

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Millhouse Care Centre
Centre ID:	OSV-0000252
Centre address:	Newtown Commons, New Ross, Wexford.
Telephone number:	051 447 200
Email address:	nursing@millhousecarecentre.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Clearwood Property Management In Receivership
Provider Nominee:	Pat Shanahan
Lead inspector:	Mairead Harrington
Support inspector(s):	Kieran Murphy;
Type of inspection	Announced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	7

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 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:
24 September 2014 09:00	24 September 2014 17:00
25 September 2014 09:00	25 September 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection following an application by Millhouse Nursing Home, in accordance with statutory requirements, for re-registration of a designated centre. As part of the inspection the inspectors met with residents, the regional operations manager, the person in charge, the facilities manager, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

Previous inspection findings were positive and where regulatory non-compliance had

been identified the providers demonstrated their willingness, commitment and capacity to implement the required improvements. The last inspection was undertaken on 26 November 2013 and the report, including the provider's response to the action plan, can be found on www.hiqa.ie.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspectors were satisfied that residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested. A designated activities co-ordinator was responsible for the delivery of a regular routine of supervised activities.

The inspection findings were positive with the actions recommended from the previous inspection fully addressed. The care delivered was seen to be person-centred and the safety of residents was actively promoted in day to day practice. The inspectors were satisfied that, overall, the centre was well resourced and operated and compliant with the conditions of registration granted. Areas for improvement were identified in relation to food and nutrition and documentation around the management of risk. These issues are covered in more detail in the body of the report.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review.

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:

Millhouse Nursing Home is operated by Mowlam Healthcare Ltd, a well established provider delivering services in a number of centres throughout the country. On the days of inspection the management team on site included the regional operations manager,

the person in charge and senior staff nurse, the facilities manager and other key senior members of staff. The inspector saw evidence that the person in charge was fully supported by the nominated provider in terms of effective communication systems and adequate resourcing. Staff and senior management spoken with by inspectors demonstrated a commitment to the principles of professional development and this was evidenced in the training programmes undertaken by staff and facilitated by management.

A well defined management structure operated within the centre and staff spoken with were clear on lines of authority and accountability. Care was directed through the person in charge who was in regular attendance on-site and implemented effective management and communication systems with key senior staff to ensure the delivery of a safe service consistent with the assessed needs of residents. A corporate clinical governance strategy was in place with regular meetings, the last being on 16 September 2014. Systems to review and monitor the safety of care were in place including clinical documentation audits as carried out in April and May 2014. Actions in relation to the outcomes of these audits were seen to be implemented such as the update of assessments. Systems to review and monitor quality of life for residents included an annual survey the results of which were satisfactory overall.

Judgment:

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:

There was a residents' guide readily available on site for reference by all residents and visitors. Resident contracts reviewed were set out fully and included the services to be provided and fees to be charged, including any additional services available and their cost. Contracts were signed and dated and had been completed with 28 days of the residents' admission.

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 designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge had extensive experience in clinical care and had held the position since December 2012 on a full-time basis. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to person-centred care and a culture of improvement along with a well developed understanding of the associated statutory responsibilities. Staff spoken with reported that they felt very well supported by the person in charge in relation to the development of their professional profile in keeping with current standards and best practice and in the day to day care they delivered. The person in charge maintained robust systems of monitoring and accountability in relation to the standard of care delivered to residents. Residents spoken with were clearly aware of the presence and role of the 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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Up-to-date, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Copies of the relevant standards and regulations were maintained on site. Staff spoken with demonstrated a satisfactory understanding of the

policies discussed and their application in practice; for example managing challenging behaviour and responding to emergencies including fire and evacuation procedures.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with the requirements of legislation. Other records to be maintained by a centre such as a complaints log, records of notifications and a directory of visitors were also available.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. A risk management policy was in place dated 1 May 2013 although it did not reference and fully detail the measures in place to control aggression and violence or self-harm as required by the regulations. Also, the policy on safeguarding and safety did not indicate what measures to take in the event of an incident or allegation of abuse involving a resident, visitor or person other than a member of staff and required further development in this regard. Maintenance records for equipment including hoists and fire-fighting equipment were available and up-to-date. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes. Archived records were retained for the required time frames though no ordered filing system for access had been put in place. This issue was addressed by the person in charge and a system put in place with immediate effect.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their GP.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge and the registered nominated provider were aware of the obligation to inform the Chief Inspector of any proposed absence of the person in charge.

