

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mill Race Nursing Home
<b>Centre ID:</b>	OSV-0000361
<b>Centre address:</b>	Bridge Street, Ballinasloe, Galway.
<b>Telephone number:</b>	090 964 6120
<b>Email address:</b>	millracenh@yahoo.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mill Race Nursing Home Limited
<b>Provider Nominee:</b>	Kieran Wallace
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	48
<b>Number of vacancies on the date of inspection:</b>	12

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
03 December 2014 14:30	03 December 2014 19:00
04 December 2014 10:30	04 December 2014 17:00

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

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

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents and staff members and also reviewed relative questionnaires received during the inspection. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures.

There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. An effective governance system was in place and evidence that residents received a quality service. The inspector found that the residents were comfortable and person centred care was provided by a committed team of staff and management.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The quality of residents' lives had significantly improved since previous inspections and there was a choice of interesting things for them to do during the day.

The inspector found that the health and safety of residents was promoted and protected.

Some improvements were required in order to comply with all regulatory requirements including an area of risk management, the provision of a contract of care to each resident and an aspect of the directory of residents. These areas are discussed further in the report and included in the action plan at the end.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

**Findings:**

This outcome was not inspected on the previous inspection.

The statement of purpose was kept under review and it consisted of a statement of the aims, objectives and ethos of the designated centre and accurately reflected the facilities and service provided for residents. The statement of purpose contained the majority of information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The general manager on behalf of the provider and person in charge updated the statement of purpose during the inspection to include the current arrangements in place for the absence of the person in charge. The amended statement of purpose complied with all the requirements of the Regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

**Findings:**

This outcome was not inspected on the previous inspection.

There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

There was a clearly defined management structure that identified the lines of authority and accountability. Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

There was a system in place to review and monitor the quality and safety of care and the quality of life of residents on an annual basis. An audit schedule had been developed and implemented during 2014 and included a review of clinical and non clinical areas such as medication management, residents' care plans, restraint management, residents' finances, call bells and catering. Improvements were brought about as a result of the learning from the monitoring review. For example, a pharmacy audit conducted in October 2014 had identified that the opening date was not recorded on some medicinal products stored in the medication fridge. The inspector found that this issue had been adequately addressed on inspection.

Residents and their representatives were consulted with by the operation of regular meetings and completion of resident satisfaction surveys. Overall, feedback from residents was very positive and an action plan had been developed to respond to any suggestions that residents had raised to improve the service provided. For example, some residents wanted to have more opportunity to go on outings and a plan was subsequently put in place to facilitate this request.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

This outcome was not inspected on the previous inspection.

There was a Residents' Guide in respect of the centre available to residents and a copy of the Guide had been made available to each resident. The Guide included:

- (a) a summary of the services and facilities,
- (b) the terms and conditions relating to residence,
- (c) the procedure respecting complaints, and
- (d) the arrangements for visits.

In response to changes in the Regulations, a new written contract of care had been developed for each resident. The new contracts had been issued to all residents and dealt with the care and welfare of each resident in the centre. The contract set out the services to be provided and all fees being charged to the resident. While new signed contracts were in place for most residents some contracts had not been returned to the provider. The person in charge had a system in place to monitor the issuing and return of residents' contracts.

**Judgment:**

Non Compliant - Minor

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

**Findings:**

This outcome was not inspected on the previous inspection.

Residents were assessed as requiring full time nursing care. There was a full-time nurse in charge of the centre who had a minimum of three years experience in the area of nursing of the older person within the previous 6 years.

The person in charge demonstrated good clinical knowledge and was very familiar with her statutory responsibilities as required by the legislation. She had engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Residents spoken with could identify the person in charge.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

**Findings:**

This outcome was not inspected on the previous inspection.

Records reviewed were maintained in a complete manner in the centre although the directory of residents did not contain all the required information as listed in the Regulations. Records were kept secure, while also being easily retrievable. The sample of records reviewed indicated records were accurate and up to date. General records relating to complaints, records of visitors, duty rosters and fire safety training, tests and maintenance of fire fighting equipment were kept for not less than 4 years. Residents spoken with confirmed that they were facilitated to access their records.

