

Health Information and Quality Authority  
Social Services Inspectorate

Registration Inspection report  
Designated Centres under Health Act  
2007



<b>Centre name:</b>	Milford Nursing Home
<b>Centre ID:</b>	0418
<b>Centre address:</b>	Milford Care Centre
	Castletroy
	Co Limerick
<b>Telephone number:</b>	061-485800
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<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Milford Care Centre
<b>Person in charge:</b>	Marian Moriarty
<b>Date of inspection:</b>	16 May 2011 and 17 May 2011
<b>Time inspection took place:</b>	<b>Day-1: Start</b> 09:45hrs <b>Completion:</b> 18:30hrs <b>Day-2: Start</b> 09:45hrs <b>Completion:</b> 17:30hrs
<b>Lead inspector:</b>	Breeda Desmond
<b>Support inspector:</b>	Margaret O' Regan
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Scheduled</b>  <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## About registration

Section 46 (1) of the Health Act 2007 prohibits any person from carrying on the business of a designated centre unless the centre is registered under this Act and the person is its registered provider. This statutory requirement gives confidence to the public that people receiving care and support in a designated centre are receiving a standard of service which ensures that their wellbeing and safety are being properly promoted and protected. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

As part of the registration process the provider has to satisfy the Chief Inspector that he/she is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The registration inspection is one element for the Chief Inspector to consider in making a decision in respect of registration. In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 41 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

Other elements of the registration process designed to assess the provider's fitness include, but are not limited to, the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection. Following assessment of these elements a recommendation will be made by the inspectors to the Chief Inspector. Therefore, at the time of writing, a decision has not yet been made in respect of registration.

The registration inspection report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie)

## About the centre

### Location of centre and description of services and premises

Milford Nursing Home is part of the Milford Care Centre which also comprises of the Milford Hospice, Milford Day Care Centre and Milford Home Care. The nursing home was founded by the Little Company of Mary Sisters (LCMs) in 1928 with the establishment of Milford Hospice in 1977. The present centre is a new purpose-built unit which comprises of these services (nursing home, day care, home care and hospice care) and was opened in 1999. Milford Education Centre is also located on site.

Milford Care Centre is situated on a large private site which also houses the convent of the LCMs. There is ample parking for visitors and there is a separate large car park for staff. The grounds and gardens surrounding the centre are well maintained with hand rails along the footpaths for residents' safety. There is a smoking hut situated opposite the main entrance which may be used by visitors and staff, and those residents who wish to smoke outside. The main entrance leads to an extensive foyer. The nursing home, chapel and coffee dock are situated to the right of the foyer on the ground floor. The hospice and education centre are on the first floor and these may be accessed by lift and stairs.

The day care centre, hairdresser salon, physiotherapy gym, occupational therapy centre, art room, horticulture facilities and dining room are located to the left of main reception. Residents from the nursing home have open access to these facilities.

The nursing home accommodates 47 dependant residents. There are five designated convalescent rooms and 42 long stay residents, some with cognitive impairment. The nursing home is designed in a loop comprising of wing A and B enclosing a large secure garden. There is a nurses' station in both wings with locked clinical rooms. There are pantry facilities, locked storage rooms, assisted bathrooms and assisted toilets in both wings.

Residents' bedrooms comprise of 25 single rooms, three twin-bedded rooms and four four-bedded rooms, all with shower, toilet and wash-hand basin en suite facilities. Other accommodation includes a large bright conservatory day room with television, piano, seating and footstools. The enclosed garden may be accessed from the conservatory. There is a separate smaller sitting room and a smoking room. The coffee dock, chapel and seating area are alongside the approach to the nursing home.

The large enclosed garden has plentiful seating, walkways and hand rails throughout. This may be easily accessed by wheelchair through several doorways around the centre.

There is family accommodation as well. The accommodation comprises of a bedroom for the resident, a separate bedroom for relatives, full en suite facilities, kitchenette, dining and living area. If families wish, their relative may receive their

end-of-life care here, allowing families to be involved and share in their care, in privacy.

