nurse manager and the area manager for the company during the inspection. They also viewed the premises and garden areas.

Mill Race Nursing Home is a purpose designed modern building organised on two levels, and set in large gardens. The centre is located a short walk from the shops and business facilities of the town of Ballinsloe. It can accommodate 60 residents. There are a variety of communal sitting and dining spaces provided on both floors. There are assisted toilets adjacent to the communal rooms on each floor. There is lift

access to the upper floor. The centre was found to be in very good decorative condition, well maintained and decorated to a high standard. All areas were clean and no hazards were observed when the inspectors viewed the building. There was secure garden space that was safe and that had been cultivated to provide interest for residents. It was home to the centre's hens which were looked after by residents. Other pets included two turtles that lived in a large tank in one of the sitting rooms.

Residents that the inspectors talked to said that "the staff were kind and patient", "were helpful and leave us alone when we want private time". They described the food as "very good with variety every day". One resident said that she could always talk to the staff and said that were available to listen to and attend to her concerns. Residents also said they enjoyed a range of activities and valued the efforts of the activity coordinator to vary the programme regularly. Several residents commented on the historical photographs from 1916 that were on display in hallways. Residents said they felt safe and attributed this to having a warm comfortable building and staff who cared for them well.

Care, nursing staff and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged with their treatment programmes and activities that included using the garden as much as possible.

Residents had access to doctors and to the services of allied health professionals including mental health services. Care plans outlined health and social care needs and were based on arrange of evidence based assessments. The inspectors found that while the standard of care planning was generally good, the way the period reviews were recorded required improvement as there was inadequate information on progress or change outlined since the previous review. Short term changes in health such as those caused by the presence of infection were also absent from care plans in some instances.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The centre was clean and well organised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of firefighting equipment and the actions they were required to take should the fire alarm be activated. There was an ongoing programme of decoration and maintenance.

The person in charge and the clinical nurse manager demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge and provider including the notifications that had to be made to the Authority. The inspectors found that there was a strong commitment to ensure compliance with legislation and to ensure residents had a good quality of life that met their needs.

The last inspections of the centre were conducted on 22 July 2014 and on the 3 and 4 of December 2014 for the purpose of registration renewal. There were four actions outlined and these were reviewed during this inspection. The action plans had been satisfactorily addressed and are referred to in this report under the outcomes to which they relate. During this inspection improvements to care plan documentation particularly the regular reviews of care as there was inadequate information recorded on progress or change since the previous review. Care plans for short term problems such as infections were also required.

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 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There is a clearly defined management structure that identifies the lines of authority and accountability for the management of the centre. The person in charge is supported by a clinical nurse manager on site and also has supervisory support from a regional manager.

Effective management systems resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly through an audit system and through regular meetings.

**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:**

Since the last inspection the person in charge had resigned and a new person in charge

had been appointed and had taken up the role two weeks prior to the inspection on 2 August 2016. He facilitated the inspection in a competent manner and conveyed that he was familiar with residents' care requirements and treatment plans. He was familiar with the layout of the building and the staff deployment arrangements over the two floors. He was getting to know residents and their families during his induction. During interview he confirmed that he had attended training courses relevant to the care of older people including medication management and consent. He had a qualification in management and expressed his intention to undertake the diploma in gerontology. The notification in relation to the person in charge is in process.

Part of the induction programme underway including training to fire warden standard, moving and handling and adult protection in accordance with the new organisation systems.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
During the previous inspection the directory of residents was not in compliance with the requirements of regulation. On this inspection it was found that necessary changes had been made to ensure that the directory contained all the required details and met the requirements of regulation.

There was a daily record of residents' health condition and treatment. The inspectors noted that while health care needs, medication and diet were generally referred to in this record there was inadequate references made to how residents had spent their day, for example if they had taken part in any activity, socialised with others or whether they had been content with their day. Records of residents weights were recorded regularly but the related body mass index that together with the weight record would provide meaningful information on residents' health was not always recorded.

