

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Mill Lane Manor Nursing Home
Centre ID:	0066
Centre address:	Sallins Road
	Naas, Co Kildare
	Co Kildare
Telephone number:	045-874700
Fax number:	045-901420
Email address:	tspelman@brindleyhealthcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Brindley Manor Federation of Nursing Homes
Person in charge:	Tania Spelman
Date of inspection:	28 September 2011
Time inspection took place:	Start: 10:10 hrs Completion: 16:10 hrs
Lead inspector:	Sheila Doyle
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Mill Lane Manor is a purpose-built centre and part of the Brindley Manor Federation of Nursing Homes, which has five centres. Mill Lane Manor was established in July 2005 and provides care for residents over 18 years of age. There are places for 70 residents and there were 66 residents on the day of inspection.

The main entrance is located on the ground floor which leads into a foyer with a reception desk and a spacious sitting room. Additional communal space includes a second sitting room, a conservatory and an oratory. The dining room, kitchen, hairdresser's salon, treatment room and storage rooms are also located on this floor. There are two assisted toilets for residents, a visitor's toilet and toilet facilities for staff. There are two offices available for administrative staff and the person in charge, and there are staff changing facilities.

Accommodation for residents is provided on two floors which are accessible by lift and stairs. There are 22 single en suite bedrooms and three twin en suite bedrooms on the ground floor, all of which have a shower, wash-hand basin and toilet. Accommodation on the first floor includes 30 single en suite bedrooms and six twin en suite bedrooms, all of which have a shower, wash-hand basin and toilet. There is an assisted bathroom, a linen room, and sluice room and nurses office on each floor. There was one additional assisted toilet on the first floor.

There is a laundry and additional storage space located outside the building. Two secure gardens are accessible to residents and ample parking space is available.

Location

Mill Lane Manor is located approximately 1km from Naas town, Co Kildare and close to local churches, shops and amenities.

Date centre was first established:	1 July 2005
Number of residents on the date of inspection:	66
Number of vacancies on the date of inspection:	4

Dependency level of current residents	Max	High	Medium	Low
Number of residents	13	18	20	15

Management structure

Amanda Torrens is the Managing Director of Brindley Manor Federation of Nursing Homes and the nominated person on behalf of the Provider. She is supported by a management team who report directly to her and provide assistance and support to the five centres within the group. The management team consists of a Director of Services, a Human Resource (HR) Manager, a Catering Manager, a Financial Controller, and an Office Manager.

The person in charge is Tania Spelman and she reports to the Director of Services. She is supported in her role by two Assistant Directors of Nursing (ADON) who report to her and deputise for her in her absence. The nursing staff, care staff, activities therapies staff, laundry and housekeeping staff report to the Person in Charge. The Chef and the kitchen staff report to the Catering Manager. The maintenance staff report to the Person in Charge and the HR Manager.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1 + 2 ADONs	3	10	Chef + 2 kitchen porters	4	2	4*

* Physiotherapist, two activity coordinators, maintenance person.

Background

Mill Lane Manor was first inspected on 26 and 27 July 2010, when the provider made an application for the centre to be registered for the first time under the Health Act 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

Two follow up inspections was carried out to review progress on actions required from the registration inspection. Overall inspectors found that the provider, the person in charge and staff had made many improvements since the inspection in July 2010.

Notifications had been received by the Authority in a timely manner. Efforts were being made to ensure that staff files contained all the information required by the Regulations. Inspectors remained concerned as three staff members had still not attended fire training and the provider was required to address this as a matter of urgency. The safety of medication prescribing and administration continued to be an issue.

These reports are available to residents, relatives, providers of services and members of the public, and are published on our website www.higa.ie.

Summary of findings from this inspection

This was an announced follow up inspection and the fourth inspection to be carried out by the Authority. The purpose of this inspection was to carry out a fit person interview with the newly appointed person in charge and to follow up the actions from the inspection of June 2011.

The inspector found that three of the four actions from the previous inspection had been completed while the one action relating to medication management was partially completed. This is discussed further in the report and included in the Action Plan at the end of the report.

The inspector also noted improvements in auditing and the choices and menu selection available to residents and this is also discussed in the report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide suitable training for staff in fire prevention.

This action was completed.

