

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mill Lane Manor
Centre ID:	OSV-0000066
Centre address:	Sallins Road, Naas, Kildare.
Telephone number:	045 874 700
Email address:	milllanemanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes
Provider Nominee:	Amanda Torrens
Lead inspector:	Leone Ewings
Support inspector(s):	Geraldine Jolley
Type of inspection	Unannounced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	11

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 May 2016 09:00 To: 04 May 2016 15:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor ongoing compliance with the Care and Welfare Regulations and the National Standards. It also followed up on matters arising from the last two inspections carried out on 14 and 15 December 2015, and 15 February 2016.

Inspectors undertook to monitor progress on the two major non-compliances found at the time of the last inspection. A regulatory meeting took place on 9 March 2016, where a warning letter was issued to the provider outlining details of staffing and governance non-compliances. The provider undertook to address the major non-compliances at the time of this meeting. A satisfactory action plan was submitted to HIQA following this meeting. Inspectors found that improvements in governance had taken place and that additional staffing was recruited, the recruitment of staff had improved the skill mix.

As part of the inspection, the inspectors met with residents, relatives and staff members, observed practices and reviewed documentation such as policies and procedures, care plans, medical records and risk management processes. Staff were

observed to be responsive to residents' needs. Overall, inspectors found that residents expressed satisfaction with care and supports available to them to the inspectors.

Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified by previous inspections. Evidence of improved governance processes resulting in changes to culture and practice with positive outcomes for residents was found. Additional time will be required to embed and sustain these changes.

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 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):

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

Findings:

Improvements in governance had taken place and additional staffing were recruited. The lines of responsibility and accountability were clear. Staffing provision and supervision had improved since the time of the last inspection. There was a change in the person in charge from the time of the last inspection who had left the role. The assistant director of nursing was now undertaking this role, until the recruitment process had completed. He was found to be fully engaged in overseeing the management of the service. He worked closely with a deputy who also participated in management of the centre. The provider confirmed that she was in the process of recruiting a new person in charge, and this was ongoing and HIQA would be notified when this process was completed.

The staffing rosters given to inspectors confirmed that skill mix of staff had improved since the time of the last inspection. The provider confirmed that further staff nurses had been appointed since the last inspection. Inspectors found that two registered nurses worked day and night with additional management hours in place during the day. Inspectors found that management meetings took place once and month, and staff meetings took place regularly.

Staff working on the day of the inspection confirmed that they had a good knowledge of residents and the centre. Staff confirmed to inspectors that they were well supported by management. Additional supports had been put in place by the provider since the last inspection, including support from the group compliance and support manager, and external consultants in health and safety.

The systems in place for supervising, recording and documenting nursing and social care, and had been fully maintained since the last inspection. For example, daily nursing records, changing healthcare needs, and complaints / feedback had been fully

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

Findings:
The records as listed in Part 6 of the Regulations were now maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall, an improved standard of record keeping could be evidenced throughout the inspection. Improvements relating to complaints records and medication records were found following detailed review by inspectors.

The records of any complaints made including outcome and follow up was found to be evidenced and was now fully recorded on the electronic record keeping system.

Inspectors confirmed that medicines administration records were completed contemporaneously after medicines were administered as required by professional guidelines.

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

Findings:

The provider had addressed this moderate non-compliance further to the last inspection. A revised risk management policy was in place and inspectors found that a full environmental audit had taken place on 16 March 2016 and a new safety statement drafted. The provider confirmed that further inputs from an external consultant could be evidenced, and meetings were taking place about the systems of safety and any identified risks in the centre. A risk register was in place and was kept up to date. Improvements had taken place since the last inspection.

The inspectors reviewed all falls and incidents since the time of the last inspection. There had been 32 documented incidents reported, one of which was serious and reportable to HIQA. This was reported in line with the regulations. Where there were any identified risks associated with residents with recurrent falls and incidents, these risks had been documented and mitigated in a timely manner. For example, a small number of residents where there was an identified risk of them using the passenger lift have now been re-located to the ground floor in order to facilitate their independence.

