



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

## Issued by the Chief Inspector

Name of designated centre:	Millbury Nursing Home
Name of provider:	Rossclare Nursing Home Limited
Address of centre:	Commons Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	10 December 2021
Centre ID:	OSV-0000700
Fieldwork ID:	MON-0034383

## About the designated centre

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

Millbury nursing home is a purpose-built centre located in Navan Town, Co Meath. It provides full-time nursing care to 66 residents, male and female who require long-term and short-term care. Residents assessed as having dementia can be accommodated throughout the centre. There are 66 private full en-suite single rooms, all located on the ground floor.

Accommodation is provided in three separate areas, Boyne, Comeragh and Tara all accessed from the bright reception space. A variety of communal spaces are located overlooking two central outdoor courtyards and landscaped grounds.

The centre has a reception seating space, oratory, hairdressing salon and a sensory room for residents' use. Two smoking areas are in place for residents who smoke. Suitable household areas including laundry, dirty utility rooms, cleaning rooms and kitchens are in place.

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

Number of residents on the date of inspection:	66
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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
Friday 10 December 2021	09:00hrs to 13:30hrs	Sheila McKeivitt	Lead
Friday 10 December 2021	09:00hrs to 13:30hrs	Arlene Ryan	Support
Monday 15 November 2021	10:00hrs to 18:00hrs	Gordon Ellis	Support
Monday 15 November 2021	10:00hrs to 18:00hrs	Brid McGoldrick	Support

## What residents told us and what inspectors observed

Inspectors were met by staff who undertook temperature and symptom check on arrival to the centre.

This centre had a homely feel with residents and staff reporting that there was a good atmosphere in the centre and it was a good place to live in.

Overall feedback from the residents was positive. Two residents said that they 'loved it here' and 'why wouldn't you love it'. They commented that the staff were lovely and would 'do anything for you'. The inspectors observed a familiar rapport between the staff and residents and a relaxed atmosphere. Residents called staff by their names and appeared very comfortable with them. All interactions observed were courteous, kind and person-centred.

Just before lunchtime, the inspectors observed that most of the residents were out and about in different areas of the nursing home. There were many taking part in activities in the communal rooms. Some residents were in the chapel, others were taking exercise walking around the nursing home while others were sitting in the various communal areas. There was a good variety of activities scheduled for residents and this was clearly displayed at the entrance to the communal area. One resident commented that staff also reminded them when activities were about to start and that they could participate if they wanted. Residents spoken with said they enjoyed participating in the activities and that they loved the bingo and found it to be 'great fun' and loved winning the prizes.

The residents interviewed were very complimentary of the care they received. Some had external appointments coming up and were pleased that their medical needs were being met by the team organising these appointments.

Inspectors observed that the nursing home was very clean and tidy and that the housekeeping staff were engaging with the residents as they undertook their duties. Residents also commented on this stating that they were very happy with the cleanliness and that their rooms were cleaned every day. One resident commented that her room was 'kept spotless'.

Inspectors observed that residents had nicely decorated bedrooms with their own personal memories on display. The rooms were clutter free which would enable effective evacuation if required.

Residents spoken with were aware of how to raise a concern if they were worried about something or not happy, with the care or service provided. However the residents interviewed said that they had never needed to make a complaint in their time there. They named the person in charge and provider by name and were confident that any issues would be sorted out quickly and were complimentary of

the management team.

The residents told inspectors that they enjoyed their food and had a good choice available to them. Drinks were offered frequently and they could request food or a drink at any time. There were multiple dining areas throughout the centre, and a few residents were taking meals in their rooms.

When asked about visiting, the residents spoken with informed inspectors that the previous year had been difficult, however they enjoyed the window visits at a time of restrictions imposed by the pandemic.

At the time of this inspection, families were able to come visit the residents in the visitors rooms or in their bedrooms. However, some residents still preferred for the children not to come into their room and this was facilitated by the staff.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

## Capacity and capability

This was a well managed centre to the benefit of the residents. Good leadership, governance and management arrangements were in place and these had contributed to the centre's continued high level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and residents experiencing a good quality of life.

The first day of this risk inspection was unannounced the second day was announced at short-notice risk inspection. The purpose of the inspection was to enable the Chief Inspector to progress the application to renew the registration of the centre and to increase the centres bed capacity from 66 to 101 beds. The two day inspection was carried out over the course of three weeks to facilitate the completion of the new extension which was found not to be complete on day one of the inspection.

