



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Milford Nursing Home
Name of provider:	Milford Care Centre
Address of centre:	Milford Care Centre, Plassey Park Road, Castletroy, Limerick
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0000418
Fieldwork ID:	MON-0036492

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Milford Nursing Home was established in 1928 by the Little Company of Mary Sisters. There is 24 hour nursing care within the home. The accommodation consists of 69 single full en-suite bedrooms located over 2 floors. There are two assisted bathrooms, two sitting rooms, a large conservatory, dining rooms on each floor, a restaurant on site and a chapel at the entrance to the Nursing Home. We can accommodate both male and female residents/ patients who are predominantly over 65 years of age. The residents have a broad range of physical and psychological needs with varying degrees of cognitive ability. We provide multidisciplinary services in the specialties of gerontology and specialist palliative care. Our service is person centred with an emphasis on providing best practice in infection control and improving clinical care standards and treating residents with dignity and respect. The following allied health services are available at Milford Nursing Home: physiotherapy, complementary therapy and occupational therapy. The following creative arts therapies are available within Milford Nursing Home: music therapy and art therapy. Mass is celebrated daily and Eucharistic Ministers bring Holy Communion to those who cannot attend mass. The organisation respects and embraces the spiritual needs of each resident with compassion and care, while accepting different beliefs, cultures and values.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	65
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 17 May 2022	08:45hrs to 17:00hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

The feedback from residents living in Milford Care Centre was that this was a comfortable, safe and welcoming place to live. Residents received a high standard of care from a team of skilled and supportive staff that encouraged residents to enjoy a good quality of life.

The inspector was guided through the centre's infection prevention and control measures on arrival to the centre. Following an opening meetings, the inspector walked through the centre with the assistant director of nursing. The inspector spent time meeting residents who described their experience of living in the centre.

The inspector observed a calm, relaxed and unhurried atmosphere in the centre throughout the inspection. The interactions between staff and residents was observed to be kind, respectful and person-centred. Staff were observed knocking on residents' bedroom doors before entering, and polite conversation was overheard. Staff told the inspector that they valued all engagement with residents as these were opportunities for meaningful activity. Residents confirmed that they enjoyed when staff assisted them with their care needs as they could chat about local news and the activities for the day. Staff were observed providing prompt assistance to residents and call bells were answered without delay.

Residents had access to daily newspapers, radio, television and telephone in their bedroom. Some residents were observed reading books, while others were watching news and sports on their television. Residents were observed walking freely through the centre with support from mobility aids or staff. Residents told the inspector that they felt at home in the centre and that staff knew their individual likes and preferences, which made them feel comfortable.

The centre was found to be clean throughout, and well maintained. Residents private accommodation was comprised of single room occupancy with full en-suite facilities. The inspector observed that some bedrooms had overhead hoists installed to support residents with impaired mobility and to facilitate their safe transfer. Both bedrooms and corridors were adequately lit, spacious and decorated to a satisfactory standard. There was ample private and communal space for residents to use. Residents had unrestricted access to large enclosed gardens that were maintained to a high standard, appropriately furnished, and landscaped. Residents were supported to enjoy garden activities with the staff, and a horticulturist. Residents told the inspector that they 'loved this time of year in the garden watching the birds, the scent of flowers and the warmth'.

Residents were complimentary of their bedrooms accommodation. Each bedrooms was personalised to the resident's individual preferences. Residents had large wardrobe space for clothing, bedside lockers and space to display personal items of significance such as photographs and ornaments. Residents had views of the gardens from their bedroom windows. Personal clothing was laundered on-site and

residents expressed their satisfaction with the service.

The residents dining experience was observed to be an enjoyable and social occasion for residents. Staff engaged with residents and provided support to ensure that their nutritional needs were met. Meals were freshly prepared and appropriate to meet the residents' individual nutritional requirements. Residents complimented the choice of meals on offer and confirmed the availability of snacks and refreshments, when needed.

Large notice boards displayed information for residents that included a rotating three day schedule of daily activities for residents to choose from. Residents told the inspector that the activities schedule had a variety of activities to suit individual needs, capabilities and capacities. The activities staff member was observed to facilitated group and one-to-one activities for residents. The inspector spent time with a small group of residents in their knitting group who expressed how they enjoyed the company of others that shared similar interests. Some residents were unable to verbalise their views on the quality of the service but the inspector observed that they appeared included, content and comfortable in their environment. Residents were complimentary of the activities staff and the efforts they made to ensure that there was a variety of activities to look forward to and keep them occupied on a daily basis.

Residents confirmed that they were encouraged to provide feedback on the quality of the service and that they could raise any concerns with a member of staff. Residents were also included in training programmes, such as hand hygiene, and residents felt that this training gave them confidence in maintaining their own safety with regard to infection prevention and control.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced risk inspection carried out over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Milford Care Centre is the registered provider of this designated centre and the provider has demonstrated a good history of compliance with the regulations.