The inspector reviewed a sample of residents' files of residents with a variety of health care needs and noted that most were completed to a high standard. However, a required assessment tool on behaviour that challenges had not been adequately completed in line with the relevant policy.

There were other centre-specific policies and from the sample of policies reviewed by the inspector staff demonstrated knowledge of these policies and had been implemented them in practice. Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was adequately insured against injury to residents. Other risks were insured against, including loss or damage to a resident's property.

Systems were in place to ensure that the following records were retained in the centre:

- residents' records were kept for not less than 7 years after the resident to whom they relate ceased to be a resident in the centre
- staff records were kept for not less than 7 years after the staff member had ceased to be employed in the centre

- records relating to notifications were kept for not less than 7 years.

The directory of residents contained the majority of required information as specified in Schedule 3 of the Regulations. However, the name and address of any authority, organisation or other body, which arranged the resident's admission to the centre had not been included in the directory. The inspector noted that the directory had been maintained up to date with all other required information.

**Judgment:**

Non Compliant - Minor

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

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

**Findings:**

This outcome was not inspected on the previous inspection.

Since the last inspection the person in charge had not been absent for a period of time that required notification to the Authority.

The general manager on behalf of the provider was aware of the requirement to notify the Chief Inspector of any absence of the person in charge for a period 28 days or more. There were appropriate arrangements in place to manage any such absence. There was a suitable person namely the general manager nominated to deputise for the person in charge.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

**Findings:**

This outcome was not inspected on the previous inspection.

There were measures in place to safeguard residents and protect them from abuse. Residents spoken with commented that they felt safe and largely attributed this to the staff and security measures in place.

There was a policy and procedures in place for the prevention, detection and response to abuse. Staff were trained in the policy and procedures in place for the prevention, detection and response to abuse. Staff knew what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The provider and person in charge monitored the systems in place to protect residents.

There had been no incidents, allegations and/or suspicions of abuse since the last inspection. Procedures were in place in the event of such as event.

There were systems in place to safeguard residents' money.

There was a policy on, and procedures in place, for managing behaviour that is challenging. Staff had the appropriate knowledge and skills to respond to and manage behaviour that is challenging. Efforts were made to identify and alleviate the underlying causes of behaviour that is challenging.

A restraint free environment was promoted. There was a policy on, and procedures in place, for the use of restraint. Where restraint was used it was in line with the national policy on restraint.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

**Findings:**

This outcome was not inspected on the previous inspection.

Policies and procedures relating to health and safety had remained in place in the centre. There was an up-to-date health and safety statement and risk management policies to include items set out in regulation 26(1).

Measures were in place to prevent accidents in the centre and grounds. However, some sections of the carpet in the reception area were raised and this posed a potential trip hazard. Prior to the inspection, the person in charge and general manager had identified that the carpet in this area required replacing and outlined plans to the inspector to complete this work.

There was a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Adequate procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents.

Staff were trained in moving and handling of residents and used appropriate techniques during the inspection.

The provider had ensured that adequate fire safety precautions remained in place. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Suitable fire equipment was provided. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There was written confirmation from a competent person that all the requirements of the statutory fire authority were complied with. The general manager on behalf of the provider confirmed that bedding and furnishings were fire retardant.

Staff spoken with and a sample of records reviewed indicated staff were suitably trained and knew what to do in the event of a fire. There were fire drills at regular intervals and fire records were kept, which included details of frequency of fire drills, fire alarm tests and fire fighting equipment.

**Judgment:**

Non Compliant - Minor

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

**Findings:**

This outcome was not inspected on the previous inspection.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. During the inspection, staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines.

Residents were supported to self medicate and those that were responsible for their own medication had been appropriately assessed which confirmed their capacity to do so safely.

A system was in place for reviewing and monitoring safe medication management practices.

Residents had a choice of pharmacist, where possible and appropriate support was provided to residents if required, in dealings with the pharmacist. Pharmacists were facilitated to meet their obligations to residents under relevant legislation and guidance.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

**Findings:**

This outcome was not inspected on the previous inspection.