**Judgment:**

Substantially 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:**

There were procedures in place to protect residents from abuse including regular training for staff. The training report indicated that all staff had training in the prevention of abuse and refresher training was ongoing the inspectors were told. Discussions with members of staff confirmed that they had received training and information on the protection of residents' from abuse. According to staff interviewed information is provided on the types of abuse, how to keep residents safe and how to report any concerns or allegations of abuse. Their descriptions of the procedures they were expected to follow indicated that they had appropriate knowledge, could identify areas of concern and knew where to access advice and guidance if needed.

There was a system in place to ensure the safety of residents' finances. There were no reported allegations of abuse. Residents and relatives told the inspectors that they felt safe and said that they were well cared for by staff.

Residents told the inspectors that staff were kind to them and said that they did not have to wait for attention and had sufficient social activity to keep them occupied.

There was a policy on, and procedures in place, for managing behaviour associated with dementia or behaviour that fluctuates in response to residents changing needs. Training had been provided for staff on dementia care and associated behaviours during 2014, 2015 and 2016 and the majority of staff had completed this training. Staff had appropriate knowledge and skills to respond to residents who had dementia care or mental health needs and were observed to provide care in a dignified manner that was respectful and met their needs for safety.

A restraint free environment was promoted. There was a policy on, and procedures in place, for the use of restraint. Where restraint was used it was in line with good practice guidance.

**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):**

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

**Findings:**

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. The centre had an up to date Health and Safety Statement and there were risk management arrangements in place that were overseen by the person in charge. There was emphasis on hazard identification and preventive action to reduce risk. In cases where an incident had occurred there were changes made in order to reduce the risk of similar incidents happening again.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in toilet, laundry and sluice areas.

Measures were in place to prevent accidents in the centre and grounds. The building was clutter free and there were grab rails in hallways and in bathrooms and toilets. Accidents and incidents were recorded. There were good descriptions of any events that had happened. The recording system was in transition from a paper based system to a computer based one. Management were able to demonstrate that incidents were being comprehensively documented during this transition phase.

There were moving and handling procedures in place and all staff had up to date training in moving and handling techniques. Equipment was noted to be in good condition and regularly serviced.

The fire safety arrangements were noted to be satisfactory. There was a fire safety procedure on display which included clear floor plans of the building that identified fire exit routes. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. There was a list of residents stored with the fire register which included the measures necessary to safely evacuate each resident should this become necessary. There was a daily check of fire exits and the fire alarm and monthly checks of the automatic door closures and other equipment. Fire safety equipment such as fire extinguishers, emergency lights and the fire alarm were serviced on a regular basis according to records viewed. Staff the inspectors talked to knew what to do in the event of a fire. There were fire drills at regular intervals and fire records were kept, which included details of frequency of fire drills, fire alarm tests and fire fighting equipment.

An action plan in the last report required that carpeting in the reception area be replaced as it presented a trip hazard. This had also been identified by management and had been replaced.

**Judgment:**  
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 were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including medication subject to specific controls, were safe and in accordance with current guidelines and legislation. During the inspection, staff adhered to appropriate medication management practices. There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were supported to manage their own medication if they wished. Some residents had chosen to do this and staff had assessed that they were aware of the safety precautions to follow and were familiar with their medication regimes.

A system was in place for reviewing and monitoring safe medication management practices. Residents had a choice of pharmacist, where possible and arrangements to support residents to meet with the pharmacist were provided. There was also a notice prominently displayed that advised residents that they could meet with the pharmacist.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were 50 residents living in the centre on the day of the inspection. There were 34 residents assessed as having maximum or high level care needs, 7 were assessed as having medium level needs and the remaining 9 residents had low care needs. There were some residents who had a range of complex healthcare issues and were being treated for more than one medical condition.

The arrangements to meet residents' assessed needs were set out in individual care plans. The system for maintaining care records was in transition to a computer maintained record. Recognised assessment tools were used to determine residents care needs on admission, when care needs changed and to assess levels of risk associated with factors that included vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Four resident's care plans and certain aspects of other care plans related to the management of nutrition, complex care and dementia were reviewed.

