



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Millhouse Care Centre
Name of provider:	Clearwood Property Management In Receivership
Address of centre:	Newtown Commons, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	06 February 2018
Centre ID:	OSV-0000252
Fieldwork ID:	MON-0020944

## About the designated centre

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

In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering, service and activities, delivered by highly skilled professionals. This centre is a purpose-built facility which can accommodate a maximum of 62 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency. This centre is situated on the outskirts of a town. It is constructed over two floors. Access between floors is serviced by a lift and stairs. Bedroom accommodation consists of 54 single and four twin rooms, all with full en-suite facilities. Sufficient communal accommodation is available including day rooms and dining areas as well as a prayer room and library space. There are a number of toilets and bathrooms throughout the building. Kitchen and laundry facilities are located on the ground floor. There are nurses and care assistants on duty covering day and night shifts. Adequate supervision is provided.

**The following information outlines some additional data on this centre.**

Current registration end date:	23/02/2021
Number of residents on the date of inspection:	53

## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
06 February 2018	10:30hrs to 17:00hrs	Sheila Doyle	Lead

## Views of people who use the service

Residents spoken with were satisfied with the service. They spoke about improvements around the centre including additional signage. Residents were very complimentary about staff describing them as very kind and caring. Another resident spoke about the friendly atmosphere that was now in the centre. Residents discussed the activities available and some said they did really like them.

Residents also said they were happy with the meals provided. They said there was always a choice.

Residents said they were happy with their rooms and one resident described how she had brought in some furniture from home. All residents spoken with said they felt safe in the centre.

## Capacity and capability

The inspector found that a more robust governance structure was now in place. The centre had developed a plan to drive improvements and address the non-compliances, many of which had been identified repeatedly at previous inspections.

A new management team including a person in charge and an assistant director of nursing were in post. This governance and management change had resulted in a positive impact on the care and support for residents; which is outlined under the quality and safety section of the report.

Auditing and quality improvement initiatives meant that the provider had a more effective system in place to provide a greater oversight of the service provided.

The inspector found that many of the actions from the previous inspection had been addressed. Evidence of this was seen by the inspector in examples such as complete staff and volunteer files and a culture of training and staff development. The following paragraphs outline the regulations reviewed under this dimension during this inspection.

The inspector found that, at the time of inspection there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services. Active recruitment was underway to ensure that adequate staff were available in the centre. There was a nurse on duty at all times. Residents told the inspector that staff were kind and respectful.

Staff files were complete and contained the information set out in the regulations. This was identified as a non-compliance at previous inspections but has now been addressed. Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

Having reviewed the training records the inspector was satisfied that a culture of learning was promoted through training and professional development. A robust induction procedure was in place to ensure that staff had the required competencies. In addition, the inspector found that supervision had improved and a performance management system was in place.

Volunteers worked in the centre and added to the residents' quality of life. They provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles, and responsibilities were set out in a written agreement as required by the regulations.

The inspector was satisfied that residents' complaints and concerns were listened to and acted upon in a timely manner. A complaints policy was in place. Detailed logs were maintained and information provided included the level of satisfaction of the complainant with the outcome and learning taken from the complaint.

### Regulation 15: Staffing

At the time of inspection there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

### Regulation 16: Training and staff development

A culture of learning for staff was promoted through training and professional development. A robust induction procedure was in place to ensure that staff had the required competencies.

Judgment: Compliant

### Regulation 21: Records

Staff files were complete and contained the information required by the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

Documentation relating to Garda Síochána (police) vetting and the setting out of roles and responsibilities was complete.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents' complaints and concerns were listened to and acted upon in a timely manner.

Judgment: Compliant

## Quality and safety

The increased oversight provided by the new management system had resulted in improvements in the quality and safety of the care and support for residents. The inspector found that many of the non-compliances identified at previous inspections had now been addressed. Some minor non-compliances remained and while acknowledging progress, HIQA will continue to monitor the centre to ensure that the provider continues to focus on improvements to ensure compliance with the regulations and the standards.

Noted improvements in the quality and safety of care included the arrangements in place to ensure each resident's assessed needs were consistently set out in an individual care plan. This care plan was based on comprehensive assessments informed by input from the residents or their relatives. In addition, the inspector reviewed the management of clinical issues such as wound care and found that improvements had occurred. Detailed assessment and treatment plans were in place.

Other improvements observed included an enhanced cultural awareness of the importance of treating residents with dignity and respect. Residents spoken with confirmed this to the inspector. Also, the inspector observed that staff, including nurses, health care assistants, catering and household staff, communicated with and treated residents with respect.

However, the system in place to ensure that residents, particularly those with dementia, had opportunities to participate in meaningful activities required further work. While improvements were evident, the inspector was concerned that apart from routine social interaction, the residents upstairs had limited activities available to them. In addition, the inspector found limited evidence that the more dependant of these residents could avail of the enclosed courtyard accessible from the ground floor on a regular basis. The person in charge told the inspector that she had identified that additional improvements were needed in this area to ensure that each resident was offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.