A record of all incidents occurring in the centre was maintained.

The person in charge had ensured that all notifiable incidents had been notified to the Chief Inspector within three days and a quarterly report was provided to the authority to notify the Chief Inspector of any incident which did not involve personal injury to a resident. Where there had been no such incidents a 'nil' return had been made under Section 65 of the Health Act.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

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

**Findings:**

From the sample of residents' files reviewed the inspector noted that the person in charge had arranged assessments of the health, personal and social care needs of each resident.

Residents had a personalised care plan prepared which detailed their assessed needs and choices. From the sample of care plans reviewed, the assessment, care planning processes and clinical care was in line with evidence based practice and in accordance with professional guidelines. The care delivered encouraged the prevention and early detection of ill health and residents were enabled to make healthy living choices. There was evidence that arrangements were in place to meet the needs of each resident in accordance with their assessed needs as set out in their care plans. Residents and or their representatives were involved in the assessment and care planning process and reviews were completed on an ongoing basis or at a minimum of every four months.

Residents had a choice of or option of acceptance of medical practitioner. Health care needs were met through timely access to the recommended medical treatment. Review of a sample of residents' files indicated that residents had access to appropriate health care including additional professional expertise to ensure their diverse care needs were

met.

Treatment given to each resident was provided with their consent. Care and treatment reflected the nature and extent of residents' dependencies and needs.

Residents' right to refuse treatment had been facilitated, respected, recorded and brought to the attention of the residents' medical practitioner.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

**Findings:**

This outcome was not inspected on the previous inspection.

The design and layout of the centre were in line with the statement of purpose. The premises met the needs of residents and the design and layout promoted residents' dignity, independence and well-being. The premises and grounds were well-maintained with suitable heating, lighting and ventilation. The décor with the centre had been enhanced since previous inspections and was homely with sufficient furnishings, fixtures and fittings. The centre was maintained in a clean condition and there was adequate private and communal accommodation.

The size and layout of bedrooms was suitable to meet the needs of residents with a sufficient number of toilets, bathrooms and showers. The majority of residents' bedrooms had ensuite toilet, shower and hand-wash basin and the remaining bedrooms had hand-wash basins.

The inspector visited a selection of bedrooms and found that they accommodated for each resident a bed, bedside locker, suitable storage for residents' belongings, chair and any specialised/assistive equipment or furniture that the resident required. Shared rooms provided screening to ensure privacy for personal care, free movement of residents and staff, free movement of a hoist or other assistive equipment and free access to both sides of the bed.

Residents had access to appropriate equipment which promoted their independence and comfort. The equipment was fit for purpose and there was a process for ensuring that all equipment was properly installed, used, maintained, tested, serviced and replaced. Staff were trained to use equipment and the equipment was stored safely and securely.

There was a functioning call bell system in place and a lift that was serviced when required.

Handrails were provided in circulation areas. Grab rails were provided in bath shower and toilet areas. Handrails were provided on both sides of the stairs.

Residents had access to safe external grounds and some residents spoken with confirmed that they had used these grounds during the summer for various activities.

There was a separate kitchen with sufficient cooking facilities and equipment. The kitchen was maintained in a clean and hygienic condition. There were ample supplies of fresh and frozen foods.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***  
***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**  
Person-centred care and support

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

**Findings:**  
This outcome was not inspected on the previous inspection.

Practice in relation to complaints management was satisfactory on this inspection.

The procedure for complaints was displayed in the reception area and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff and a system that tracked complaints on a monthly basis. The person in charge and general manager on behalf of the provider demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant's level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents commented

that they felt comfortable making a complaint.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

**Findings:**

This outcome was not inspected on the previous inspection.

Documentation reviewed showed that residents were consulted about how the centre was planned and run. As noted under Outcome 2, feedback was sought from residents and their relatives which informed practice.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice. Residents were facilitated to exercise their civil, political and religious rights, and were enabled to make informed decisions about the management of their care through the provision of appropriate information.

Routines, practices and facilities maximised residents' independence.