The management structure was clear. The senior management team was made up of the provider representative, the person in charge, an assistant director of nursing and a general manager. They knew their roles and responsibilities and the lines of authority and accountability were reflected in organisation structure found in the statement of purpose. The management team met every week to discuss all areas of governance, review key performance indicators and review any results of audits completed. However, inspectors noted that more robust oversight of fire practices, procedures and safety was required together with a full review of the proposed number of house keeping staff rostered to work in the afternoons and evenings.

The person in charge was supported by an assistant director of nursing and three clinical nurse managers. Recruitment for a fourth clinical nurse manager was in

progress to assist in the management of the 35 additional beds applied to be registered.

The centre was well resourced. It was clean, tidy and furnished to a high standard and in a homely manner. It was well maintained and continued to meet the needs of residents. Equipment was maintained in good working order.

The staffing numbers and skill mix on this inspection were adequate to meet the needs of the residents. They were visible on the floor tending to residents needs in a respectful manner throughout this inspection. The supervision of staff was good which meant a high standard of care was delivered by staff.

Staff files reviewed contained all the required documents outlined in Schedule 2 of the regulations. As a result the inspectors were assured that residents were safeguarded by a robust recruitment policy which was implemented in practice.

The statement of purpose and all Schedule 5 policies and procedures were available for review and met the legislative requirements. However the statement of purpose required minor alterations to reflect the planned changes in the new extension.

#### Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre and increase the bed capacity by 35 beds was received. However, the extension was not complete when the inspectors inspected the centre on day one of this inspection. On day two it was complete.

The inspectors reviewed all the documentation received to support this application prior to the inspection.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing and skill mix of staff on duty were appropriate to meet the needs of residents. There was a registered general nurse on duty at all times.

Judgment: Compliant

#### Regulation 23: Governance and management

Improved oversight was required in respect of the following;

- Fire safety management systems;
  - While weekly fire checks were carried out, the documentation reviewed had not identified that some door closure mechanisms were not connected, and that some seals on fire doors required address. A more robust audit of the process was required.
  - The centre used a fob system to open the fire doors, with three fobs available on each unit. There was no procedure to record that fobs were checked and no assessment if the number provided was sufficient.
  - Drills were carried out but were of limited value as the timing of the drill commenced when staff were alerted to fire rather than when alarm was activated.
- Staffing;
  - The proposed number of household staff allocated to work in the evenings required review. The proposed plan for 101 residents over four units was three household staff on duty from 7am -2pm daily on three units and a fourth on the new unit from 7am-3pm. However this was reduced to one in the evening allocated to work between 2pm to 6pm to cover all four units

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose submitted met the regulatory requirements and a copy was available in the centre. Some minor changes were required to the premises section to reflect the change of function of a number of rooms following this inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaints policy reviewed met the regulatory requirements. The procedure to make a complaint was on display throughout the centre including in the new extension. The form for recording complaints had been revised to ensure all records were aligned with the legislative requirements. There were no open complaints and inspectors were assured by residents that they had no complaints .

Judgment: Compliant



## Regulation 4: Written policies and procedures

The schedule five policies were available for review. They had all been updated within the last three years and were available to staff working in the centre.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured by residents that they received a good standard of service. Some issues were identified under fire precautions and premises. The provider committed to addressing these issues within a timely manner.

Management and staff strived to ensure residents received a safe and quality service where their abilities and potential was maximised and their needs were met.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety. Residents with dementia and or those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported to participate in meaningful activities throughout the course of the inspection.

There was a low use of restraint in the centre. The use of restraint was closely monitored by the management team.

The service promoted the rights for each resident. Each resident's privacy and dignity was respected. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. They had access to personal televisions, mobile phones and internet services.

The premises was well maintained inside. Each of the current 66 residents had access to a large single bedroom with an en-suite bathroom which contained a shower, toilet and wash hand basin. This facilitated residents to remain independent for as long as possible and enabled them to maintain their privacy. Residents had access to safe and secure courtyards from each of the units including from the new extension. The communal rooms were a mixture of small and large rooms, which facilitated residents to meet with their visitors in private.

The new extension consisted of 27 single and three twin en-suite bedrooms. All these bedrooms had an en-suite which contained an assisted shower, toilet and wash hand basin. The majority of these en-suite bedrooms were generous in size and both the bedroom door and the en-suite doors were large and wide enabling residents to be evacuated in their bed. A small number of issues outlined under

regulation 17 required review.

A number of issues in relation to fire were identified on day one of this inspection. The provider committed to addressing each of the issues identified. On day two of the inspection inspectors found that all the issues identified on day one had been addressed and the required paperwork was submitted as requested.

Residents were now protected from the risk of fire. Improvements had been made. Inspectors observed the following;

- the registered provider was now taking adequate precautions
- adequate means of escape was provided throughout the centre
- adequate arrangements had been made for containing fires.
- adequate arrangements had been made for detecting fires:
- adequate arrangements had been made for giving warning of fires:
- adequate arrangements had been made for evacuating all persons from the centre in a timely manner.
- a fire Safety Risk Assessment together with an action plan was available for review.

## Regulation 17: Premises

The following issues needed to be addressed:

The sluicing sink and wash hand basin installed in the new housekeeping room in the new extension were not made of stainless steel.

The three twin rooms had not got privacy screening installed to date. Inspectors were informed the order was delayed and these rooms.

Curtains in rooms 66 and 43 were being installed on the day of inspection.

The new laundry room did not have a stainless steel sink with a double draining board.

In addition, this laundry room did not contain suitable and sufficient shelving or worktop space for sorting residents clothing.

The smoking room was not located in a safe place. It was surrounded by bedrooms and the ventilation system did not appear adequate. The function of this room required further review.

The tarmac around the exterior of the new extension was in progress but not completed on day two of this inspection.

Judgment: Substantially compliant

## Regulation 27: Infection control

The infection control practices observed by inspectors were good. The centre appeared clean, tidy and free from clutter. Clinical wash hand basins were accessible to staff in the new extension and hand sanitisers were conveniently located throughout the centre. Good hand hygiene practices were observed among staff across all disciplines.

The unclean vents noted in a number of bathrooms on day one appeared to be clean on day two of this inspection.

Judgment: Compliant

## Regulation 28: Fire precautions

On day two of inspection it was noted that the fire safety management policy had not been updated to inform fire management in the new extension.

Judgment: Substantially compliant

## Regulation 8: Protection

The centre did not act as a pension agent for any of the 66 residents. There was a safeguarding policy in place and there was evidence that newly employed staff had completed training in safeguarding vulnerable residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were upheld. Each resident had access to a television and telephone by their bedside. There were three activity staff employed to facilitate activities with residents on a daily basis and residents were seen to be actively engaged in group activities. They assured inspectors that the activities were of their choosing and met their needs. A fourth activities person was being recruited for the new extension.

Closed circuit television cameras (CCTV) were in use in some communal areas, there

was a policy to reflect the use of CCTV together with signage stating CCTV was in operation.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Millbury Nursing Home OSV-0000700

Inspection ID: MON-0034383

Date of inspection: 10/12/2021

## 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> <p>Fire</p> <p>1) An external Fire Consultant was contracted to carry out a full fire inspection of the premises on November 10th and identified any outstanding issues including those included in this report. All these issues have now been resolved.</p> <p>2) A fob checklist was put in place in each nurse’s station and checked and documented by the nurses on duty. This issue was reported in the first HIQA inspection on November 15th and was addressed on the same day. It was fully resolved by the date of the second inspection on December 9th.</p> <p>3) The timing of the fire drill is now being calculated from the time the alarm is activated. This issue was reported in the first HIQA inspection on November 15th and was addressed and evidence was communicated to the HIQA assessor. It was fully resolved by the date of the second inspection on December 9th.</p> <p>Staffing</p> <p>This issue was not clearly communicated at the December 9th audit as the staff roster was in place with the full compliment of household staff. This roster was supplied to the assessor at the audit. We will add 1 x 7-2pm and 1 x 10-6pm into the new extension of 35 bed and this was shown during the audit.</p> <p>Staffing level is reviewed and will be reviewed on a weekly basis during Management meeting in ensuring safe level of staffing is in place to deliver consistent quality care to residents.</p> <p>Management is ensuring correct deployment of staff to achieve good skill mix. Factors such as caseload management / dependency levels will be closely monitored ensuring safe and quality services.</p> <p>All future residents shall have a completed preadmission assessment ensuring all</p>	

necessary equipment, knowledge and competency to meet the needs of a resident for admission to Millbury NH.  
All admissions are on a phased basis.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
Minor changes have been made to the Statement of Purpose as discussed during the inspection and an updated copy had been submitted.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
1) The sluicing sink and wash hand basin installed in the new housekeeping room in the new extension will be made of stainless steel by February 28th 2022.  
2) Privacy screening will be installed in the three twin rooms by February 28th 2022  
3) Curtains in rooms 66 and 43 were fully installed on the day of the inspection.  
4) The new laundry room will be installed with a stainless steel sink with a double draining board and shelving/worktop space for sorting residents clothing by February 28th 2022.  
5) The smoking room seen on the day of the assessment has been converted into a multi purpose room.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The fire safety management policy has now been updated to inform fire management in the new extension. This was not done before the HIQA assessment on December 9th as it would not have been an accurate policy until the extension was approved by HIQA.



## 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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	11/01/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/01/2022