Overall, the inspector found a satisfactory level of compliance with the regulations reviewed. The centre was found to have an effective and accessible governance and management structure that provided effective oversight and support to a team of nursing, healthcare and support staff. The management team consisted of a representative of the company directors and the person in charge. The clinical management structure was comprised of the person in charge, supported by an

assistant director of nursing and a team of clinical nurse managers. The service was adequately resourced to meet the needs of the residents.

The provider had oversight systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. Clinical and environmental audits identified areas of risk that were addressed through time-bound, quality improvement action plans. Regular management and staff meetings were held to discuss the results of audit findings and improvement actions were appropriately delegated to relevant staff in their departments to ensure actions were implemented. Quality improvement plans were subject to ongoing review by the management team to ensure completion by an agreed date. There was evidence that risks were appropriately monitored and, where necessary, escalated to the provider management board for further action. For example, deficits in the emergency call bell facilities in the centre had been identified and escalated to senior management and this was in the process of being resolved at the time of the inspection and due for completion by 1 June 2022. Action to improve the oversight of management systems, specific to residents care records, was required to ensure compliance with Regulation 5, individual assessments and care plan.

The staffing level was appropriate for the size and layout of the centre and to meet the needs of the service as detailed in the centres statement of purpose and function. There was an adequate skill-mix of nursing, healthcare and support staff on duty to meet the assessed needs of the residents. Housekeeping services were provided by an external service provider and appropriate supervision arrangements were in place to ensure a high standard of environmental hygiene was maintained.

A review of staff training records evidenced that all staff had completed mandatory training to support the provision of safe care to the residents. This included fire safety, safeguarding of vulnerable people and manual handling techniques. The collective expertise of the nursing staff and clinical nurse specialists ensured that staff received appropriate training in many areas of care relating to care of the older adult. This included end-of-life care, dementia awareness and infection prevention and control. Staff demonstrated an appropriate knowledge of their training. Effective supervision of the care provided to residents was observed through the clinical nurse management team who provided support and guidance to staff at all times. Arrangements were in place to appraise each staff member's performance on an annual basis and systems were in place to ensure staff were provided with opportunities to enhance their skills.

Record keeping and file management systems were robust and ensured that all records required by Schedule 2, 3 and 4 of the regulations were well maintained, securely stored and retrievable for inspection.

The service was responsive to the receipt and resolution of complaints. Comprehensive records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register evidenced that all complaints were appropriately managed and were used to inform quality improvement initiatives.

## Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of healthcare and activities staff. The staffing compliment also included catering, laundry, administrative and management staff.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were supported and facilitated to attend training relevant to their role and all mandatory training, as required by the regulations, had been completed.

Staff were appropriately supervised in their roles to ensure residents received safe and quality care.

Staff demonstrated an appropriate awareness and understanding of the regulations, standards and guidance documents published by, for example, the Health Protection and Surveillance Centre (HPSC).

Judgment: Compliant

## Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of staff personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems in place did not fully ensure that the service was effectively monitored. For example;

- Clinical audits were not effective in identifying deficits within the care planning process. As a result, quality improvement plans could not be developed to ensure compliance with Regulation 5, individual assessments and care plan.
- Management oversight and monitoring of the prevalence of wounds required action to ensure they were appropriately notified to the Chief Inspector as required on a quarterly basis.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaints procedure was prominently displayed throughout the centre in an accessible and easily understood format for residents. Complaints were appropriately recorded, investigated and the outcome communicated to the complainant. Records captured the complainants satisfaction with the outcome of the actions taken on foot of the complaint. Complaints were utilised to inform quality improvements and the learning shared with staff.

Judgment: Compliant

### Quality and safety

The inspector found that there were effective systems in place to support the quality and safety of the care provided to residents. Residents received a high standard of safe and effective evidenced-based care. However, the inspector found that action was required to comply with Regulation 5, individual assessments and care plans.

Residents' health and social care needs were assessed on admission to the centre to inform the development of care plans that provided guidance to staff in the provision of individualised care. Validated assessment tools supported the assessment of residents to establish if residents were at risk of falls, malnutrition or impaired skin integrity. A review of resident's care plans found that they were developed and reviewed in consultation with the residents and, where appropriate, their relatives. Whilst there was evidence that assessments and care plans were reviewed in the last eight months, a number of records reviewed showed that reviews were not carried out in line with the regulatory requirements. The inspector found that some care plans did not provide sufficient detail to guide the care of residents with, for example, pressure related wounds.

Residents were facilitated with timely access to a general practitioner (GP) as required or requested. Where residents were identified as benefiting from additional

health and social care professional expertise, there was a systems of referral in place.

Risk management systems were underpinned and guided by the risk management policy. The policy met the requirements of the regulations. Hazards were identified and appropriately entered into the centres risk register. Each identified risk had controls in place to mitigate the risk of harm to residents.

Infection prevention and control practices were underpinned by up-to-date guidance documents and oversight by a nurse specialist. The provider had a number of effective assurance processes in place in relation to the standard of hygiene. This included cleaning specifications and checklists, colour coded cleaning equipment to reduce cross infection, policies and guidance documents for the prevention and control of infection and audits. Combined, these processes ensured a safe environment for residents in the centre.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings were reviewed and evidenced that feedback provided by residents was acted upon to improve the service for residents.

There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Unrestricted visiting was facilitated.

### Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. Visiting was observed to be unrestricted.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy contained the specific risks, and controls in place to mitigate the risk of harm to residents, as required under Regulation 26(1).

Arrangements were in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

The health and safety statement and an emergency plan were in place to guide

response to major incidents such as fire, flooding and storm.

Judgment: Compliant

### Regulation 27: Infection control

Infection Prevention and Control measures were in place. The centre was well maintained and cleaned to a high standard.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of residents assessments and care plans found that residents assessments did not always inform the development of a resident's care plan. For example;

- Residents receiving care for pressure related wounds were not identified as such within their individual care plan as evidenced by four care plans reviewed. This meant that appropriate interventions in relations to their wound care plan was not detailed or accurately described to provide guidance to staff on appropriate or effective care.
- Care and support interventions were not always delivered in line with the residents assessed needs and care plan. For example, risk assessments detailed the interventions necessary to support residents such as having a low profiling bed. However, on inspection, these intervention were not in place.
- Some care plans had not been reviewed and updated in line with the requirements of the regulations. For example, some care plans had not been reviewed since September 2021 and following a change in resident's assessed care needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to retain their own general practitioner (GP) if they wished. Records evidenced that residents had timely access to their GP as requested or when required. Residents benefited from having timely access to occupational therapy and physiotherapy staff on a weekly basis. Systems of referral were in place for residents to access allied health and social care professionals for additional

assessment and support.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, the inspector found that the staff made satisfactory efforts to ensure the residents' rights were upheld in the designated centre. Staff were observed to engage in positive, person-centred interactions with residents.

There was an activity schedule in place that provided residents with daily access to meaningful activities in accordance with their interests and capacities. Residents were observed to be socially engaged throughout the day of the inspection.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Milford Nursing Home OSV-0000418

Inspection ID: MON-0036492

Date of inspection: 17/05/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• CNM and Staff Nurses reviewed all residents skin integrity from the 18th to the 24th May and daily since. Report will be issued weekly to ADON going forward</li> <li>• Wound Care Plans, assessments and photographs completed in relation to one Resident with Grade 2 Pressure Ulcer 25.05.2022</li> <li>• Resident referred to Dietician, SLT and TVN 18.05.2022</li> <li>• RCSI PhD Student / Practice Development/CPC) Undertaking research which will entail rolling out an education programme for Health Care Assistants in July 2022 titled “The impact of a pressure ulcer prevention programme on Health Care Assistants knowledge, skills and attitudes and pressure ulcer incidence in long term care settings”</li> <li>• CPC/Practice Development will facilitate pressure ulcer grading education sessions via Fast Facts for all Staff Nurses in Milford Nursing Home 04.07.2022</li> <li>• Wound Care will be discussed at every morning’s safety pause at the end of handover on both Nursing Home Units - Aisling and Curam from 09.06.2022. CNM will be present at this meeting and will report to ADON</li> <li>• Wound Care will be agenda item at daily meetings with ADON and Nursing Home CNM’s</li> <li>• Four weekly HIQA standards meetings</li> <li>• Clinical Assurance and Patient Safety (CAPS) quarterly meetings</li> </ul> <ul style="list-style-type: none"> <li>• ADON will update DON re any issues related to Wound Care or other reportable incidents in the Nursing Home at their daily update meetings and operational meetings</li> <li>• Meeting arranged with SN’s and CNM’s in the Nursing Home re Wound Care, Care Plans and governance and management by 15.06.2022.</li> </ul>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>- All care plans will be updated by 17.07.2022</li> <li>- Care Plans will be updated every four months or as required going forward</li> <li>- This will be checked by the ADON and CNM's</li> </ul> <p>Online record system training An external provider has been procured to provide updates on training for the online record keeping system.</p> <ul style="list-style-type: none"> <li>- Commencing before 15th July 2022– DON / ADON</li> <li>- CNM's and Staff Nurses in Nursing Home will undertake this training</li> </ul> <p>The Care Plan clinical audit tool will be updated to provide sufficient detail to ensure:</p> <ul style="list-style-type: none"> <li>- That care plans reflect that appropriate care and interventions are delivered in line with the resident needs</li> <li>- That there is accurate grading and timely reporting of pressure related wounds</li> </ul> <p>Audit of the resident's progress notes will be undertaken to ensure that care provided is reflected in the care plan, this will be completed by 30.06.2022</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/06/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	17/07/2022

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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