There was a centre policy on advocacy and residents had access to independent advocacy services.

There were adequate facilities for recreation. Each resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. In response to a required action from a previous inspection, the person in charge and general manager had developed the activities programme to include additional meaningful activities. Since that inspection, two activities coordinators had been employed and facilitated the activity programme which included group activity and one to one sessions. A range of activities now took place in the centre including sensory activity, live traditional music and dancing, arts and crafts and different forms of reminiscence therapy. The inspector observed some of these activities during the inspection and noted that residents were very responsive to these activities.

There were arrangements in place for each resident to receive visitors in private. There were no restrictions on visits except when requested by the resident or when deemed necessary to safeguard the residents.

During the inspection, there were good examples observed where residents' privacy and dignity was respected. This included addressing residents by their preferred names and closing doors during personal care. Staff and management spoke to residents in a respectful manner and residents appeared comfortable in their company.

Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of all residents. Residents' communication needs were highlighted in care plans and reflected in practice.

The centre was part of the local community. Residents had also access to radio, a private telephone, television, newspapers and information on local events.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions  
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

**Findings:**

This outcome was not inspected on the previous inspection.

There was a policy on residents' personal property and possessions. A record was kept of each resident's personal property and this property was safeguarded through record keeping. Residents retained control over their own possessions and clothing.

There were adequate laundry facilities with systems in place to ensure that residents' own clothes were returned to them.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

This outcome was not inspected on the previous inspection.

There was an actual and a planned staff rota in operation which accurately reflected the staff on duty. However, the inspector noted that at times the skill mix of staff at night time was not sufficient to ensure all residents' needs were adequately supported. Prior to the inspection, the person in charge and general manager had taken measures to recruit additional staff and submitted a staff roster shortly after the inspection that confirmed adequate staffing skill mix were now rostered on nights. The person in charge described how decision making on staffing levels took into account the statement of purpose, the size and layout of the building as well as the diverse needs of the residents.

The inspector considered from the sample of records reviewed and interactions with staff and residents, there were sufficient staff on duty, with appropriate skills, qualifications and experience to meet the assessed needs of residents with the addition to the night roster.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Nan Savage  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Mill Race Nursing Home
<b>Centre ID:</b>	OSV-0000361
<b>Date of inspection:</b>	03/12/2014
<b>Date of response:</b>	02/02/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

Some residents did not have a current agreed written contract of care in place that dealt with the care and welfare of each resident in the centre.

#### Action Required:

Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing

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

Homes Support Scheme or otherwise, to the resident concerned.

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

Based on updated regulations new contracts of care were issued to all residents from October 2014 onwards. On the day of the inspection we were awaiting the return of a number of the new signed contracts from the residents. The older version of the signed contracts for those residents remained in place until the new contracts replaced them. Procedures were in place to monitor the return of the residents' contract. All signed contracts have now been received.

**Proposed Timescale:** 29/01/2015

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

A required assessment tool on behaviour that challenges had not been adequately completed in line with the relevant policy.

**Action Required:**

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

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

All residents who display any challenging behaviour have the required risk assessment completed as per our challenging behaviour policy. All new nursing staff have been given information on the completion of these risk assessments and all staff nurses have been reminded of the importance of having all documentation in place.

**Proposed Timescale:** 10/12/2014

**Theme:**

Governance, Leadership and Management

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

The name and address of any authority, organisation or other body, which arranged the resident's admission to the centre had not been included in the directory of residents.

**Action Required:**

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

We have reviewed the directory of residents and it has been updated to include the name and address of the authority, organisation or other body who coordinated the residents' admission in accordance with regulation 19(3).

**Proposed Timescale:** 20/01/2015

### **Outcome 08: 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:**

Some sections of the carpet in the reception area had lifted and this posed a potential trip hazard.

**Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

All staff have been reminded of the importance of reporting and acting on any areas of risk. The areas of the carpet which had lifted have been secured in order to mitigate the risk of this being a trip hazard. Quotations for the replacement of the carpet have been sought and we will proceed with this refurbishment as per our policy

**Proposed Timescale:** 30/06/2015