Services provided include complimentary therapies, physiotherapy, occupational therapy, arts and crafts, and horticulture therapy. Palliative care may be accessed through their community home care service located on site.

<b>Date centre was first established:</b>			1928	
<b>Number of residents on the date of inspection</b>			47	
<b>Number of vacancies on the date of inspection</b>			0	
<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	25	12	7	3
<b>Gender of residents</b>			<b>Male (✓)</b>	<b>Female (✓)</b>
			6	41

### Management structure

Pat Quinlan is the Registered Provider and Chief Executive Officer of the organisation. Milford Care Centre, under the auspices of the Little Company of Mary Sisters is governed by a Board of Directors. There are eight members on the Board, four of whom are LCM Sisters. Pat Quinlan reports to the Board.

The Person in Charge is Marian Moriarty and she is responsible for nursing, clinical placement, practice development, care assistants and volunteers. The deputy Person in Charge is Jacqueline Holmes. There are four Clinical Nurse Managers (CNM2). Two CNM2s are designated nursing home staff and two CNM2s have responsibility for both the nursing home and hospice on night duty. These staff report to the Person in Charge, who reports to the Registered Provider. Senior management staff involved in the centre include; Head of Human Resources, Head of Non-Clinical Support Services, Head of Finance, Head of Therapy and Social Care Services. Other persons participating in the management of the centre are the Quality and Safety Coordinator, Clinical Nurse Specialist (CNS) for Infection Control, Clinical Placement Coordinator/Practice Development.

**Summary of compliance with 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*.**

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members, over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The findings of the registration inspection are set out under eighteen 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); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

Inspectors found substantial compliance with 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*. This was reflected in the positive outcomes for residents which were confirmed by residents and relatives and evidenced throughout the inspection. Overall, inspectors found that residents' wellbeing was central to service provision in the nursing home. While the statement of purpose was available, it did not reflect the extensive care practices which were in place to meet the diverse needs of their dependant residents, including those with cognitive impairment.

Care was delivered in a respectful and dignified manner and residents and relatives concurred with this. All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix were adequate during the morning and afternoon. However, it was identified during inspection and feedback received from residents that staff levels between 20:00hrs and 22:00hrs warrants a risk assessment.

Residents were encouraged to exercise choice and personal autonomy on a daily basis. Their views were sought informally in the nursing home and formally in the service users forum (palliative care, nursing home, day care and home care) which had two resident representatives.

The physical environment was suitable for its stated purpose and was comfortable and bright and was cleaned and maintained to a high standard.

The practice in relation to health and safety of residents and the management of risk was sufficiently promoted to ensure the safety of residents, staff and visitors and independence of residents. All staff had received training in fire safety and evacuation. There was a risk management policy with hazard identification and control measures as well as an emergency evacuation plan.

While most of the staff files contained all the requirements as set out in Schedule 2, not all files were complete. Items missing included Garda Síochána vetting and declaration of fitness to undertake their duties for some staff due to industrial relations issues, on which legal clarification is being sought.

The previous inspection identified several areas which required attention. The registered provider, person in charge and staff have been very proactive in their approach to remedying these issues. These will be acknowledged and discussed throughout the report.

Other areas requiring attention to enhance the many findings of good practice are discussed under the outcome statements and the related actions are set out in the Action Plan under the relevant outcome.

## **Section 50 (1) (b) of the Health Act 2007**

**Compliance with 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*.**

### **1. Statement of Purpose and quality management**

#### **Outcome 1**

*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.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

### **Inspection findings**

The statement of purpose sets out the aims, objectives and ethos of the centre in accordance with the philosophy and values of the LCM Sisters. It accurately describes the service and facilities which are provided in the centre. However, it did not meet all of the requirements of Schedule 1, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Omissions included the residents provided for, the type of nursing care provided, the range of needs the nursing home intends to meet.

The statement referenced the services available in Milford centre which residents' from the nursing home have open access to. In practice, inspectors observed that the diverse needs of dependant residents were provided for in a dignified and respectful way, including those with cognitive impairment, however, this was not reflected in their statement of purpose.