The inspectors found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Staff could describe the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspectors saw there was emphasis on the promotion of person centred care each day. Residents could for example get up at times of their choice and could remain in their bedroom areas or go to the communal areas to meet others or take part in an activity. The sitting areas were all supervised and staff greeted residents when they came into communal areas and had a friendly chat with them.

Care plans provided a good overview of residents' care and how care was delivered. On admission, there was a detailed assessment completed that was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspectors noted that the assessments were used to inform care plans and that care was appropriately delivered to ensure well being and prevent deterioration. They were updated in most cases when changes occurred however practice was not consistent and some care plans did not convey when health care needs changed. For example, where residents required antibiotic treatment for infections the presence of the infection was recorded in the daily record with the treatment initiated. However, a care plan to direct care was not always outlined and the effectiveness and outcome from the antibiotic regime was not described.

Residents had access to medical services and there was evidence of regular contact with doctors including visits when acute situations arose. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available.

The inspectors noted that residents' care needs were reviewed when they returned from hospital stays. Comments on mobility, condition of pressure areas, levels of alertness and orientation and weight were among the aspects reviewed.

There was information recorded on residents' dementia care needs and the associated care plans were informed by the details recorded in Key to Me documents where residents' backgrounds and social interests were outlined as well as formal cognitive assessments. Care plans for residents with dementia were person-centred and reflected individual needs and how these should be addressed to ensure good outcomes for residents. For example, communication capacity was described well and there was information available on residents' orientation to surroundings, the social care interests of residents and how these were being addressed and what interventions were put in place when residents had fluctuating behaviour patterns.

The centre accommodated some residents who had mental health problems. Appropriate care plans were in place to meet their needs and changes in mental health conditions where hallucinations for example could cause distress were described and referred for mental health assessment. Medication changes were noted to be monitored closely by nurses in the centre and side effects of medication brought to the attention of doctors for review. Residents who exhibited changes in behaviour were noted to be well supported and had a range of care interventions to ensure that their distress was limited. An action plan in the last report identified that assessment tools for altered behaviour patterns were not fully completed. This had been addressed. Staff recorded changes in behaviour and maintained behaviour records and interventions to ensure that appropriate care was provided and that an accurate picture of residents' health changes was available. Residents with conditions such as depression were noted to have good quality information in their records and changes in mood patterns were described to inform care interventions and prompt review.

Reviews and evaluations of care were undertaken at the required intervals however the inspectors noted that in some cases reviews did not provide information on changes or progress since the previous review. For example there were dates and signatures that indicated reviews had taken place however there was no overview commentary or evaluation of the impact of the care plans available in the sample reviewed. There was evidence that consultation and discussion took place with family members however while records indicated that these contacts took place their contributions to residents' care plans were not consistently recorded.

There were processes in place to ensure that when residents were admitted, transferred or discharged to or from the centre, relevant and appropriate information about their care and treatment was recorded and supplied to the new services.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. An activity co-ordinator worked in the service and she was supported by care staff to ensure social activities took place daily. There was evidence of social interactions taking place throughout the day and staff were noted to have good interactive relationships with residents. Residents were also noted to use the outdoor garden area and this provided a safe and attractive space for residents.

Health care needs were met through timely access to the medical assessment and

treatment. The review of residents' files indicated that residents had access to appropriate health care including additional professional expertise to ensure their diverse care needs were met. The inspectors saw that physiotherapy assessments and treatment plans were in place and the impact of interventions was recorded. Other allied health professional assessments were also available and speech and language therapy recommendations such as alterations to diet and consistency of food served were included in care plans. Occupational therapy assessments for specialist equipment were completed and equipment made available to residents.

There were prevention measures in place to prevent the development of pressure area problems and regular position changes were introduced to reduce this risk. The two pressure area problems in receipt of attention were noted to be recorded appropriately, with the extent of the wound, type and frequency of dressing and impact of interventions described.