Arrangements were in place to cover for the absence of the person in charge and at the time of inspection a senior staff nurse was responsible for covering the role during periods of absence. Inspectors were satisfied that this member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to fulfil this role.

The person in charge and representatives of the registered nominated provider were contactable in the event of any emergencies and staff had the necessary contact details in this eventuality.

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:

There was a site-specific policy on the protection against, and prevention of, abuse dated 1 June 2012. It included procedures on the identification and reporting of abuse and for dealing with allegations of abuse. The policy outlined clear guidance for staff as to what their role would be in reporting and managing allegations or suspicions of abuse. It also included the name and contact details of a designated contact person. The policy did not, however, indicate what measures to take in the event of an incident or allegation involving a resident, visitor or other person who was not a member of staff and in this respect required further development. This action is recorded against outcome 5.

Staff had received training in the protection of vulnerable adults and staff with whom inspectors spoke understood what constituted abuse and were clear on lines of reporting and action to be taken. Inspectors saw documentation that confirmed incidents and allegations of abuse had been appropriately recorded, investigated and managed in line with the centre's policy, national guidance and legislation.

A comprehensive policy on responding to adults with behaviour that challenges was in

place dated 27 June 2014 which included guidance on the management of restraint. The policy provided clear advice on the use of restrictive procedures with emphasis on the use of the least restrictive interventions for the shortest period possible. Staff had received appropriate training in the use of restraint and the use of positive behaviour support plans were in place for managing challenging behaviour. Where restrictive procedures were in use inspectors saw good evidence that appropriate assessments and care planning were in place. There was documented evidence of regular monitoring and review with consents recorded and signed where possible. Inspectors also noted that where restraint was utilised, other methods of managing the behaviour had been considered.

Residents spoken with told the inspector that they felt secure at the centre and expressed no anxieties around their safety. Staff were seen to interact with both residents and each other in a manner that was professional and respectful.

There was a policy in place regarding residents' personal property and possessions dated 12 February 2013. Where residents had access to their own personal monies secure storage systems were in place. Records of all transactions were maintained electronically with two signatures recorded against all entries and receipts provided and available for reference. Account checks of several records confirmed that a running balance was maintained which was verified against the cash balance retained.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Overall there was evidence that the providers were committed to protecting and promoting the health and safety of residents, staff and visitors. A health and safety policy was in place and a health and safety statement dated July 2014 was on display at the centre. Emergency evacuation plans were displayed prominently at the front door next to the alarm panel and provisions for alternative accommodation were also in place. A risk register was in operation with a range of hazards identified and rated and appropriate controls described. Arrangements were in place for investigating and learning from serious incidents and adverse events involving residents with a health and safety committee convening on a bi-monthly basis. Minutes from the last meeting dated 26 August 2014 were seen which included a review of falls and related actions for staff training by a physiotherapist.

Although separate policies were available in relation to unauthorised absence and self-harm, the risk management policy itself did not reference these areas as per regulatory requirements. This action is recorded against outcome 5.

Appropriate measures were in place throughout the centre to prevent and react to accidents on the premises, for example grab-rails and call-bells in toilets and hand rails along corridors. Access to high risk areas such as sluice rooms was controlled. All staff had received up-to-date training in moving and handling of residents.

A designated officer was responsible for the management and maintenance of equipment and facilities. Suitable fire equipment was available throughout the centre; emergency exits were clearly marked and unobstructed. Regular testing and servicing of fire equipment and alarms was documented. Fire drills were conducted monthly and escape routes were checked on a daily basis. All staff were up-to-date in relation to fire training. A certificate of compliance with the statutory authority was in place dated 16 August 2014.

In general good infection control practices were observed with staff utilising personal protective equipment appropriately and sanitising hand-gel available and seen to be in use. An infection control policy was in place dated 1 December 2012. Housekeeping staff spoken with by the inspectors demonstrated appropriate knowledge and application of good practice in relation to infection control including the use of colour coded cleaning systems. Laundry staff understood the principles of infection control around laundry management such as the temperature of a wash and the separation of garments using alginate (water soluble) bags for contaminated items.