Along with all other governance documents, the statement is kept under review in accordance with the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

#### **Outcome 2**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

#### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

## Inspection findings

Quality improvement activity was evident in many aspects of life and care in the centre. There was a system in place to gather and audit information related to clinical and non-clinical areas of care including falls, infection control, medication management, service provision and catering to mention a few. Staff from all areas of expertise were involved in quality assurance and continuous improvement for residents. The availability of the quality and safety coordinator is an invaluable asset regarding this.

There are suggestion boxes throughout and surveys are conducted periodically to obtain feedback. The CNM2 meets with residents daily. The service users' forum encompasses all the services users in Milford Care Centre, i.e. Milford hospice, nursing home, day care centre and home care. There are two residents and two relatives represented on the forum. This has led to service improvement for residents in the nursing home including a greater variety of activities, appointment of activities liaison assistant and refurbishment of the dining room. However, there was little evidence of feedback to residents from these meetings. A residents' forum, as outlined in legislation, is not available for residents to enable them to have their say in the running of the nursing home.

### Outcome 3

*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.*

### References:

Regulation 39: Complaints Procedures  
Standard 6: Complaints

## Inspection findings

The complaints policy was comprehensive and the quality and safety coordinator acts as the complaints officer. A synopsis of the policy was available both in the statement of purpose and the residents' guide.

The complaints procedure was displayed in many locations throughout the centre including main reception, dining room and in the nursing home. Residents and relatives outlined to inspectors that they have easy access to the person in charge, deputy person in charge, CNM2 and other staff to discuss any issues they had. The person in charge stated that most complaints/concerns were dealt with as they arise. A record of complaints, actions taken and outcomes were maintained by the person in charge. They were kept under review by the person in charge and the complaints officer to facilitate analysis of complaints to inform improvements.

There were approximately 60 volunteers for Milford Care centre, half of whom are affiliated to the nursing home. Some volunteers were present during inspection and were observed visiting residents in a most unobtrusive, kind manner and staff outlined the value of the volunteer service.

## **2. Safeguarding and safety**

### **Outcome 4**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

### **Inspection findings**

Measures were in place to protect residents from being harmed or suffering abuse. All staff had received training on elder abuse prevention, detection and responding to abuse. A centre-specific policy was available and staff were aware of the policy contents. Contact details of the local designated elder abuse officer were available as part of the policy. At the time of inspection there were no recorded incidents or allegations of abuse.

Residents spoken to confirmed to inspectors that they felt safe in the centre and relatives concurred with this. They attributed this to the kindness and respectfulness of staff and the ethos of the centre.

The CNM2 spoke with residents on a daily basis and to relatives also; she reviewed practices and supervised staff as part of ensuring safety of residents. Staff, residents and relatives concurred there was an 'open door' policy to speak with management in the event of a concern which may arise and residents said they knew staff by name.

Residents' finances were maintained in accordance with best practice.

### **Outcome 5**

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

#### **References:**

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

### **Inspection findings**

There were up-to-date policies and procedures relating to health and safety as well as a centre-specific health and safety policy. The practice in relation to health and safety of residents and management of risk which promoted both safety and

independence of residents, and safety of staff and visitors was apparent to inspectors.

The environment was cleaned and maintained to a high standard. The clinical nurse specialist (CNS) for infection control is an invaluable asset to the nursing home. Inspectors spoke with her and staff regarding infection prevention and control protocols in place including management of infection, management of laundry and waste disposal. Residents' dignity is to the fore in their care and this was further emphasised by staff when they discussed the infection control protocol to ensure privacy and dignity of residents with an infection. Laundry staff discussed best practice with the inspector regarding management of laundry.

Staff had access to protective wear as well as alcohol hand gels with hand hygiene reminders throughout.

There was a good awareness of risk assessment and risk management by staff which balanced risk and residents' independence. All residents were assessed on admission regarding falls risk. Other risk assessments undertaken with residents included moving and handling requirements, skin integrity, nutritional status, cognition, to mention a few. Several measures were in place to safeguard against accidents and promote independence including safe and appropriate floor coverings, hand rails on both sides of wide corridors; good storage space for equipment; many residents had electronic chairs and more had other assistive devices to enable independence. All staff had completed their mandatory training in manual handling and lifting.