The inspector viewed the training records which indicated that all staff had attended training. An employee who commenced work the previous week had been shown the fire procedures and policies as part of his induction. Arrangements were in place to ensure that all employees received additional training within one month of commencing employment.

2. Action required from previous inspection:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

This action was completed.

The inspector reviewed some staff files and noted that they met the requirements of the Regulations. The policy had been updated and it too met the requirements of the Regulations. The provider outlined to the inspector efforts underway to ensure that all files met the requirements including the maintenance of check lists for each staff file.

3. Action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

This action was partially completed.

The inspector remained concerned that some medication practices could increase the risk of medication error.

New drug prescription and administration records had been implemented and these were being audited to ensure their compliance with best practice guidelines. The staff nurse spoken with confirmed that following implementation into practice it was noted that amendments were required. This was an ongoing project to ensure that safe and effective practice was maintained. The inspector read the new documentation and noted that administration and prescription times were not recorded, rather it stated "morning, noon, evening and night". The inspector was concerned that this was not sufficient and staff spoken had already identified this and arrangements were in place to have these changed to specific times.

On reviewing the prescription sheets the inspector noted that prescriptions for medication that was to be administered as and when required (PRN) did not state a maximum dose that could safely be administered in a 24-hour period. In addition it was noted that the administration record did not allow for the timing of these medications to be recorded.

These issues were discussed with the person in charge and provider who stated that these issues would be taken on board.

4. Action required from previous inspection:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

This action was completed.

The sluice room door was locked and all chemicals were safely stored.

Additional issues identified at inspection.

Auditing:

The person in charge had put a system in place to gather and audit information related to areas such as falls, accidents and incidents, infection control and medication management. There was a robust system in place to collect clinical data to identify possible trends and for the purpose of improving the quality of service and safety of residents. The inspector read where the information was exchanged for learning purposes at staff meetings.

The inspector read where the results of these audits were used to improve practice and outcomes for residents. For example, the number of falls over a six month period were analysed including identifying residents who had more than one fall. Following analysis for possible trends or causes, one resident was referred to a consultant geriatrician and physiotherapist and a medication review was undertaken. Following these reviews the incidence of falls for this resident had reduced.

The inspector noted that a privacy and dignity audit was undertaken which also brought about changes. For example a "likes and dislikes" assessment was undertaken for each resident. The inspector saw where this was used to provide information for staff both around activity provision and menu choices.

Meals and Mealtimes

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

The inspector read the displayed menu which indicated that chicken was the only option available for dinner that day. This menu was also in small print and was difficult to see. However, on observing the dinners being served and speaking to residents, the inspector saw that a wide variety of menu choices were available. The inspector also visited the kitchen and spoke to the chef who showed her an alternative options folder where residents had stated what they would like for dinner and tea that day. This included a wide variety of choices and not just what was on the displayed menu. In addition the chef displayed an in-depth knowledge of all the residents' likes and dislikes and showed the inspector where additional food items had been purchased to satisfy these.

The inspector saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

Report compiled by:

Sheila Doyle

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

29 September 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
26 and 27 July 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
8 February 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
28 and 29 June 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Mill Lane Manor Nursing Home
Centre ID:	0066
Date of inspection:	28 September 2011
Date of response:	20 October 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Some medication practices could increase the risk of medication error. For example:

- prescriptions for medication that was to be administered as and when required (PRN) did not state a maximum dose that could safely be administered in a 24-hour period
- administration and prescription times were not recorded rather it stated "morning, noon, evening and night"
- the prescribing and administration sheets did not allow for recording if the medication was required outside of the given times.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Any comments the provider may wish to make:

Provider's response:

I would like to extend our thanks for the manner by which the inspector conducted her inspection activities at this follow-up inspection on 28 September 2011.

As a team we are pleased with the very positive feedback given by the inspector, who has acknowledged and endorsed the high standards of care we provide at Mill Lane Manor.

Mill Lane Manor constantly strives to achieve excellence in delivering care to our residents. We welcome the inspector's comments in respect of recommended areas for improvement and anticipate that the action plan will see these matters are attended to in an effective manner.

We appreciate the continued input of the Authority in supporting our efforts to provide quality care into the future.

Provider's name: Amanda Torrens

Date: 20 October 2011