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:

Site specific and up-to-date written operational policies were in place for the safe ordering, prescribing, storing and administration of medicines to residents. Records were in place of staff who had read the policies. Practices observed in relation to the storage of medication were in keeping with policy, current guidelines and legislation and included appropriate refrigeration where necessary and suitably secure storage in the case of controlled drugs. Staff observed administering medication did so in accordance with best practice. Documentation in relation to the prescribing and administration of

medication contained all the necessary information to ensure the right medication was given to the relevant resident at the prescribed time and in accordance with the appropriate delivery method and dosage.

Where prescription records were transcribed by nursing staff it was clearly indicated as such and countersigned by a GP. Medication administration sheets contained the signature of the nurse administering the medication and prescription sheets contained the necessary biographical information including a photograph. There was adequate space to include comments in instances where residents refused medication or it was withheld.

A system was in place for reviewing and monitoring safe medication management practices and a pharmacist visit check-list was inspected which included a review of individual resident medications on 18 June 2014. At time of inspection all residents were registered with the local pharmacy provider and the person in charge confirmed that should a resident wish to change pharmacist this would be facilitated accordingly. A system was in place to identify and record incidents around medication errors a sample of which were reviewed by the inspector dating from 1 April to 30 September 2014. The pharmacist audit also included a review of records, dosage systems and training.

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:

A record of all incidents and accidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector in accordance with statutory requirements.

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:

Care plans reviewed by the Inspector made provision for consultation with residents and/or next of kin as appropriate.

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. Care plans and nursing notes were maintained electronically and care plans reviewed by the inspector contained evidence of pre-assessments undertaken prior to admission. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed and there was evidence that care plans were reviewed within four months, or as assessed needs required.

Documentation in care plans indicated that residents' health care needs were regularly monitored with recorded assessments using standardised tools and referrals based on these assessments made in a timely manner. Staff and management at the centre demonstrated an active commitment to person-centred care. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the personal circumstances around individual residents. Residents spoken with stated they were consulted with in relation to the delivery of their care and were supported in their choices around their day-to-day care and activities. Residents were seen to enjoy a level of independence appropriate to their assessed abilities with systems and resources in place to facilitate access to their choice of services.

Regular attendance by a medical practitioner was in place and residents could elect to retain the services of their existing GP by arrangement, or transfer to a local service of their choice depending on the capacity of the GP provider. Access to allied healthcare professionals such as a speech and language therapist and dietician was also available. A physiotherapist attended the centre on a weekly basis and the provider retained the services of an occupational therapist. Care plans reviewed contained the necessary documentation and correspondence around discharges and transfers which were complete and accessible.

Judgment:

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The building was a purpose built residential unit constructed over two floors which was well decorated and maintained. Access between floors was serviced by a lift. Provisions were in place to address health and safety hazards including call-bell systems where necessary. There was a parking area to the front of the premises and a secure, well maintained patio area to the rear, with seating and shade, which was enclosed and could be accessed safely by both visitors and residents.

The centre was clean and well decorated with sufficient communal accommodation including day rooms and dining areas as well as a prayer room and library space. All residents' rooms were en-suite and the accommodation available included 54 single and 4 double occupancy rooms. Dimensions of all accommodation were in keeping with statutory requirements providing adequate space for the use of assistive equipment if required. Any equipment in use was appropriately serviced and maintained with staff trained for use accordingly. Residents' rooms were comfortable and well decorated and provided the necessary space and storage for furniture and individual belongings. Appropriate heating, lighting and ventilation were in place throughout the premises.

Separate facilities were available for catering purposes which included equipment and storage facilities that were suitable for that purpose. Separate facilities were available for staff and included an area for changing and storage.

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:

A written operational policy, dated October 2012, was in place for the management of both verbal and written complaints. The procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed prominently at the centre. The procedure outlined an internal appeals process that included an executive review in the first instance and a further independent review on subsequent appeal. This information was available in summary form both in the residents' guide and in the statement of purpose.

Records of complaints were kept and the inspector reviewed the incidents log from 1 January to 22 September 2014. Recorded complaints included details of investigations and communication around outcomes. Learning from outcomes was transferred via an appropriate mechanism with instances of referral for action to the clinical governance committee recorded and a follow-up action noted in the relevant care plan.