Audits of both clinical and non-clinical areas were undertaken as well as health and safety and results are relayed back to staff. One example of an audit informing and changing practice was the incidents of falls. It was identified that there was a peak of falls between 13:00hrs and 14:00hrs. This led to a greater awareness of falls potential at this busy time which resulted in a change in staff lunch times as well as increased volunteer involvement in assisting residents mobilising to and from the dining room.

Arrangements were in place to respond to emergencies and this was evidenced in their fire policy and risk management policy. Fire records showed that fire safety equipment including fire alarms and emergency lighting was serviced appropriately. Fire exits were unobstructed and there were adequate means of escape. Floor plans for emergency evacuation were clearly displayed throughout. There was adequate fire equipment with serviced dates available. Fire safety training including fire drills took place and all staff completed their mandatory fire training. Daily, weekly and quarterly fire checks were comprehensive. The provider outlined that while there were suitable and appropriate fire alarm systems throughout the centre, they were not synchronised with the administration sector in Milford House. He identified this was a planned project which will be undertaken shortly to further enhance health and safety throughout Milford Care Centre.

**Outcome 6**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

**Inspection findings**

The processes in place for the handling of medicines, including controlled drugs, were safe, secure and in accordance with current professional guidelines and legislation. Nursing staff demonstrated best practice regarding appropriate medication management.

There was a medication management policy for prescribing, administering, recording and storing of medicines. Transcription of medications occurs, however, the branch of the policy concerned with transcribing was not comprehensive.

Controlled drugs were maintained in accordance with best practice. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Self-medication is outlined in the medication management policy and some residents were responsible for their own medication. An assessment is completed with appropriate reassessments to ensure safety regarding self-medicating.

Review and monitoring of medication management practice occurs in consultation with the clinical placement coordinator and pharmacist, whereby, prescriptions and drug recording charts with associated documentation are audited. The results of these audits are relayed back to staff to enhance care and learning. The pharmacist also undertakes monthly reviews of residents' charts and talks to staff on completing the audit. The pharmacist conducts education sessions for staff and staff found these helpful. For example, if there are residents with similar diagnoses like Parkinson's disease or dementia, the pharmacist will discuss the treatment for those conditions as well as drug interactions and side effects.

Medication errors and near misses were recorded and audited. Staff spoken to outlined that feedback is relayed to them regarding audit results to enable learning and promote quality care delivery.

### **3. Health and social care needs**

#### **Outcome 7**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging.

#### **Inspection findings**

Inspectors found a high level of evidence-based nursing care. Residents had opportunities to participate in meaningful activities appropriate to their interests and needs. The appointment of the activities coordinator greatly enhanced the activities programme and staff, residents and relatives concurred with this. The activities coordinator commenced life stories for residents. She discussed this as well as other initiatives with the inspector. She envisaged this would greatly enhance person-centred care whereby staff will have greater insight into the resident, their likes, dislikes and needs and will facilitate reminiscence. Residents had access to the activities in day care including art and craft therapy, baking and horticulture therapy. Residents' art and ceramics were displayed in the foyer and the day centre. Other activities residents spoke of were their trips to the shopping centre and tourist attractions, walks, card playing and reading. One 97year old resident was heard playing the piano beautifully, in the conservatory.

Previously it was identified that residents care plans were inconsistent, fragmented and were not consistently reviewed. Inspectors found that tremendous work was done with residents care planning. Care plans were person-centre, with lovely narrative regarding all aspects of care needs. Goals were set out and interventions necessary to achieve these goals. Social, personal and medical needs were addressed. There were resident and relatives signatures on care plans and they concurred that their care was planned with them. They had timely reviews and were also updated when the residents' needs changed.

Appropriate consent forms were present and consent was obtained for interventions including restraint. A comprehensive restraint policy was available with assessment tool and restraint release form. Four residents had bed rails with the appropriate supporting documentation. A policy was available for managing behaviour which is challenging. Residents with cognitive impairment had their needs assessed in a person-centred way and staff outlined several examples of effective interventions which were introduced including different seating and orientation notice boards in their bedrooms. The catering department developed a pamphlet with labelled coloured pictures of different menu choices to assist residents when choosing their meals.

