Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Centre name:	Millbury Nursing Home
Centre ID:	700
Centre address:	Commons Road
	Navan
	Co Meath
Telephone number:	1850 211721
Fax number:	None Available
Email address:	info@millbury.ie
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Rossclare Nursing Home Ltd.
Person in charge:	Lucy Flynn Grillet
Date of inspection:	14 May 2010
Time inspection took place:	**Start:** 11:40 hrs **Completion:** 17:00 hrs
Lead inspector:	Sheila McKevitt
Support inspector(s):	Florence Farrelly
Type of inspection:	☐ **Registration** ☒ **Scheduled** ☐ **Announced** ☒ **Unannounced**

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements
The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Millbury Nursing Home is a purpose built residential centre, built on one level surrounded by landscaped gardens with ample car parking to the front.

Accommodation consists of 62 single bedrooms with en suite shower and toilet facilities. All bedrooms are spacious and have adequate storage including a lockable drawer. The bedrooms are located in three units or 'suites' which run parallel to each other and intersect onto a main corridor. Each suite has a specific colour scheme and are named as follows; Tara suite which contains 20 bedrooms, Boyne suite which contains 18 bedrooms and Comeragh suite which contains 24 bedrooms. The Tara suite is the only suite opened to date.

Each suite has adequate storage space for equipment, a nurses' station, clinical room, sluice and cleaners room. In addition, there are two assisted bathrooms with toilets and two non assisted toilets.

There are five sitting rooms inclusive of a recreation room and a smoking room. There is a drinking water fountain positioned outside three of the sitting rooms, one on each suite. There are two dining rooms with capacity for up to 68 people which can be partitioned by a folding door. The dining rooms are located in front of the main kitchen area.

The reception area overlooks the landscaped gardens; it accommodates a visitor's room and toilet.

Location

Millbury is located on the outskirts of Navan town. It is within walking distance of the town centre.

Date centre was first established:	03 March 2010
Number of residents on the date of inspection	19
Number of vacancies on the date of inspection	43

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	2	13	4

Management structure

Lucy Flynn Grillet and Thierry Grillet are the Providers; both are actively involved in the running of the centre. Lucy Flynn Grillet holds the role of Person in Charge. She is supported by a deputy person in charge. All nursing and care staff report to the person in charge. Thierry Grillet holds the role of general manager. House keeping, the chef, general maintenance and the secretary report to him.

Catering is contracted to an external company. All catering assistants report to the chef.

Staff designation	**Person in Charge**	**Nurses**	**Care staff**	**Catering staff**	**Cleaning and laundry staff**	**Admin staff**	**Other staff**
Number of staff on duty on day of inspection	1	2	5	2	2	2	1

Summary of findings from this inspection

This was an unannounced inspection of the centre which was registered by the Health Information and Quality Authority (the Authority) on the 3 March 2010. It also includes follow up on the 14 action plans from the registration inspection report.

Inspectors met with residents, relatives, the person in charge and staff on duty. A number of documents were reviewed including care plans, policies, staff rotas and medication administration records.

Overall, inspectors found evidence of good practice and a commitment by the management team to continually improve the quality of the service residents receive.

Inspectors were satisfied that nursing, medical and other healthcare needs were provided to a good standard. Inspectors observed staff providing care to residents in a knowledgeable, competent, safe and respectful manner. Relative involvement was actively encouraged through a policy of open visiting.

Nine out of 14 action plans from the registration inspection had been addressed. Action plans not addressed included the following:

- action Plan 2: Although a system was in place to record residents' assessment and care plan this was not effective as the records reviewed did not reflect residents' needs

- action Plan 6: Records were not kept for all staff as outlined in schedule 2 and staff did not have a monthly performance review as the provider stated in the action plan response

- action Plan 7: New staff had not completed their induction programme within one week of employment as the provider stated in the action plan response

- action Plan 12: Policies reviewed did not reflect current practice

- action Plan 13: There was no evidence that medication management had been audited on a monthly basis as the provider stated in the previous action plan response

Some improvements are required around recruitment practices and policies not reflecting practice, induction for staff and medication audit.

Inspectors found areas where significant improvements are required. These included adhering to conditions of registration, the management of complaints and accidents together with the assessment of residents on admission and having care plans in place which accurately reflect their needs.

The Action Plan at the end of this report identifies areas where these improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland.*

Comments by residents and relatives

Residents talked to inspectors over lunch and throughout the day. They were complimentary of the care provided by staff. Comments such as "the staff are great" and "love it here" were expressed to inspectors.

