



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:	21 April 2023
Centre ID:	OSV-0000418
Fieldwork ID:	MON-0039925

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 two 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 six days a week, 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:	67
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How we inspect

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
Friday 21 April 2023	08:30hrs to 17:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Milford Nursing Home were complimentary of the quality of care they received from staff who they described as caring, patient, and kind. Residents told the inspector that the management and staff valued their feedback and made them feel included in the decision about how the service is run, and how the quality of the service could be improved. Residents told the inspector that staff were attentive to their needs and made them feel safe living in the centre.

The inspector was met by the person in charge, and assistant director of nursing on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and met with the majority of residents and spoke to eight residents in detail about their experience of living in the centre. Some residents were unable to articulate their experience of living in the centre. However, those residents appeared comfortable and relaxed in their environment. Staff were observed spending time with those residents to ensure they were comfortable in their surroundings.

There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care. Residents who spoke with the inspector were very complimentary in their feedback about the staff. Residents described how staff were prompt to answer their call bells. Residents never felt rushed by staff, and they reported that they were always greeted with 'friendliness and warmth'. Residents told the inspector that they enjoyed engaging with all staff, and that they spent time chatting with them throughout the day.

The centre was visibly clean throughout. Infection prevention and control measures had been brought into line with the updated national guidelines, with respect to COVID-19 restrictions. Residents expressed their delight at being able to 'see staff smile again' and 'recognise staff more easily'. Housekeeping staff were observed to clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned.

The premises was well maintained, appropriately decorated, well-lit, and warm for residents. Corridors were wide and spacious. There were appropriately placed hand rails to support residents to walk independently around the centre. There was a large enclosed garden accessible to residents. The garden area was appropriately furnished and maintained to a satisfactory standard. Newly installed umbrellas provided shade for residents while sitting out in the sun. There was ample storage facilities for equipment, and corridors were maintained clear of items that could obstruct residents who were observed walking around the centre throughout the day. Furnishings in communal areas and bedrooms were observed to be well-maintained, and comfortable for residents.

Residents were provided with large spacious bedrooms that were personalised, and decorated according to each resident's individual preference. Residents were encouraged to personalise their bedrooms with personal items of significance, such as ornaments and photographs. Some residents displayed pieces of artwork that they had created during activities. Residents had accessible en-suite facilities that supported residents to move safely and freely to use their showers and toilet. Residents were very complimentary of their accommodation.

Resident's personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Residents described the food as 'high quality', and presented 'beautifully'. Meals were served to residents in the main dining room, and were attractively presented. Some residents attended the dining rooms while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents. Some residents told the inspector that the temperature of their breakfast was occasionally unsatisfactory. Residents confirmed that this issue had been raised with the management on a number of occasions, and a plan was being implemented to address the issue.

Residents were kept informed about changes occurring in the centre through scheduled resident meetings. Residents told the inspector that they were provided with the opportunity to meet the management team, and to provide feedback on the quality of the service they received. Residents stated that they felt included in decisions made about the service they received, and that their feedback and requests were acted upon. Residents provided examples where they had requested increased group physiotherapy sessions, and art therapy at a recent meeting, and confirmed that the management team were working towards implementing those requests.

Residents, and their relatives, were provided with an opportunity to provide feedback on the quality of the service through surveys that were completed in 2022. The results of the survey were communicated to residents, and their relatives, and overall, there was a high level of satisfaction in all areas surveyed.

Residents told the inspector that they looked forward to activities as they were the most enjoyable part of their day. Residents told the inspector about the variety of activities they could choose to attend. This included arts and crafts, knitting, bingo, and music activities. Some residents had contributed to the development of a calendar that contained numerous pieces of artwork they had completed. The activities staff were observed engaging with residents throughout the inspection.

Residents told the inspector that staff respected their choice, and treated them with dignity, respect, and kindness. Residents said that staff carrying out small tasks for them, such as fixing their mobile phone or cleaning their jewellery, made them feel 'like I matter' and 'valued'. The inspector observed that the interactions between

residents and staff were as the residents described.

Overall, the inspector found that residents in Milford Nursing Home received good quality health and social care from a team of staff that were committed to supporting resident to have a good quality of life.

The following sections of this report detail the findings with regard to the capacity and capability 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 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in May 2022. All actions from the previous inspection had been completed.

The findings of this inspection reflected a commitment from the provider to on-going quality improvement that enhanced the daily lives of residents. This was evidenced through compliance with the regulation reviewed. The governance and management was well-organised, and the centre was well-resourced to ensure that residents were supported to have a good quality of life.

Milford Care Centre is the registered provider of Milford Nursing Home. The provider is a company comprised of a board of directors, and is represented by one company director. The board of directors provide governance, and support to the person in charge and nurse management team. The organisation structure of the centre, as described in the centre's statement of purpose, consisted of a person in charge who reported directly to the provider. Within the centre, the person in charge was supported clinically, and administratively, by an assistant director of nursing, and a team of clinical nurse managers. This management structure was found to be effective, as lines of accountability and authority were clearly defined to ensure the service was adequately resourced and that there was effective oversight of the quality of care provided to residents.

The provider had systems in place to ensure that there was effective oversight of the quality of care received by residents. A schedule of clinical and environmental audits were in place for 2023 to monitor, evaluate and improve key aspects of service. This included audits of infection prevention and control practices, medication management, restrictive practices, incidents and falls, and clinical records. A sample of completed audits were reviewed and were found to be effective to support the management team to identify risks and deficits in the service. The audits informed the development of improvement action plans, and records showed that the action plans from these audits were communicated to the

relevant staff during staff meetings.

The centre was proactive in identifying, recording and managing risks that may impact on the safety and welfare of residents in the centre. The risk management system was underpinned by a comprehensive risk management policy. The centre maintained a risk register that contained clinical and environmental risks. Risks, and the controls in place to manage risks, were monitored for their effectiveness, and staff were kept informed with regard to the actions to be implemented to manage and reduce risks to residents. There were systems in place to record, investigate and learn from incidents involving residents.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Record keeping systems comprised of electronic and paper-based systems. Records were securely stored, accessible, and maintained in line with the requirements of the regulations. Some records were inconsistently maintained with regard to the treatment provided to residents. This included records of nutritional care, and wound care. However, the provider was in the process of reviewing their record management systems to ensure effective oversight of those specific records.

The centre had sufficient resources to ensure effective delivery of good quality care and support to residents. The centre had a stable team of staff. This ensured that residents benefited from continuity of care from staff who knew their individual needs. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of house-keeping, catering and maintenance staff in place. There was a system in place to ensure clear and effective communication between the management and staff.

The service engaged a number of volunteers to support the provision of recreational and stimulating activities for residents. Arrangements were in place to ensure each volunteer had a specific role and responsibility, and that they were supported and supervised by the management team.

There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed mandatory training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training, with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. There were systems in place to induct, orientate and support staff. The person in charge, assistant director of nursing, and clinical nurse managers provided clinical supervision and support to all staff.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose. There were

satisfactory levels of health care staff on duty to support nursing staff.

The staffing compliment included laundry, catering, activities staff and administration staff. There was adequate levels of staff allocated to cleaning of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date mandatory training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

The inspectors reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The centre had sufficient resources to ensure the effective delivery of safe and quality care for all residents, in line with the centre's statement of purpose.

The provider had an established and effective governance and management structure in place where lines of accountability and responsibility were clearly defined. This structure supported the management systems in place to monitor,

evaluate and improve the quality of the service provided to residents.

Judgment: Compliant

Regulation 30: Volunteers

Each volunteers was provided with clear guidance about their role, the name of the person who has responsibility for the supervision of their work, and who they report to. Volunteers had a vetting disclosure in place, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Volunteers also had access to orientation, and training opportunities within the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Judgment: Compliant

Quality and safety

Residents living in Milford Nursing Home received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted.

A sample of resident's assessments and care plans were reviewed, and evidenced that the residents' health and social care needs were being assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs and residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals

for further expert assessment and treatment. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise.

Resident's nutritional care needs were appropriately assessed to inform nutritional care plans. These care plans detailed residents dietary requirements, the frequency of monitoring of residents weights, and the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

The person in charge was actively promoting a restraint-free environment and the use of bed rails in the centre had reduced since the previous inspection. A multi-disciplinary team-led restrictive practice committee had been established to assess the appropriate use of bed rails in the centre. This had led to a reduction in the use of restrictive practices. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received non-restrictive care and support from staff that was kind, and respectful.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Arrangements were in place for residents to access appropriate pharmaceutical services. The centre implemented safe procedures, underpinned by policies, to ensure safe medication management practices were in place.

Residents rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. Activities were observed to be provided by dedicated activities staff, with the support of health care staff and volunteers. Residents told the inspector that they were satisfied with the activities on offer. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service.

Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or a visitors room, if they wished.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks, and refreshments were made available at the residents request. Menus were developed in consideration with residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements, as detailed in the resident's care plan.

Daily menus were displayed in suitable formats, and in appropriate locations so that residents knew what was available at meal-times. There was adequate numbers of staff available to assist residents with their meals.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart, and timely referral to dietetic, and speech and language services.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were provided with appropriate access to pharmaceutical services and a pharmacist who was acceptable and accessible to the residents. Residents were provided with opportunities to meet their pharmacist.

Arrangements were in place to ensure that prescribed medicinal products were securely stored and administered safely, and appropriately, in accordance with the direction of the prescriber.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested.

Services such as physiotherapy were available to residents weekly and services such as tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices, such as bed rails, were managed in the centre through an ongoing initiatives to promote a restraint free environment. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

Residents who experienced responsive behaviours had appropriate assessments completed, and person-centred care plans were developed that detailed the supports and intervention to be implemented by staff to support a consistent approach to the care of the residents. Care plans included details of non-pharmacological interventions to support the resident to manage responsive behaviours. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose.

There were facilities for residents to participate in a variety of activities such as art and crafts, knitting groups, bingo, exercise classes and live music events. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer.

Residents attended regular meetings and contributed to the organisation of the service. Residents confirmed that their feedback was used to improve the quality of the service they received. There were regular resident meetings held, and guest speakers were invited to attend meetings to provide residents with information about the services they could access, if needed. This included independent advocacy services.

A variety of daily national and local newspapers were available to residents. Religious services were facilitated regularly.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant