

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mill Lane Manor Nursing Home
Centre ID:	ORG-0000066
Centre address:	Sallins Road, Naas, Kildare.
Telephone number:	045 874 700
Email address:	millanemanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brindley Manor Federation of Nursing Homes
Provider Nominee:	Amanda Torrens
Person in charge:	John Dunne
Lead inspector:	Jackie Warren
Support inspector(s):	Geraldine Jolley;
Type of inspection	Announced
Number of residents on the date of inspection:	70
Number of vacancies on the date of inspection:	3

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 judgements 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 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 October 2013 12:30 To: 15 October 2013 20:00

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

Outcome 04: Records and documentation to be kept at a designated centre
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs

Summary of findings from this inspection

This report sets out the findings of a follow up inspection to review the provider's progress in addressing the issues identified at the inspection in May 2013. As part of the inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs and policies and procedures.

Since the last inspection, the provider and the person in charge had been working to address the issues identified during that inspection and demonstrated a commitment to meeting 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.

They had made progress in addressing the most recent action plan, although some of the required actions had not been addressed, particularly the issues relating to risk management. While the provider and person in charge had taken measures to protect the safety of residents, improvements were required in the identification and control of risks within the centre.

The inspectors were satisfied that residents' healthcare needs were generally well met, although the assessment of extended travel to access healthcare services and the provision of suitable recreational choices were identified as areas for improvement. The person in charge had been working with the staff to address the documentation of healthcare assessments and care planning. Care plans were found to be detailed, up to date and person centred.

Residents had good access to general practitioners (GPs) and there were generally

safe medication practices in place, although the management of discontinued medication required improvement.

An assistant director and an acting assistant director of nursing had recently been appointed. Both met with inspectors during the inspection and were clear on their roles and responsibilities.

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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre
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).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

During the inspection the inspectors viewed a range of documentation and records, such as nursing and medical records, Residents' Guide and the directory of residents. The inspectors found that documentation was generally well maintained, although some improvement was required to the directory of residents. While viewing the directory, the inspectors found that some of the required information had not been consistently included, such as the gender, addresses of residents' next of kin and their general practitioners (GPs) and cause of death of some residents who had died in the centre. In addition, the inspectors were not satisfied that the register was being suitably updated to record all transfers to and from the centre.

Staff recruitment records were not reviewed during this inspection. As a sample of recruitment files were examined during the previous inspection in May 2013 and were found to be in compliance with the requirements of the Regulations.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During the previous inspection, the inspector found that although the provider had put measures in place to protect the safety of residents, staff and visitors to the centre, there were some risks identified. During this inspection, the inspectors reviewed the areas where improvements were required, and found that some had been addressed while others remained outstanding.

During the previous inspection, the inspector noted a fire door being held open with a piece of furniture which created a fire safety risk. On this occasion, the inspector found that this issue had been addressed and suitable signage was in place to remind staff, residents and visitors that fire doors must not be obstructed.

Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. Most staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. However, the provider had not ensured that all staff understood the procedure for evacuating residents from immediate danger in the event of an emergency and not all staff members who spoke with the inspector were clear as to how this would be achieved.

Although there were robust measures in place to identify and control a range of risks, control measures had not been identified for some risks specific to the centre, as outlined in the previous inspection report. Risk assessments had not been carried out for the risks associated with the spread of smoke to the day room adjoining the smoking room, and the safe use of the stairways which were accessible to all residents. On this inspection, the inspectors noted a further risk which had not been previously identified. The door of the staff toilet opened out onto the corridor and presented the risk of accidental injury to any person walking past while the room was being exited. There were no control measures in place to manage this risk.

In addition, the inspectors noted further risks to residents during the course of this inspection. Assistive equipment was stored in the area at the bottom of a stairway adjacent to a fire exit door. This impacted on the availability of this space as a congregation area in the event of an emergency requiring evacuation. In addition, the water at some of the wash-hand basins was excessively hot and presented a scalding risk to residents.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During the last inspection, the inspector found that while there were some safe medication practices in place, some practices posed a significant risk to the safety of residents. These issues included the management of medication errors, administration and discontinuation by nurses of medication from prescriptions which had not been suitably signed and verified by the GP, and administration of crushed medication. These areas were reviewed on this inspection and were found to be partially addressed. The management of medication errors had improved.

In a sample of files viewed the inspectors found that nurses administered medication to residents, including medication which was required to be administered crushed, from transcribed prescriptions which were suitably verified by the GP. However, some discontinued medications were not signed as such by the GP and nurses had discontinued administering medication to some residents based on information which had not been signed by the GP. This was not in line with the centre's medication policy.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The inspectors reviewed the incident log and saw that all relevant details of each incident were recorded. To date all relevant incidents had been notified to the Chief Inspector by the person in charge and quarterly notifications had been suitably submitted.

The person in charge, assistant director of nursing and the physiotherapist reviewed all

incidents on a monthly basis, trends were identified and measures introduced to protect the safety of residents and reduce the numbers of falls. The person in charge ensured that falls risk assessments and care plans were updated following each fall. The inspectors read the files of some residents who had fallen and noted that they had been updated. The inspectors reviewed the falls auditing system and noted that there had been a reduction in the number of falls.

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

During the previous inspection, the inspector found that residents had access to good medical and nursing care with access to a range of healthcare services. During this inspection the inspectors found that this continued to be the case. However, on the last inspection some improvement was required in the assessment and management of restraint, the assessment of social needs and the documentation of care planning interventions. These areas for improvement were reviewed during this inspection and were found to have been addressed.