The systems in place to review incidents and accidents had improved. The audits from the previous two months were reviewed by the inspectors, most incidents did not result in injury, or were minor in nature. The number of falls had not increased since the last inspection. Staff identified a small number of residents who had occasional recorded incidents associated with responsive behaviours. Where these behaviours were identified an assessment and nursing care plan was found to be in place to support the resident living at the centre. The findings of this review were that the audit completed evidenced the measures or actions in place to mitigate any further risks to the residents. The supervision of residents by staff had been improved to ensure safe practice.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

The moderate non-compliance in relation to medicines management was found by inspectors to be fully addressed. The inspectors reviewed systems, practices and documentation in place and improvements could be evidenced by the provider and person in charge.

Storage and use of medicines was found to be in line with best practice. For example, all

dates of opening medicines with reduced expiry dates were recorded, and the clinical room was locked when not in use. There were no residents identified to inspectors as refusing medication at the time of the inspection, however, written procedures were in place to guide staff should this situation arise.

Administration of medicines was found to be in accordance with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland/NMBI) guidelines. Staff administering medicines had current NMBI registration and did so in line with the centres' policy of medication management, within the prescribed time frames. Safe systems for crushing any medicines where prescribed were introduced following the last inspection.

Residents' care plans which involved use of p.r.n. medicines (a medicines only taken as the need arises) were clear and informed and guided staff administering about alternatives used before giving a p.r.n.

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):

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

Findings:

Inspectors reviewed the records of all incidents occurring in the designated centre. Improvements were found relating to the reporting requirements for three day notifications. Quarterly reports were submitted as required by the regulations in a timely manner.

The person in charge described a robust systems in place to ensure that incidents where required by legislation were notified to the Chief Inspector within the required time frame.

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:

Access to healthcare was found to be facilitated. Improvements had been implemented relating to medication management, and facilitating referral to occupational therapy. An occupational therapist was on duty at the time of the inspection and a resident who had been identified as not being referred for seating assessment at the time of the last inspection, had new seating in place.

Inspectors found that the records of medication management issues evidenced improvements and compliance with regulation 6. Nursing staff transcribing the prescription sheets, had two signatures were present to indicate that double checking of transcribing was taking place. The medicine administration records and narrative around residents who refused medication was fully in line with policy and best practice. The procedures to follow should any resident refuse medication provided guidance to staff on when to inform the GP. At the time of the inspection no residents were identified or had a care plan in place to address this aspect of care.

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):

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

Findings:

The inspectors found that there had been improvements since the last inspection and there was now an effective system in place for the management of complaints.

The inspectors reviewed the complaint's policy and found it to be comprehensive. It met the requirements of the regulations. There was a system in place to record verbal and written complaints.

No written complaints had been received since the time of the last inspection, however, some issues and feedback about service provision had been documented, and reviewed in line with the policy. For example, feedback about catering, laundry and residents' property.

Access to advocacy supports were established with a national advocacy support agency for older people.

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):

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

Findings:

The inspectors found the staffing allocation had improved since the time of the last inspection. The number and skill mix of staff in terms of staffing requirements had been reviewed by the provider since the time of the last inspection. Information about proposed staffing received from the provider at a regulatory meeting held on 9 March 2016 was confirmed at the time of this inspection. Some staff turnover was evident also, and the provider had appointed a physiotherapist and occupational therapist since the last inspection.

A review of the staffing roster confirmed that the number of registered nurses working at the centre inclusive of the person in charge had increased following a recruitment process.

Two registered nurses were now on duty with the person in charge during the day, and two staff nurses at night. Staffing rosters were examined and discussions with staff to confirm this.

Since the last inspection the provider had put in place additional supports to recruit and retain staff. Staff interviewed were clear on fire, safeguarding and moving and handling

procedures. All had up to date mandatory training in place and staff on induction had a planned super-numeracy supported programme in place.

The staffing is based on the dependency of the residents, and the range of needs as stated in the statement of purpose. The premises are laid out over two floors, with accommodation, social and recreational areas on both floors. On the day of the inspection the assessed dependency levels for 59 residents was given to inspectors as follows:

Maximum dependency - 9

High dependency- 16

Medium dependency- 28

Low dependency- 6

The assessed dependency levels of the residents at the centre had not decreased or increased significantly since the last inspection. Two residents were now documented in the restraint register as using location alarms. This had reduced since the time of the last inspection. Those residents were identified to inspectors as residents who required more frequent supervision. For example, 15 minute location checks. Staff confirmed to inspectors that they knew which residents had additional supervision needs.

Inspectors found that arrangements were in place to cover unanticipated leave, and the staffing rosters were reflective of staff on duty at the time of the inspection.

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:

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