One relative stated that his mother was provided with a comfortable air mattress, her family could call her directly to her bedroom, she was encouraged to maintain her independence and the family were very impressed with the care provided.

Both relatives and residents spoken with stated that staffing levels were always good. They expressed satisfaction with the activities taking place; one relative stated her husband requested to return to the centre to take part in the planting activity while on a day out.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The statement of purpose met legislative requirements and was reflective of the service / facilities provided, and the management practices currently in place.

Management systems were in place. The management team worked closely together. The deputy person in charge supports the person in charge in her role.

The insurance documents reviewed indicated that the insurance met the legislative requirements.

Financial controls were in place to safe guard residents' finances. Petty cash was being held for five residents'. Records reviewed were accurate and concise with receipts kept for money spent. The money held reflected the sum total recorded.

There was a clear concise emergency plan in place. Fire safety measures were in place. Staff spoken to by the inspectors were clear on what to do in the event of a fire.

Appropriate fire fighting equipment and directional signage was viewed. Charts identifying the location of each bedroom and the nearest fire exit were in place on all bedroom doors. Fire exits were kept clear and all required fire fighting equipment was in place.

Significant improvements required

The providers were not meeting their legal requirement as they were not adhering to condition 10 of their conditions of registration. The providers agreed to admit no more than four residents per week for the first four weeks post registration and no more than three per week from week five to week 12 post registration. Inspectors reviewed the residents register and found that on the fourth and fifth week the providers admitted five residents. The providers also agreed to admit no more then

one resident per day. Inspectors found that on three days the providers admitted two residents in one day.

Although the complaints policy in place meets the legislative requirement, in action plan 13 of the previous report the provider stated "Complaints, criticisms or suggestions whether oral or written shall be taken seriously and handled appropriately". The person in charge informed inspectors that there had not been any complaints. However, on review of one resident's nursing progress notes it was recorded that she had made a complaint on the 9 May 2010. The complaint record folder was empty and the person in charge confirmed that the complaint had not been investigated.

There was a risk management policy in place which meets the regulatory requirements and all previous risks identified on the registration inspection had been addressed. However, inspectors found that accidents were not being investigated appropriately. The person in charge informed inspectors that there had been no accidents. On review of a residents' progress notes it was recorded that a resident had fallen on the 25 April 2010 and assessed by a general practitioner post the fall. There was no evidence that the resident had been risk assessed post the fall or the cause of the fall had been investigated or that any preventative measures had been put in place.

Inspectors also noted that twelve residents were left unsupervised in the sitting room for a short period when the activity coordinator left the room. She did not communicate with care staff regarding her temporary absence.

Audits were not being completed within the timeframe outlined by the provider. In action plan 13 of the previous report the provider stated "Medication management shall be audited monthly to ensure effective and safe resident care which will be scheduled and coordinated by the person in charge with the participation of staff nurses, GP and Pharmacist". There was no evidence that any such audits had taken place.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Residents take part in the running of the centre. Their views were sought at the weekly residents' meeting, minutes of which stated that the residents had requested more outdoor based activities such as planting or gardening. One resident informed inspectors that they had planted some seeds the previous week but had to do it indoors as it was cold outside. The activities coordinator stated that troughs had been ordered from the gardening centre to ensure they could meet residents' requests.

Residents had choice and the right to exercise this choice was respected by staff. Staff were observed offering residents the choice of hot or cold drinks including smoothies, fresh fruit or biscuits in the afternoon. The kitchen assistant was also observed informing residents of the choices on offer for lunch the next day.

An inspector joined three residents' for lunch. The quality and quantity of food was of a high standard. Staff were observed providing assistance to dependant residents in a discreet, professional and kind manner. Residents' choice was respected and a variety of cold drinks were offered at mealtime.

Privacy and dignity was respected. All bedroom and bathroom doors had privacy locks. A resident informed the inspector that she liked to go for a rest in the privacy of her bedroom after lunch; staff respected this and did not disturb her during her rest period.

Independence was promoted. Inspectors observed one care assistant offering assistance to a resident who was managing personal care independently. The carer informed the resident that she was there if she needed assistance, reassured her and informed her that she was not to hesitate to use the call bell if she required assistance.

An inter-denominational prayer room was available for residents use. Mass had taken place and residents confirmed this. Daily Mass was being transmitted daily at 10.00hrs from the local church to the television in the sitting room, some residents informed inspectors that they liked to get up to hear and watch Mass.

Residents were protected from harm/abuse. Policies were in place and all staff had received elder abuse training, three staff members spoken to were knowledgeable about the elder abuse policy.