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:

The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific theme of care at end of life. The centre had assessed itself at the time as having a minor non-compliance against this outcome in relation to the status of residents' care plans. On the day of inspection the inspector saw evidence that the centre was now compliant.

A centre-specific policy that included considerations around emotional, psychological and physical aspects of resident care was in place and had been reviewed in the last twelve months. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes. A number of staff had received relevant training since June of this year including the management of pain, palliative care and the use of syringe drivers. The person in charge demonstrated a commitment to facilitating the opportunity for residents' wishes to be captured by arranging for all staff to attend training delivered by the Hospice Foundation in February of this year. Effective support was available from both GP services and a palliative care team.

Family and friends were facilitated to be with their relative to the end with a designated room for overnight stays and hospitality provided including comfort provisions such as toiletries and unrestricted access to refreshments. Resources were in place to support

needs in relation to spirituality with consideration given to the rituals of diverse belief systems as appropriate. Consultation with residents in relation to end of life needs was an on-going process documented in a number of care plans reviewed. Communication notes indicated that dialogue with the relatives of residents was also an ongoing process which was continually reviewed.

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 centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific theme of care around food and nutrition. The centre had assessed itself at the time as compliant against this outcome though on the day of inspection the inspector identified a minor non-compliance in relation to assistance with eating.

A comprehensive policy for the monitoring and documentation of nutritional intake was in place dated 1 July 2013 and a review of care plans indicated this was implemented in practice. Residents were assessed on admission including weight, oral health, dietary needs and preferences. A food and nutrition folder was in place to provide staff with advice and guidance around maintaining a positive dining experience and attention to a residents' personal needs around mealtimes. A communications folder was in place to ensure that information between carers and kitchen staff could be appropriately relayed and updated. This included information around special dietary requirements. Where swallow plans were in place they were also discreetly available for reference by staff in residents' rooms.

A breakfast club was in operation at the centre with residents having the option to help themselves buffet style should they so wish. Residents also had the choice of taking meals either in the communal dining room or in their own room. The dining areas were bright, clean and well decorated with individual table settings attractively presented. During the lunch service on the day of inspection a menu on the table offered a choice of meals. Options around choice were maximised with residents able to express their preference at time of service rather than in advance. The inspector noted that food was freshly prepared on-site with home baking also provided. Meals were well presented, including modified meals, with the option to have sauces served on the side. Meal

portions were appropriate and there was a balance of ingredients. There was a satisfactory number and skill mix of staff on duty during meal times. Residents who needed assistance with eating their meals were observed, in general, being assisted by staff using appropriate techniques and in a respectful manner though in one instance a carer was providing assistance to two residents simultaneously which was not in keeping with the centre's policy. Training on specialised systems to assist eating and swallow issues had been delivered on 17 May 2013 and a dietician had provided training around diet and cooking with nutritional supplements on 29 November 2013. A menu audit had also been completed by a dietician on 23 May 2014. Inspectors spoke with residents who commented positively about the quality of food overall. Refreshments were seen to be available and on offer on a regular basis.

Inspectors spoke with kitchen staff who had received appropriate training. Kitchen resources and equipment were adequate to the requirements of the size and layout of the centre. Kitchen staff utilised the communication systems in place and were familiar with the likes and dislikes of residents and their specific dietary requirements.

Judgment:

Non Compliant - Minor

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 centre was seen to operate in keeping with inclusive principles as outlined in the philosophy and ethos described in the statement of purpose. Information in the residents' guide referred to a commitment to "self-determination, individuality and privacy" and the inspector found this to be borne out in the policies and procedures in place to support day to day living for residents at the centre.

Facilities were in place to promote meaningful occupation and recreation with a designated activities coordinator in regular attendance at the centre. On the day of inspection several residents were taking part in a tactile stimulation session that included hand massage in a sensory room where aromatherapy and atmospheric music were being used to good effect. Residents responded positively to this activity and were clearly enjoying the interaction. Activities such as flower arranging, quizzes and reminiscence therapy were in place which took into account the physical, social and

psychological needs and capacity of individual residents.

Systems were in place to foster connections in the community with input from local musicians and schools facilitated. An advocacy policy was in place which made provisions for residents to access an advocacy officer and the support of professional external organisations on request. A record of resident responses in an update to the local voting register was seen dated 1 September 2014. A residents' association was active at the centre and were registered with the local community forum. The centre had supported the association in a fund raising effort for an international charity - a letter of acknowledgement for a contribution was seen on the day of inspection.