Recognised assessment tools were used to promote health and wellbeing. Residents have access to a range of health services, including physiotherapy and occupational therapy, both of whom were on site. There was a fully equipped gym and occupational assessment centre. Several of the residents outlined the benefit of attending physiotherapy regularly. There is a complementary therapy room where residents have aromatherapy massage.

Dietician services may be accessed through referral and is provided by the Health Services Executive (HSE). The chiropodist attends the centre fortnightly at an additional fee.

The centre had sufficient general practitioner (GP) cover, and out-of-hours GP cover was provided. Residents' medical notes were examined which included referrals, transfer letters and laboratory results. Also included in these files were allied health profession notes. Previously it was identified that residents did not have timely GP reviews and not all residents had prescriptions. Staff and management were proactive in their approach to this shortfall and wrote to GPs requesting prescriptions be sent to the nursing home. Most of the GPs, but not all, were compliant with legislation regarding timely reviews and prescriptions.

#### **Outcome 8**

*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.*

#### **References:**

Regulation 14: End of Life Care  
Standard 16: End of Life Care

### **Inspection findings**

Caring for residents at end-of-life was regarded as an integral part of the care service provided. This practice was informed by the overarching ethos of the LCM Sisters. Funding for a beautiful family care unit was donated by the LCM Sisters. This includes a large bedroom for the resident, a large bedroom for family, full en suite facilities, kitchenette, dining area and living area. When the time comes, families

have choice to move their relative into this area where they can be with their relative in privacy and share in their care.

Palliative care services may be accessed through their community home care team which is on site. Training for staff has commenced regarding aspects of palliative care including the use of syringe drivers to further enhance care.

Mass is said daily in Milford chapel which is alongside the nursing home. Other denominations are catered for when requested. An ecumenical service is held annually and a special mass each November to remember those residents who passed away in the previous year. Bereavement counselling service is available for follow up with families after their relative has died, if they wish.

#### **Outcome 9**

*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.*

#### **References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

### **Inspection findings**

A policy regarding nutrition was available that incorporated a recognised nutritional assessment tool which identifies those at risk of under nourishment. Residents' weights were checked monthly and more frequently if necessary.

Residents had access to fresh water and other fluids at all times. Designated staff visit residents several times during the day offering water, juices, tea, coffee and snacks. Water dispensers were available throughout. Residents said their jugs of water are changed throughout the day.

Some residents prefer to dine alone in their bedrooms and other like to go to the dining room. Menus with extensive choice were displayed in the dining room. Residents have their breakfast in their bedrooms. Morning staff elicit residents' menu choice and this is relayed to the kitchen. Meal time was observed and those residents requiring assistance were helped in a dignified manner.

The inspector spoke with the head of catering department. She reports to the manager for non-clinical services and they meet regularly. She described a well-organised catering department, where staff are valued. The strive for excellence was apparent with several initiatives outlined including the development of the aforementioned pamphlet; empowering staff in the department; visiting all new residents to ensure they receive menu of their choice. Specialist diets are catered for including diabetic, coeliac, renal, low fat, vegetarian and special consistency diets.

## **4. Respecting and involving residents**

### **Outcome 10**

*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.*

#### **References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

### **Inspection findings**

It was identified previously that while contracts of care were available for all residents, they were not updated as conditions of the contracts changed, for example, fees to be charged. This was remedied. All residents were issued new contracts of care. They set out the overall care and services provided to the residents and the fees to be charged including additional fees to be charged.

### **Outcome 11**

*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.*

#### **References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

### **Inspection findings**

Inspectors found that residents were cared for with dignified and respect. Personal choice and autonomy was encouraged and facilitated.

Residents, relatives and staff told inspectors that the person in charge, deputy person in charge and CNM2 were always available and open to suggestions and feedback. Inspectors observed good interaction between staff, residents, staff and residents. Relatives were satisfied with information provided by staff about residents' healthcare and general wellbeing. The CNM2 visits residents on a daily basis to chat and obtain their feedback and residents concurred with this.