The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. The inspector found that the dining environment on both floors supported residents to enjoy their meals in a relaxed atmosphere. Residents spoken with told the inspector how much they enjoyed their meals and said that staff always gave them a choice. However, the systems in place to ensure adequate nutrition and hydration required further work. For example, accurate information was still not consistently recorded to assist in identifying possible treatment options for the residents. In addition, the processes in place to monitor residents' weights and ensure that any major changes were addressed, required improvement. Staff undertook to address this during the inspection.

The inspector found improvements in the systems in place to ensure the environment was safe for residents, staff and visitors. The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible if needed. Fire drills were carried out frequently and, when required, action plans were put in place. However, fire drills required review to include night-time scenarios when the numbers of staff available were greatly reduced.

The inspector found that appropriate infection control procedures were in place. This included ongoing training for staff and compliance with national standards. Hand hygiene gels were located around the centre and the inspector saw staff and relatives using them.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). In addition, the inspector found that the overall use of restraint remained low and additional equipment such as low beds had been purchased to provide less restrictive alternatives.

Care plans reviewed now outlined the care to be provided when bedrails were in use, including how often safety checks should be completed to safeguard residents when restraint was in use. However, there was still limited documented evidence that these safety checks were being completed in line with national guidelines. A detailed policy was in place but was not being implemented by staff.



The residential service was homely and provided adequate physical space to meet each resident's assessed needs. The centre was well decorated and maintained. The front foyer, which was spacious and comfortably furnished was very popular with residents and visitors. There was an enclosed, secure, well-maintained garden area to the rear, with adequate seating and shelter.

Residents' privacy was respected. Bedrooms and bathrooms had privacy locks in place. Adequate screening was available in shared rooms.

The inspector noted however that the floor covering in a room off the seating area upstairs was very stained and needed to be replaced.

Overall, the findings showed that on the day of inspection, the residential centre was providing good quality care and support. These findings represent further incremental improvements in regulatory compliance in this centre. The registered provider should now address the outstanding issues identified here and focus on sustaining such compliance going forward.

### Regulation 17: Premises

The floor covering in a small sitting room off the seating area upstairs was very stained and needed to be replaced.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Gaps and inconsistencies were noted in the records of residents' food intake.

Although processes were in place to monitor residents' weights as needed, improvement was required to ensure that any major changes were acted upon.

Judgment: Not compliant

### Regulation 27: Infection control

Infection control procedures, in line with national guidelines, were in place.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire drills did not include night-time scenarios when the numbers of staff available is greatly reduced.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The arrangements to meet each resident's assessed needs were consistently set out in an individual care plan. Residents were involved in the review of their care plans.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was limited documented evidence that safety checks were being completed when restraint was in use in line with national guidelines.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

There was limited evidence that the more dependant residents on the first floor had access to a garden area on a regular basis..

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Millhouse Care Centre OSV-0000252

Inspection ID: MON-0020944

Date of inspection: 06/02/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  Floor covering in quiet room on Memory Care Unit has been replaced since inspection.	
Regulation 18: Food and nutrition	Not Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The Person in Charge will ensure that food and fluid intake charts will be consistently and comprehensively completed as required and that there will be an improvement in the quality of the information provided regarding the dietary intake of each resident where food and/or fluid charts are indicated. The Person In Charge has arranged education sessions with the Dietitian nurses and carers, commencing in April 2017. The Person in Charge will continue to monitor compliance with information entered on food and fluid charts on a daily basis. Relevant updates and issues regarding nutrition are discussed with nurses and carers at handover.  The Person in Charge is monitoring weight changes for residents on a weekly basis and discussing issues of concern with nursing staff. Staff Nurses have been informed of the need to weigh any residents returning from an acute hospital stay; the Person in Charge will monitor this each time it occurs.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:  On alternate months, the Person in Charge will conduct fire drills that simulate night time conditions, when staffing levels are greatly reduced. Records and evaluations of these fire drills will be kept in fire drill folder.	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The Person in Charge has introduced an improved safety check form for documenting that bedrails or lap belts are checked, applied or released; these charts are in line with national guidelines. Continued vigilance and monitoring of such charts since inspection has indicated substantial improvements and increased compliance with recommended practice. The Person in Charge will continue to ensure that where restraint is indicated, the safety check charts are updated accurately and consistently.  </p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Person In Charge will ensure that there is a selection of varied and interesting activities available to residents, including those with a cognitive impairment or a diagnosis of dementia. She will ensure that the more dependent residents will have regular access to the enclosed courtyard garden area.  </p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	24/03/2018
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident	Not Compliant	Orange	30/04/18

	concerned.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/18
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/03/18
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/18