Relatives and residents confirmed that visiting was not restricted. They were welcomed by staff, offered refreshments and could access the private visitor's room if they wished.

A full activities schedule was in place. This was reviewed every two weeks to ensure residents' were provided with a wide variety of activities based on their social and recreational assessment. The activities co-ordinator informed the inspector that she allocated one and a half hours per day to residents who require one to one activities, for example one resident who was recently discharged from hospital enjoyed a walk and massage. She said she had massaged his hands in the morning when other residents were listening to Mass and the inspector observed her accompanying him on a walk when the other residents' were enjoying their afternoon tea.

Significant improvements required

Although a system of recording residents' assessments and care plans was in place it was not effective. Nursing records reviewed did not accurately reflect the resident needs. For example, one resident's health status confirmed she had epilepsy however, this was not mentioned in her assessment and there was no associated care plan in place.

Another resident had a diagnosis of cancer this was not mentioned anywhere in her comprehensive assessment and although she had 16 care plans in place and had been reviewed by the palliative care team six times since admission, there was no care plan in place for end of life care. There was also no evidence that the residents or their relatives were involved in the care planning process.

Minor issues to be addressed

Self service in the dining room was not facilitated. Cold drinks were left on a table in the dining room which was not within reach of independent residents'. Residents were offered drinks and these were poured for them. Only two of the 19 residents' were scored as having a high dependency level.

There was only one menu available in the dining room this was positioned on the table with the drinks. Residents were unsure what the choice was and had to ask each other if one could remember.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, which is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Residents were encouraged to lead an active healthy lifestyle. A variety of exercise based activities were included in the schedule together with different forms of relaxation therapies. Inspector observed residents playing skittles in the sitting room, all residents were been facilitated to participate in the game with the aid of staff.

Residents' health was monitored; their weight, blood pressure, temperature and pulse were recorded on a monthly basis or more frequently as necessary. Those identified on admission as being at risk of developing pressure ulcers had a pressure relieving mattress and cushion provided for their use.

Access to health care services was available based on residents' health care needs. All residents admitted for long term care were seen by their general practitioner on admission. Nursing records reviewed indicated that one residents' general practitioner was contacted to review the resident post a fall and this review was carried out. There was evidence that a chiropodist had seen a number residents'.

Residents' dietary needs were being met. The kitchen assistant identified all residents on special diets. Residents' who had difficulty with swallowing were provided with a soft diet which was served in an appetising manner.

Medication management was in line with best practice. Staff were observed administering medications as per An Bord Altranais "Guidance to Nurses and Midwives on Medication Management –July 2007". The MDA cupboard had been relocated to a safe height where staff could assess it.

Some improvements required

Policies meet the legislative requirement however practice was not reflecting policy. For example the admissions policy states that all residents shall be fully assessed within 48 hours of admission. One residents records reviewed stated that she was admitted on the 17 March 2010 however her assessment was not commenced until the 20 March.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

External doors in the centre were secure. Fob key operated electronic systems facilitate staff entry and exit. The internal double doors leading from the reception to the residents' bedrooms were also linked to the fire alarm and security system except the exit doors which lead onto the enclosed courtyard. These doors were only linked to the fire alarm system.

Residents' privacy was facilitated. Bedroom doors could be locked internally by the resident and access with a key was available to staff if required. Each en suite and communal bathroom door were fitted with a privacy lock. A Close Circuit Television (CCTV) system was in place which did not intrude on residents' privacy. Residents had a private lockable space for storage within their bedroom.

Three resident bedrooms viewed were personalised with their own items such as plants and photographs hanging on the wall.

Communal space provided was adequate. There were five sitting rooms inclusive of a recreation and a smoking room. There were two bright dining rooms which were divided by a folding door and have the capacity for 68 people to dine.

There were a sufficient number of toilets and bathrooms to facilitate residents' needs. These include each bedroom having an en suite toilet, shower and wash hand basin. In addition, there were two assisted baths with toilets and two non assisted toilets in the centre.

Infection control practices were of a high standard. One resident had an infection and staff had the appropriate infection control measures in place. Both cleaning and care staff were observed maintaining safe infection control practices including hand washing prior to exiting the residents' bedroom. Hand gel dispensers were available throughout the centre. Staff spoken to articulated a good knowledge of infection control practices.

Residents had access to an enclosed garden. It contained seating for residents' and newly planted shrubs. Residents informed the inspector that they had plans for their own herb garden.

The corridors were wide, spacious and clutter free with hand rails on both sides to facilitate safe walking areas. A number of residents were observed walking the corridors some independently others using the handrails. All doors facilitated access and egress for wheelchairs and beds in the event of an emergency.

The laundry room was well equipped and zoned to separate clean and dirty laundry, an ironing service was also provided. One relative said that the washing was done promptly, no items had gone missing and the resident in question was always dressed in clean clothing.

Inspectors found the centre was well equipped with the equipment required to meet the needs of residents'. Adequate storage space was provided for equipment.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Records required by legislation were kept up to date and were available for inspection. For example, the residents' register was reviewed and contained the information required for each resident.

Information was readily available to residents. Each resident was given a copy of the residents' guide on admission. There were a number of notice boards containing relevant information for residents, one on the main corridor displayed the date, day, weather and activities planned for the day.

Feedback was sought from residents. Each resident is asked to complete a satisfaction questionnaire on discharge; five had been completed to date. The person in charge stated these had not yet been audited but would be and the results used to inform / improve practice.

Communication between staff and residents was good. Staff were observed speaking to residents in a respectful manner, one staff member sat with a cognitively impaired resident while patiently assisting the resident to eat some fresh fruit.

Residents were facilitated to keep up communication with relatives and friends. Each bedroom had a private telephone, which the resident had the choice to use or not. A wifi system was installed throughout the centre to facilitate internet access. Flat screen televisions were installed in all bedrooms.

Staff handover took place twice a day in the morning and evening. Staff nurses and care assistants attended. Staff meetings took place on a monthly basis.

Residents and relatives spoken to knew the person in charge and confirmed they could access her at anytime. Two relatives stated they were kept well informed of the progress of their relative and any change in condition was communicated to them.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs.

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Staffing numbers and skill mix were adequate to meet the needs of residents currently living in the centre. Inspectors observed staff working together and supporting each other. The staff team were able to describe their roles and responsibilities in an informed way. They were clear about the lines of accountability and could outline who was responsible for their supervision and management.

Facilities available for staff were good. They included a toilet, changing room with shower, storage facilities for personnel possessions and a staff room.

Information was available for staff. There was a notice board in the staff room containing news bulletins, research articles and minutes of the last staff meeting.

Some improvements required

There was a recruitment policy in place which reflected legislative requirements. Four staff files reviewed contained all the required documentation. However, the files of two catering staff employed by the contract catering company did not contain all the relevant required documentation.

Two carers spoken to had not attended induction, one had commenced employment on the 3 March, the other in April. The provider stated in action plan seven of the previous report that "we have revised our Staff Induction and Training policy (HR005) which states that that induction will be carried out within 1 week and staff shall then perform their duties in a supernumerary position for at least two days or until deemed competent by the Educational Nurse Manager".

During the registration inspection the person in charge stated "probationary review and performance appraisals will be conducted after the 1st month, 3rd month and 6th month" however there was no evidence that such reviews had taken place in any of the four staff files some of whom had been in employment for over two months.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge, deputy person in charge and staff nurse to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sheila McKevitt
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

31 May 2010

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
17 and 18 November 2009	☒ Registration ☐ Scheduled ☐ Follow up inspection ☒ Announced ☐ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report

Centre:	Millbury Nursing Home
Centre ID:	700
Date of inspection:	14 May 2010
Date of response:	31 May 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Requirement one specifically refers to the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

1. The provider is failing to comply with a regulatory requirement in the following respect:

The registered provider was not adhering to condition 10 of registration granted on the 3 March 2010 and had not applied for the variation of the condition.

Action required:

The registered provider must adhere to all conditions of registration attached by the chief inspector. If variation of a condition is required the provider must make an application in the form determined by the Chief Inspector.

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 27: Operational Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The registered provider will adhere to conditions of registration regarding number of admissions. Instructions have been communicated to the person in charge and the deputy person in charge.	Immediately

2. The provider is failing to comply with a regulatory requirement in the following respect:

Residents were not been comprehensively assessed therefore care plans did not accurately reflect their needs.

Action required:

Ensure every resident admitted into the centre has a comprehensive assessment completed.

Action required:

Ensure each resident has a care plan in place which accurately reflects their assessed needs.

Action required:

Ensure each resident is consulted with where this is possible.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11:The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: There is a comprehensive assessment in place for each resident who was admitted to Millbury Nursing Home. All resident documentation has been audited since the inspection and care plan training has been delivered to all nursing staff. All residents now have care plans in place which reflect all of their needs. We consult each resident regarding their care plans where	Immediately

possible. A further audit is due at the end of June 2010 and will be forwarded to the Authority.	

3. The provider is failing to comply with a regulatory requirement in the following respect: Complaints are not being investigated.
Action required: Ensure all complaints' are investigated as per complaints policy.
Reference: Health Act, 2007 Regulation 39: Complaints Procedure Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All current staff have been reminded of Millbury Nursing Home's Complaints policy and have agreed to apply same in all future instances. All written and verbal complaints will be acknowledged by the person in charge and followed up as per our complaints policy. New staff will be advised of Millbury Nursing Home's complaints policy at Induction Training.	Immediate Ongoing

4. The provider is failing to comply with a regulatory requirement in the following respect: All reasonable measures were not being taken to prevent the re-occurrence of an accident.
Action required: Ensure all residents have a risk assessment completed post a fall and appropriate preventable measures put in place.

Action required: Ensure residents have adequate supervision at all times.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All staff nurses will be reminded of Millbury Nursing Home's Falls Prevention and Management Policy particularly in relation to the actions post falls. In service training on Falls Prevention and Management is planned for all Millbury Nursing Home staff in July 2010.	Immediate 2 months

5. The provider is failing to comply with a regulatory requirement in the following respect: Operating policies and procedures do not reflect current practice in the centre.	
Action required: Ensure all policies reflect current practice, for example the admission policy.	
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 27: Operational Management	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Millbury Nursing Home policies were developed in advance of the operation of Millbury Nursing Home. Areas of some of these policies have been found to be in need of review when put into practice. Management and staff of Millbury Nursing Home are currently reviewing the policies.	6 months

6. The provider is failing to comply with a regulatory requirement in the following respect: New staff had not completed their three day induction programme within one week of commencing employment and had not had a performance review after one month of employment.	
Action required: Ensure all staff complete their induction within one week of employment as stated in the previous reports action plan.	
Action required: Ensure staff performance reviews are conducted within a month of employment as stated in the previous reports action plan.	
Action required: Ensure all documents outlined in schedule 2 are available for all staff working in the centre.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Millbury Nursing Home policies were developed in advance of the operation of Millbury Nursing Home. Areas of some of these policies have been found to be in need of review when put into practice. Management and staff of Millbury Nursing Home are currently reviewing the policies. All staff have a one to one orientation programme on commencing employment in Millbury Nursing Home and an induction programme is organised for a group of employees rather than for individuals. All staff who have been employed in Millbury Nursing Home for 3 months have had a performance review documented. Informal "job chats" have been ongoing for all staff. Staff suitability for positions has been analysed on an ongoing basis.	6 months

7. The provider is failing to comply with a regulatory requirement in the following respect: Records required as outlined in Schedule 2 were not available for all staff.	
Action required: Ensure all documents outlined in schedule 2 are available for all staff working in the centre.	
Reference: Health Act, 2007 Regulation 24: Staffing Records Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have applied for Garda Vetting for all our staff but do not have copies of the original forms sent. We have since been in contact with Nursing Homes Ireland (NHI) and have a list of employee Garda Vetting forms that they are currently processing with batch numbers and approximate due dates for their return to Millbury. Staff records have been obtained for employees from catering contractors.	Immediate

8. The provider is failing to comply with a regulatory requirement in the following respect: Medication management is not being audited as stated in the previous reports action plan.	
Action required: Ensure medication management is audited as per the previous inspection report action plan and as per policy.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

Provider's response: An audit of medication management was conducted on 12 May 2010 (just prior to the HIQA inspection). However, results of the audit were not discussed with the person in charge until 18 May 2010. A further audit of medication management is planned for the end of June.	2 months

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 19: Meals and Mealtimes	Consider further promoting residents' independence when dining by allowing them to pour their own drinks. Consider providing copies of the menu on each table in the dining room so residents' are provided with visual reminders of the choice available at mealtimes. **Providers Response:** Staff are made more aware of allowing residents to pour their own drinks as appropriate, at meal times to promote independence. We also carry out assessments on each resident to determine assistance required during meal times. We liaise with Campbell Catering regularly to improve the choice of our menus and we ensure each resident has an individual food plan in place. After the inspection we immediately supplied menus for each table in the dining room as recommended. We plan to further develop the menus to include visual pictures of food choices to further help residents with communications.

Any comments the provider may wish to make:

Provider's response:

The management and staff of Millbury Nursing Home continue to strive to provide the highest quality of care for their residents utilising best practice. We appreciate constructive feedback from the Authority and will implement the action plans outlined within the planned timeframe. All policies are continually reviewed in line with best practice and all staff will be advised of the outcome of these reviews.

Provider's name: Lucy Flynn Grillet
Date: 31 May 2010