Questionnaires completed and residents interviewed concurred that their privacy and dignity was respected in all aspects of their care which was observed by inspectors. Staff knocked on residents' doors, introduced themselves and waited for a reply before entering. Curtains in multi-occupancy rooms were appropriate and adequate to ensure residents' privacy. Residents were dressed well and according to their individual choice.

The centre's quarterly magazine, *The Grapevine*, informs residents of organisational events and activities. Several residents were observed reading the daily newspaper. Volunteers and the activities coordinator programme includes books rounds offering all kinds of reading material such as regular and large print books, magazines, audio taped, music and crosswords. Poetry and story reading are part of the activities programme. The provider discussed a further initiative to be undertaken as a result of feedback from the service users' forum. A computer will be installed in the smaller quieter sitting room where residents will have access to e mailing and the internet. Volunteers from a local computer company will provide computer training for residents.

Residents were facilitated to exercise their political rights during the recent election with polling held in-house and many residents voted. Residents attend the diverse activities in the day care centre, horticulture, occupational therapy and physiotherapy departments which are also frequented by people attending day care enabling links with the wider community. Visiting is unrestricted and people were seen throughout the day visiting and attending the daily mass.

There was huge input from volunteers, staff and the activities coordinator regarding advocacy for residents, however, there was no nominated person to act as an advocate for residents.

#### **Outcome 12**

*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.*

#### **References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

#### **Inspection findings**

All residents had adequate storage space for their personal belongings. Residents' rooms were decorated according to their preferences. Bedrooms had photographs, pictures, furniture, ornaments, flowers, plants and other such mementos and were homely and comfortable. A record of items was maintained as part of the residents'

file. A coloured photograph was taken of jewellery and kept in this file also. Staff discussed this with inspectors. They said this was a huge asset especially with residents with a diagnosis of cognitive impairment who might leave their jewellery aside somewhere, so when staff find a piece they can identify who owns the item.

There is a well organised laundry service in-house. Inspector spoke with laundry staff and they outlined best practice regarding laundry practices including infection prevention and control. Residents' clothing is labelled and all feedback received from residents and relatives spoke highly of the laundry services provided.

## **5. Suitable staffing**

### **Outcome 13**

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

#### **References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

### **Inspection findings**

The post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated sufficient clinical knowledge to ensure suitable and safe care both during inspection and during the fit person interview. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities regarding the nursing home. She attends regular meeting for staff nurses, senior nurses, care attendants, medical management, service users' forum, multidisciplinary team and senior management team meetings and minutes from these meetings were viewed.

A diverse range of clinical audits were ongoing to inform practice and improve quality of service and safety of residents. The person in charge along with support staff demonstrated a clear commitment to delivering quality care to residents, continually striving for excellence.

### **Outcome 14**

*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.*

#### **References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

### **Inspection findings**

There were appropriate staff numbers and skill-mix to the assessed needs of residents, and to the size and layout of the nursing home for most of 24 hours.

However, it was identified that staff levels between 20:00hrs and 22:00hrs appeared to be inadequate. There was one staff nurse and one care attendant on duty in each wing from 20:00hrs to 08:00hrs. As the staff nurse has responsibility for medication management as part of resident care, a risk assessment is necessary regarding care and welfare of residents at this busy time of night when most residents prefer to go to bed.

There was a robust recruitment process in place with a detailed policy to support this. This was discussed with the provider and person in charge. Previously it was identified that practice did not reflect their policy statement. This was now remedied. Staff will no longer take up position of employment unless all documents listed in Schedule 2 are in place. Volunteers receive supervision and vetting appropriate to their role and level of involvement in the centre.

Previously it was identified that all staff had not completed mandatory training. This was now remedied. Other staff training included infection prevention and control, hygiene, care of the older person, Liverpool care pathway, falls prevention, medication management, non-violent crises intervention training and safety statement training. Some nurses had completed the post-graduate diploma in gerontology; carers had completed their Further Education and Training Awards Council (FETAC) Level 5 training. Milford education centre is located upstairs from the nursing home. Much of the staff training takes place in this excellent facility.