A site-specific policy on communication was in place dated 27 June 2014. Staff spoken with understood the importance of effective communication for residents in relation to their quality of life. Care plans reflected appropriate assessments and referrals to speech and language therapists for residents with impaired communication abilities. Action plans developed in these cases were implemented and reviewed. Staff were also able to explain appropriate techniques to facilitate and enhance communication in these instances.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
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.

Theme:
Person-centred care and support

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

Findings:
Arrangements were in place for the regular laundering of bed linen and clothing and appropriate facilities were available for these purposes. Laundry staff spoken with understood the requirements in relation to segregation of garments and infection control procedures were in place including the use of a separate machine for the contents of alginate bags. On the day of inspection clothing and bed linen were collected for laundry and transported in one container and the person in charge has since implemented a system of segregation for these items. Laundry staff operated a system to identify the clothing belong to individuals and a log book was also in use to record items that may go missing from time to time and ensure the safe return of these items to residents.

A site-specific policy dated 12 February 2013 was in place in relation to residents' personal property and possessions. Where the centre had responsibility for a resident's finances the records were managed electronically and appropriate checks and processes

were in place to ensure accurate monitoring and control. Receipts were maintained and records were double signed. On review of documentation the cash balance retained reconciled with recorded transactions. The inspectors noted that residents' rooms were suitably personalised with belongings and photographs and that clothing was stored in individual wardrobes with lockable storage also available.

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:

The inspector reviewed the staff rota and was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. All staff were appropriately trained in mandatory areas such as elder abuse, manual handling and fire procedures and prevention. The system of supervision was directed through the person in charge and senior nursing staff with operational management issues discussed at team meetings. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times.

Inspectors reviewed recruitment and training records and procedures and spoke to staff and management in relation to both these systems. Training records were well documented with a clear schedule of completed and due training. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Effective appraisal systems were in place which underlined learning from reviews and audits and further ensured staff were competent to deliver care in keeping with current evidence based practice. Staff were also enabled in relation to further training and development with access to continuous professional development facilitated by the provider and person in charge. Copies of the regulations and standards were readily available to staff who were aware of their statutory duties in relation to the general welfare and protection of residents.

Garda vetting was in place for volunteer staff who were appropriately supervised and

had their duties and responsibilities set out in a signed contract.

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:

Mairead Harrington
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:	Millhouse Care Centre
Centre ID:	OSV-0000252
Date of inspection:	24/09/2014
Date of response:	10/11/2014

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 risk management policy did not reference the policies or fully detail the measures in place to control the risks as required by the regulations under Schedule 5 and Reg 26(1)(a)-(d).

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

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

Following the inspection feedback session on 25th September the centre's policy on risk management was updated to include the measures in place to control the risks as required by the regulations under Schedule 5 and Reg 26(1)(a)-(d). This updated policy was emailed to the inspector on the 26th September.

Proposed Timescale: 26/09/2014

Theme:

Governance, Leadership and Management

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

The policy on safeguarding and safety in relation to protection and prevention from abuse did not indicate what measures to take in the event of an incident or allegation involving a resident, visitor or person other than a member of staff.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

During the inspection it was noted that a previous version of the centre's policy on safeguarding and safety in relation to protection and prevention from abuse remained in circulation. This was rectified immediately once it was highlighted by the inspector. The updated policy was made available to all staff members. The current version of the policy includes what measures to take in the event of an incident or allegation involving a resident, visitor or person other than a member of staff.

Proposed Timescale: Completed

Proposed Timescale:

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

The simultaneous assisted service of food to more than one resident was not in keeping with the centre's policy.

Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate

quantities of food and drink which are properly and safely prepared, cooked and served.

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

In line with promoting a quality dining experience for our residents a member of staff should assist one resident at a time with their dietary and fluid intake. However on the date of inspection a Healthcare Assistant (HCA) was assisting one resident when another resident seated at the table requested assistance to have a drink and the carer facilitated this. I have discussed with the HCA involved that the simultaneous assisted service of food to more than one resident was not in keeping with the centre's policy and she now has good understanding around this area.

Proposed Timescale: Completed and staff training will be ongoing

Proposed Timescale: