



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Millbrook Manor Nursing Home
Name of provider:	Millbrook Manor Nursing Home
Address of centre:	Slade Road, Coolmines, Saggart, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0000763
Fieldwork ID:	MON-0038051

About the designated centre

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

Millbrook Manor was purpose built in 2015 and is provided over two floors. It is in a suburban village in South Dublin. They provide 24 hour nursing care to male and female residents over the age of 18 with low, medium, and high dependency needs. They provide both short and long term care. There are places for 63 residents, with 59 single en-suite bedrooms and two double rooms with en-suite. The centre has a range of communal areas inside, and enclosed garden, and also accessible grounds around the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62
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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
Wednesday 5 October 2022	08:55hrs to 17:00hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Millbrook Manor Nursing Home. Residents who spoke with the inspector said that staff were most kind and helpful. There were facilities in place for social and recreational activities.

On arrival to the centre, the inspector was guided through infection prevention and control measures, which included a Covid-19 checklist, completing hand hygiene and the wearing of face masks.

After a short introductory meeting, the inspector completed a tour of the designated centre. All residents spoken with were complimentary of the care and support they received from the staff within the designated centre. From what residents told the inspector and from what was observed, it was evident that residents were happy living in Millbrook Manor and their rights were respected in how they spent their days. The home as a whole had a calm and tranquil atmosphere. Residents who spoke with the inspector expressed great satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared very relaxed. One resident said 'the staff could not do enough for them.'

On the day of inspection the inspector found that the centre was decorated tastefully throughout and was maintained to a good standard. The premises was a bright, modern purpose built building. It was laid out over two floors with lifts and stairs to allow residents, visitors and staff to move between them. The premises contained 61 single bedrooms and two twin rooms, all with spacious en-suite facilities. There was lack of ventilation on the first floor, one resident was heard to complain of the heat, staff reported that this heat was due to the underground heating system. On the first floor, the call bell system was heard to continuously ring, this impacted on the overall tranquillity of the environment.

The inspector observed that residents' bedrooms were spacious, clean and contained a chair, locker, lockable space, and wardrobe and storage space. All had a wall mounted television. Many residents had personalised their rooms with personal items. The twin rooms had single occupancy or were occupied by couples or siblings, this was reflected in the centre's statement of purpose.

The inspector observed that the dining rooms on each unit were spacious and contained appropriate comfortable furniture for residents to use at meal times. Tables were set for residents prior to their meals and residents appeared relaxed and comfortable in the dining spaces where they enjoyed conversation between fellow residents and staff during their meals. All residents who spoke with the inspector reported that the food and variety of food on offer was very good with one resident reporting there was "a great choice of tasty food available." Mealtimes were seen to be an enjoyable and social occasion.

Residents had access to large, safe enclosed courtyards and the garden area. These areas contained safe paved paths and a number of seating areas with tables for residents to use and enjoy when finer weather permitted. The spaces were landscaped with raised flower beds, potted plants. Activities were advertised publicly on the notice boards, which included live music sessions, imagination gym, mass, reminiscence and bingo.

Residents were seen to receive visitors throughout the day of the inspection. The inspectors spoke with visitors who provided mostly positive feedback about the service being provided to their loved one.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that residents living in Millbrook Manor nursing home received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. However improvements were required to strengthen governance and management oversight, complaints and contracts of care,

The registered provider for Millbrook Manor is Coolmine Healthcare Limited. "The person in charge worked full time in the centre and is well supported by two clinical nurse managers, nursing staff, health care assistants, activities staff and maintenance staff. The management team had systems in place to monitor the quality and safety of services and the effectiveness of care given. However, the overall oversight of the centre's environment in terms of storage required action. This is further discussed under Regulation 23: Governance and Management.

The person in charge had reviewed the centre's COVID-19 preparedness self-assessment plan and ensured that it contained up-to-date information to guide staff in the event of an outbreak. Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead.

The registered provider had a schedule of written policies and procedures prepared and accessible to guide and direct staff. These policies were updated regularly and contained references to current national policies, guidance and standards to inform best practice.

A comprehensive annual review of the quality of the service in 2022 had been completed by the registered provider, and there was evidence of consultation with

residents and their families. A questionnaire had been completed by 80% of residents with mostly positive feedback in relation to living in the designated centre.

From observations throughout the day, the inspector saw that there were sufficient staff on duty to meet the assessed clinical needs of the residents. The registered provider had a mandatory training schedule in place for 2022 which included fire safety training, infection prevention and control and the safeguarding of vulnerable adults. The training matrix records provided to inspector indicated that while the majority of staff were up-to-date with all training.

While contracts of care were in place for each resident and had been appropriately signed, inspectors found that action was required to ensure they detailed the requirements set out in the regulations in relation to the terms on which a resident shall reside in that centre. This is further discussed under Regulation 24: Contract for the Provision of Services below.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre. However not all complaints had the satisfaction level of the complainant recorded.

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training and were appropriately supervised. Dates were arranged for staff to receive their mandatory training in October 2022.

Judgment: Compliant

Regulation 23: Governance and management

Although oversight systems were in place, some areas required action to ensure that the service provided is safe and effectively monitored. For example:

- While infection control audits were carried out, there were no time frames for actions to be carried out nor were the persons responsible identified to resolve issues.
- The inspector observed significant gaps in storage, which had been identified by management. However, there was no action plan or time frame to resolve the lack of storage within the designated centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of three contracts between the resident and the registered provider, and found that that they did not clearly set out the terms on which a resident shall reside in the centre. For example:

- The room numbers of the residents' bedrooms were not included.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had provided an accessible and effective complaints procedure which included an appeal procedure. Complaints were seen to be investigated promptly and a record kept of the investigation, the outcomes and the measures put in place for improvement.

Judgment: Compliant

Quality and safety

Residents were receiving care and support that met their needs and residents reported that they felt well cared for in the centre. Resident reported they felt safe and were happy with the activities provided in the designated centre. Action was required however to ensure compliance with the Regulations in the following areas; Regulation 17 Premises and Regulation 27, Infection Control.

The inspector reviewed a sample of assessment and care plans on the centre's electronic resident care record management system. A pre-admission assessment was found to be completed for residents prior to their admission to ensure that the centre could support each residents' needs. Assessments were completed on admissions and care plans subsequently developed to provide guidance to staff when providing care. Records indicated that residents and their nominated support person, where appropriate, were involved in the four monthly reviews of the residents' care plans.

Residents' health needs were under ongoing review by nursing staff, who responded to identified changes in their condition. General practitioners carried out regular reviews on site twice a week and links were in place with other medical and allied health teams as required. There were arrangements for residents to access allied

health professionals such as the physiotherapist, the occupational therapist, the dietitian, and the speech and language therapist.

There were arrangements in place for staff to access and complete safeguarding training. The training included information on the detection and prevention of abuse. Staff who spoke with the inspector were knowledgeable regarding their role to report any concerns or allegations of abuse immediately to ensure residents' safety. All residents who spoke with inspectors said they felt safe in the centre.

The premises and grounds were maintained to a high standard. There was appropriate furniture and well maintained equipment in place to support residents. There was a maintenance schedule in place, which included the planned replacement of all carpeted areas to lino, a new call bell system and installation of clinical hand wash sinks to include the corridors and treatment room.

Infection prevention and control strategies had been implemented to effectively manage and prevent infection in the centre. These included implementation of transmission-based precautions for residents, for example personal protective equipment (PPE) which were used in accordance with national guidelines. While there was evidence of good infection prevention and control practice, examples seen showed there was inappropriate storage of equipment which is further detailed under Regulation 27: Infection Control.

Regulation 11: Visits

The registered provider had adequate arrangements in place to facilitate residents meeting with family and friends in the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider failed to provide suitable storage in the designated centre for example:

- Hoists and wheelchairs were stored in resident en-suites blocking access to the facilities.
- Residents did not have suitable storage facilities for personal possessions in their en-suites.
- There was no designated area for the storage of personal protective equipment, as a result PPE was stored in a bathroom and the smoking room. This was rectified on the day following inspection.

Ventilation for residents in all parts of the designated centre were not satisfactory, for example there was excessive heat on the first floor.

Judgment: Substantially compliant

Regulation 27: Infection control

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was maintained to minimise the risk of transmitting health care-associated infections. For example:

- The inspector observed that sluice rooms was overcrowded with items stored in it which limited access to the hand wash sinks for staff and the bedpan washers. This posed a risk of cross contamination. Single use dressings were found to be open in the dressing trolley, which increased the risk of cross contamination
- Unused incontinence wear was observed to be out of its packaging which could lead to cross infection
- Staff were seen to wear masks incorrectly which posed a risk of cross infection.
- Inappropriate storage of boxes on the floor of the laundry, which meant that effective cleaning would prove difficult.
- Communal items for example shower gels were observed in bathrooms which posed a risk of cross contamination.
- Foot pedal bins were not available to staff at all hand wash sinks, which increased the risk of cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was seen to be carried out prior to a resident's admission to the designated centre. Care plans were prepared within 48 hours after admission and were reviewed at intervals not exceeding four months or as necessary.

Judgment: Compliant

Regulation 6: Health care

The registered provider had appropriate arrangements in place to ensure that residents had timely and appropriate access to medical services, allied health professionals and national screening programmes where required.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Millbrook Manor Nursing Home OSV-0000763

Inspection ID: MON-0038051

Date of inspection: 05/10/2022

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • All infection prevention control audits reviewed to identify action plans time frame and person responsible for competition. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none"> • Contract of care reviewed for all residents. Type of room was already included in all contracts of care and from logistic point of view we will include room number as well. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Audit regarding storage reviewed. There is an action plan in place to resolve problem with regards to storage facilities for residents personal possessions and equipment. • In the new extension and reconfiguration of existing building, storage areas will be identified and created. 	

• Bathroom and smoking room which was used as a temporary store room for PPE has been removed and these areas is now in operation for resident use. (Completed 06.10.2022)

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Foot pedal bins has been placed at hand wash sinks. (completed 06.10.2022)
- Sluice rooms have been rearranged and items removed to allow access to hand wash sink and bed pan washer. (completed 06.10.22)
- Single use dressing will be use for intended purpose (completed 06.10.2022)
- Laundry boxes have been reviewed and will be rearranged to facilitate cleaning and shelving units will be purchased for toiletries.
- All continence wear is kept in appropriate packaging until required. (completed 06.10.2022)
- Staff is been reminded and educated daily at hand over of correct mask wearing.

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(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	30/03/2023
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	30/10/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	06/10/2022

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/03/2023