Staff appraisals had commenced. The provider discussed this with inspectors. He had completed his appraisal with the board of directors. The provider appraised the person in charge, who in turn had commenced appraisals with the CNM2. The process was in the process of being rolled out to all staff and the person in charge said they had received training in effective appraisal protocol.

## **6. Safe and suitable premises**

### **Outcome 15**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Inspection findings**

The nursing home was purpose-built and meets the residents' individual and collective needs in a comfortable environment. It was cleaned and maintained to a high standard with sufficient communal and private areas for residents. Corridors were wide with handrails on both sides. The layout promoted independence and all areas were bright and free from clutter. Walls were decorated with pictures of local scenery as well as a residents' art exhibition in the main foyer.

There were 25 single, three twin and four four-bedded rooms all with shower, toilet and wash-hand basin en suite facilities. There were five designated respite care rooms. All bedrooms had adequate curtains to ensure privacy. There was one additional assisted Jacuzzi bath in each wing as well as additional assisted toilets, alongside the dining room and communal spaces.

There was an extensive seating area by the chapel and coffee dock with comfortable chairs and tables, and residents were observed enjoying this area and entertaining visitors.

The enclosed garden was safe and secure and could be accessed from several doors around the nursing home. It was well maintained with garden seating, walkways and hand rails for safety.

Refurbishment work was in progress during inspection on the two sluice rooms. All fixtures were being replaced with stainless steel and this work was almost complete.

Current service records for equipment were viewed. Appropriate assistive equipment was available such as profiling beds, pressure relieving and pressure reducing mattresses and cushions, and walking frames. Many residents had electronic wheelchairs which promoted their independence. The provider discussed handling and lifting with inspectors. He outlined that residents' bedrooms did not have over-head hoist capability and this was a further project which has been initiated.

There was adequate storage space for equipment and this was utilised appropriately.

Staff facilities including staff changing was upstairs alongside the educational centre. Staff dining room was by the main kitchen to the left of the foyer.

## **7. Records and documentation to kept at a designated centre**

### **Outcome 16**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

### **References:**

Part 6: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

### **Inspection findings:**

#### **Resident's guide**

Substantial compliance

Improvements required

Access to most recent inspection report not identified.

#### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required

#### **General Records (Schedule 4)**

Substantial compliance

Improvements required

#### **Operating Policies and Procedures (Schedule 5)**

Substantial compliance

Improvements required

Some were referenced to the Health Act 1993; others were not appropriately referenced with professional references.

#### **Directory of Residents**

Substantial compliance

Improvements required

#### **Staffing Records**

Substantial compliance

Improvements required

Three staff subscribed to a trade union have refused both Garda Síochána vetting and medical vetting and this issue has been addressed nationally. All other files are complete.

### **Medical Records**

Substantial compliance

Improvements required

One GP does not undertake three-monthly reviews of residents in his care as outlined in legislation.

### **Insurance Cover**

Substantial compliance

Improvements required

## **Outcome 17**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

### **References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

## **Inspection findings**

Previously it was identified that notifications were not submitted to the Health Information and Quality Authority. This has been remedied. All relevant incidents were notified to the Chief Inspector as required.

## **Outcome 18**

*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.*

### **References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

## **Inspection findings**

There were appropriate arrangements in place for the absence of the person in charge.

There have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

## **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, deputy person in charge and the nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***REPORT COMPILED BY***

Breeda Desmond  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

20 May 2011

## Provider's response to inspection report\*

<b>Centre:</b>	Milford Nursing Home
<b>Centre ID:</b>	0418
<b>Date of inspection:</b>	16 May 2011 and 17 May 2011
<b>Date of response:</b>	29 June 2011

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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*.

#### ***Outcome 1: Statement of purpose and quality management***

##### **1. The provider is failing to comply with a regulatory requirement in the following respect:**

Omissions to the statement of purpose included the residents provided for, the type of nursing care provided, the range of needs the nursing home intends to meet.

##### **Action required:**

Ensure the statement of purpose includes all the items as listed in Schedule 1.

##### **Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The statement of purpose has been updated to include types of nursing care provided and the range of needs that the nursing home can meet in accordance with revisions to the nursing home regulations.</p>	<p>Completed</p>

***Outcome 6: Medication Management***

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The policy on medication management did not comprehensively detail transcription of medications.</p>
<p><b>Action required:</b></p> <p>Ensure the medication management policy details comprehensively transcription of medications in accordance with current regulations and professional guidelines.</p>
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  Standard 14: Medication Management</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Two new comprehensive sections pertaining to transcriptions of prescription/medication orders and procedures for transcribing of prescriptions have been added to the policy on medication management in accordance with An Bord Altranais Medication Management Guidelines (2007).</p>	<p>Completed</p>

***Outcome 7: Health and social care needs***

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Some residents did not have timely GP reviews with associated prescription reviews.</p>
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<b>Action required:</b>	
Ensure that records in relation to residents are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval; up-to-date and in good order.	
<b>Action required:</b>	
Ensure that each resident receives appropriate medical care by a medical practitioner.	
<b>Reference:</b>	
Health Act 2007 Regulation 6: General Welfare and Protection Regulation 9: Health Care Regulation 22: Maintenance of Records Regulation 25: Medical Records Standard 13: Healthcare Standard 15: Medication Monitoring and Review	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  As identified during the course of inspection, staff have been extremely proactive in contacting GPs to request timely reviews and associated review of prescriptions. The organisation shall continue to request GPs to conduct timely reviews so as to ensure that each resident receives appropriate medical care from their medical practitioner.	Ongoing

***Outcome 11: Residents' Rights, Dignity and Consultation***

<p><b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>A residents' forum, as outlined in legislation, is not available for residents to enable them to have their say in the running of the nursing home.</p> <p>There was no nominated person to act as an advocate for residents.</p>
<p><b>Action required:</b></p> <p>Provide arrangements to facilitate consultation and participation in the organisation of the nursing home.</p>
<p><b>Action required:</b></p> <p>Ensure that each resident is facilitated, encouraged and enabled to communicate cognisant of their needs and dependency.</p>

<b>Reference:</b> Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 11: Communication Standard 1: Information Standard 2: Consultation and Participation	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A review will be carried out of existing service users structures, which were established to facilitate the consultation with and participation of all service users within the centre. The key objective will be to consider ways for strengthening consultation mechanisms for residents into the future. As part of this review, consideration will also be given as to how best to develop and structure the advocacy role within the nursing home.	For completion by 30 March 2012

***Outcome 14: Suitable staffing***

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Staff levels between 20:00hrs and 22:00hrs were inadequate to meet the assessed needs of residents mindful of the size and layout of the centre.	
<b>Action required:</b>  Undertake a risk assessment regarding staff levels when the day staff finish their duty at 20:00hrs.	
<b>Reference:</b> Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A risk assessment shall be conducted in respect of staffing levels and duties undertaken between 20:00hrs and 22:00hrs through observation and consultation with staff and residents. The outcome of this will then be fully considered by the centre and any issues arising will be addressed.	The risk assessment to be completed by 30 July 2011

***Outcome 16: Records and documentation to be kept at a designated centre***

<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Some policies were referenced to the Health Act 1993, others were not appropriately referenced with professional references.</p>	
<p><b>Action required:</b></p> <p>Ensure that applicable legislation, regulatory requirements, best practice and relevant codes of practice are referenced in policies and procedures.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007          Regulation 27: Operating Policies and Procedures          Standard 29: Management Systems</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The specific policies identified by the inspectors will be amended so as to ensure that this requirement is fully met.</p>	<p>For completion by 30 July 2011</p>

**Any comments the provider may wish to make:**

**Provider's response:**

Milford Care Centre, as referenced to in our Mission Statement, is committed to the provision of high quality, patient centred care across the spectrum of all of the services we provide. As an organisation, we are always mindful of the need for continuous quality improvement and ensuring best practice in all areas of patient safety. In this context we very much welcome the findings of this report.

**Provider's name:** Pat Quinlan

**Date:** 29 June 2011