**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:**

Mill Race Nursing Home is a modern two storey building that is specifically designed to meet the needs of dependent persons. It is a large building organised over two floors and is situated close to the town centre which provides easy access to the town for residents. There were many features that supported good care practice and promoted independence. These included different signage on doors to rooms to enable residents find their own rooms, good levels of lighting, multiple access points to the secure garden and some rooms had a dedicated kitchenette.

Bedrooms met the minimum size requirements, were well furnished and had en suite facilities. There were additional baths and showers around the building which gave residents the choice to have a bath or shower. Rooms viewed were clean, bright and well organised. Residents had personal items such as photographs, ornaments and pictures on display. The communal areas were spacious and had good levels of natural and artificial light. Residents had a choice of places to spend time. All areas viewed were well decorated and maintained to a good standard.

There was appropriate equipment available to support and promote the independence of residents. This was maintained in good working order and associated service records were available. Equipment was stored safely and securely in designated storage areas. Walking aids and appliances such as hoists and wheelchairs were in good condition. Call bells were readily accessible and the hand rails on both sides of hallways were easily visible. There was lift access to the upper floor and residents were observed to use the lift independently without difficulty. Residents told inspectors that staff helped them remain mobile and independent by supporting them to walk around for periods each day.

Residents had access to well maintained secure external grounds that had appropriate seating. Residents the inspectors talked to said that they had used the garden during the summer for various activities and were observed going outside to enjoy the sunshine and to attend to the hens. The area was cultivated with shrubs and rose bushes and had a barbeque area. There was an area of the garden set aside as a remembrance garden.

**Judgment:**  
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:**

The inspectors spoke to residents, relatives, staff and management and found that there was a culture of welcoming complaints and viewing them as an opportunity to improve the service offered to residents. Complaints had been recorded on a paper based system which was in transition to a computer based system. Inspectors found that the system for recording complaints was in compliance with regulations. A review of complaints found that management reacted quickly to resolve complaints and real changes were implemented as a result. The outcomes of investigations were recorded and there was a conclusion indicating if the complainant was satisfied

On the day of the inspection, the complaints procedure was being amended to include the names of the new management personnel.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the***

*centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that residents had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. The inspectors observed that staff engaged with residents throughout the day and ensured that residents were included in activities or in conversation if they did not wish to take part in the activity underway. Contacts were noted to be cheerful, pleasant and respectful with plenty of general conversation in evidence.

There was an activities board on display in the reception area which showed a variety of activities including bingo, weekly physiotherapy, arts and crafts, music and the celebration of mass. This board had pictorial representations of these activities to aid residents who have a cognitive impairment. Residents confirmed that they could follow their religious beliefs and mass was celebrated every Friday in the nursing home for residents who wished to attend. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. A review of the visitors log in reception showed that some residents received visitors from 07:00 and at varied times during the day. Residents had access to television, radio and to daily and local newspapers. Residents were seen to use a portable telephone in order to make calls in private. They also had access to individual private mobile phones.

Residents were noted to get up at varied times throughout the day and had freedom to move around the centre and choose where they wanted to sit. Residents could also choose if they wished to eat on their own and were offered meals in their bedrooms if they did not wish to have meals in the dining rooms.

There were arrangements for regular meetings with residents. The management treated issues arising from these meetings in the same manner as complaints and ensured that issues raised were recorded and were addressed in a timely manner. Where a resident was unable or did not wish to attend these meetings they are given an opportunity to provide feedback in writing.

**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:**

A review of a random selection of staff files showed that recruitment procedures included a review of previous employment, collection of references and vetting procedures. All the required schedule 2 documentation was available and the regulation requirements were met.

On the day of the inspection there was a meeting of staff to discuss and review any issues arising in the nursing home. Staff came in on their day off to attend this meeting. Inspectors were informed that this is part of a system of regular monthly meetings with various staff groups to discuss any pertinent issues.

Staff had been trained in a range of topics that included: Elder abuse and the protection of vulnerable people, fire safety, and hygiene and infection control, end of life care, medication management, moving and handling, dementia care and reactive behaviours. The majority of staff had up to date training in the mandatory topics of moving and handling, fire safety and adult protection. The transition arrangements to the systems included a review of training completed by staff to ensure that any staff who required training in the mandatory topics completed this without delay. It is a requirement of this report that the provider confirms to HIQA that the mandatory training for all staff is up to date.

The inspectors noted that staff had received training in a range of topics relevant to their work. This included infection control, dementia care and reactive behaviour, resuscitation procedures, use of restraints, end of life care, epilepsy nutrition and diabetic care. Staff were observed to undertake their duties in a manner that reflected good practice guidance across a range of areas.

The qualified nurses allocated daily included three nurses plus the person in charge and this number was present until 17.00 hours when two nurses were scheduled to be on duty during the evening and night. There were eight carers on duty daily and this reduced to six in the evening period and at night there were two carers on duty with the



two nurses. The inspectors were told that at times there was one nurse allocated for night duty with three carers. In view of the size and layout of the centre over two floors, the inspectors found that the allocation of nurses at night should be kept under review and based on residents' needs and the physical layout of the centre.

**Judgment:**  
Substantially 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:***

Geraldine Jolley  
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 report<sup>1</sup>

<b>Centre name:</b>	Mill Race Nursing Home
<b>Centre ID:</b>	OSV-0000361
<b>Date of inspection:</b>	17/08/2016
<b>Date of response:</b>	28/10/2016

#### 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 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:**

The required daily records and other records maintained in relation to residents' health did not provide a complete meaningful picture of residents' health and condition.

**1. Action Required:**

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

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

the Chief Inspector.

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

The residents' care records are currently being reviewed and updated to ensure that they are individualised, person-centred and that they accurately reflect the residents' assessed care needs. The PIC and CNM will monitor nursing documentation to ensure that each care plan provides a complete and meaningful picture for individual residents.

**Proposed Timescale:** 12/11/2016

**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:**

Care plans were updated in most cases when changes occurred however practice was not consistent and some care plans did not convey when health care needs changed. For example, where residents required antibiotic treatment for infections the presence of the infection was recorded in the daily record with the treatment initiated. A care plan to direct care was not always outlined and the effectiveness and outcome from the antibiotic regime was not described.

**2. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

All changes in residents' health care needs will be accurately reflected in the care plan. Care plans will be evaluated and reviewed to ensure that the plan of care is implemented effectively and appropriately, according to the assessed care needs of individual residents; this will include an appraisal of care outcomes.

**Proposed Timescale:** 30/11/2016

**Theme:**

Effective care and support

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

Reviews and evaluations of care were undertaken at the required intervals however the inspectors noted that in some cases reviews did not provide information on changes or progress since the previous review. For example, there were dates and signatures that indicated reviews had taken place however there was no overview commentary or evaluation of the impact of the care plans available in the sample reviewed.

**3. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Staff have been instructed in the proper procedure for review and evaluation of care plans, with particular emphasis on changes or progress since the previous review. The CNM and DON will monitor nursing documentation to ensure that evaluations of care are outlined. Residents will be consulted about their care plan where possible and the resident's family will be involved where appropriate.

**Proposed Timescale:** 30/11/2016

**Outcome 18: Suitable Staffing****Theme:**

Workforce

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

The deployment of night nurses should reflect the dependency of residents and the size and layout of the centre and requires review.

**4. 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 PIC will ensure that there are suitable staff deployed by day and by night to meet the assessed care needs of residents in the centre, based on the number and dependency of the residents and the geographical layout of the centre. The roster is being reviewed and there are now sufficient nursing staff in place to enable effective and safe staff deployment by day and by night.

**Proposed Timescale:** 14/11/2016

**Theme:**

Workforce

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

Two staff were not up to date with mandatory training required.

**5. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

The two staff concerned were on maternity leave and long term sick leave respectively. One staff member has since returned to work and had her mandatory training on the 26/10/2016. The other staff member is still on sick leave and will be scheduled for training on her return. The next routine mandatory training is scheduled for the 01/12/2016

**Proposed Timescale: 01/12/2016**