The inspectors reviewed the availability of healthcare services and found that residents had good access to the services of healthcare professionals such as chiropodists, dieticians, physiotherapist, speech and language therapists, tissue viability nurses and opticians as required and records of referrals were maintained on residents' files. However, the person in charge reported that residents who required mental health evaluation did not have good access to these services in the local area. As a result of this, the person in charge had arranged to transfer residents to other centres within the Brindley Federation of Nursing Homes chain to avail these services, some of which were located a long distance away from the original nursing home that they had been admitted to. A number of these residents were reported to have been returned to the centre following assessment by professionals and inspectors were told that other residents were still undergoing evaluation in the centres that they had been transferred to. The documentation of the decision making process around these transfers was

unsatisfactory. The inspectors were concerned that sufficient risk assessment of residents had not been undertaken to establish the impact of these transfers, involving long journeys, separation from their local communities and family networks. In addition, there was no record of consultation with these residents and their families prior to the transfers.

The inspectors viewed a sample of residents' files, including residents with behaviour that is challenging, wounds, bed rails, high falls risk and nutritional issues, and found that they continued to be completed to a good standard with a range of assessments completed and suitable care plans developed. Both assessments and care plans were being regularly reviewed and included sufficient to guide staff in the delivery of care. The staff had been working on the development of person-centred care plans and comprehensive details of residents' personal choices and leisure interests were recorded in the files that the inspectors read.

There were two part-time activity coordinators who had devised a schedule of varied activities which they continued to deliver to residents. During the inspection a lively music session and sing-along took place in this area and which residents told inspectors that they enjoyed and other residents were involved in painting. While, there was a range of communal areas available, the majority of residents congregated in an open plan seating area close to the main entrance and reception area. This area was active and busy, with staff, including activity staff, interacting with residents and visitors coming and going. The inspectors were concerned that the constant level of activity in this area did not provide the option of a calm environment, especially for residents with dementia or cognitive impairment.

Staff promoted residents' autonomy and independence. The inspector observed staff encouraging and assisting residents to mobilise and walk to the dining room and bathrooms.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Mill Lane Manor Nursing Home
Centre ID:	ORG-0000066
Date of inspection:	15/10/2013
Date of response:	06/12/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The register of residents did not include all the required information, such as the gender of residents, and addresses of residents' next of kin and general practitioners (GPs) and cause of death of some residents who had died in the centre.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

The directory of residents has now been updated and includes all information specified in Regulation 23(2) and Schedule 3 of si239/2009.

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

Proposed Timescale: 31/10/2013

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Risk assessments had not been carried out for all risks within the building including risk associated with smoking, the spread of smoke to the day room adjoining the smoking room, the safe use of the stairways which were accessible to all residents, the door of the staff toilet which opened out onto the corridor and the water temperature at some of the wash hand basins was excessively hot which, presented a scalding risk to residents.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

Our board of management in conjunction with our deputising PIC, have reviewed our current risk management policy and associated practices in the areas that concerned the inspectors on the day. We acknowledge that constant improvements can be made in this area at all times. We have reviewed the risks highlighted and will continue to do so.

Proposed Timescale: 30/11/2013

Theme: Safe Care and Support

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

The provider had not ensured that all staff understood the procedure for evacuating residents from immediate danger in the event of an emergency.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

At all times within the centre we provide fire training, fire drill and have recently introduced a tool which has assured us that staff trained are fully competent in the procedure for evacuation in the case of fire.

Proposed Timescale: 31/10/2013

Theme: Safe Care and Support

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

An area adjacent to a fire exit door was used for the storage of equipment, which impacted on the availability of this space as a congregation area in the event of an emergency requiring evacuation.

Action Required:

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

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

Alternate areas a being used for storage of equipment to reduce any impact on the availability of congregation space in the event of an emergency requiring evacuation. These spaces are also monitored daily to ensure compliance.

Proposed Timescale: 31/10/2013

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Nurses had discontinued administering medication to some residents based on information which had not been verified by the GP, which was not in line with the centre's medication policy.

Action Required:

Under Regulation 33 (1) you are required to: 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.

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

Each discontinued medication has been signed by the G.P. and each medication which the nurses had discontinued administering had been verified by the G.P. Nurses annually complete Medication Management training, including local policies and procedures to ensure staff are familiar and compliant with these.

Proposed Timescale: 31/10/2013

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Sufficient risk assessment had not been undertaken to establish the impact of long transfers on residents who had to travel long distances to avail of specific healthcare evaluation to which they did not have access in the local area.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

We respectfully acknowledge the inspectors opinion in this area, however, at Brindley Healthcare, resident welfare and well being are always paramount and we feel that we have in place suitable and robust care pathways to maintain each resident's welfare and wellbeing, having regard to the nature and extent of their dependency and needs

We, having reviewed the clinical needs in each instance with our board of management, are more than satisfied that the positive outcomes for those involved have outweighed the risk posed, in your opinion, by the ability to access this service.

Proposed Timescale: 31/10/2013

Theme: Effective Care and Support

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

The level of activity and busy environment in the communal area, where the majority of residents congregated did not provide the option of a calm environment, especially for residents with dementia or cognitive impairment.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Within our centre two large dayrooms are available for residents to utilize. As referred to by the inspectors on the day in question, a lively music session and sing along was taking place. Participation and enjoyment was being had by all, especially those with cognitive impairment and dementia, who's right to enjoyment we also support.

We have recently designated a 'Butterfly room' for use by residents who share a capacity and interests. Our dining area is used for baking sessions, coffee mornings and afternoon tea events.

At our centre, we are always mindful of the residents' needs and choice of where to

relax. This was an exceptional day, with anticipation for the pending musician, and accompanying residents, who regularly entertain our residents.

Proposed Timescale: 31/10/2013