



**Health
Information
and Quality
Authority**

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:	Milford Nursing Home
Name of provider:	Milford Care Centre
Address of centre:	Milford Care Centre, Plassey Park Road, Castletroy, Limerick
Type of inspection:	Announced
Date of inspection:	25 February 2025
Centre ID:	OSV-0000418
Fieldwork ID:	MON-0044567

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 February 2025	09:00hrs to 17:15hrs	Sean Ryan	Lead
Tuesday 25 February 2025	09:00hrs to 17:15hrs	Ruta Graham	Support

What residents told us and what inspectors observed

Overall, inspectors observed that residents were well supported and cared for by the staff team, who were kind, caring and responsive to residents' needs. It was clear that residents' views were listened to and they were supported by a dedicated staff team. The inspectors' observations and residents' feedback gave assurances that residents were happy and content with living in the centre.

This was an announced inspection carried out over one day. As part of this announced inspection process, pre-inspection questionnaires were provided to the residents to complete. Eight questionnaires were completed and were reviewed by the inspectors. Residents' feedback in the questionnaires was predominantly positive and all residents confirmed they were comfortable, well cared for and that their health and social care needs were well met by a caring and competent staff team. Some comments from residents included 'the facility is absolutely wonderful', and 'this place is a perfect example of how a nursing home should be'. Other comments made by residents described how the 'staff were excellent and very supportive'.

On arrival, inspectors met with the person in charge and person participating in the management of the centre. Following an introductory meeting, inspectors completed a walk around the centre. Inspectors observed that residents were being supported and assisted by staff with their morning care. Inspectors met and spoke with many of the residents and staff during the day of inspection and the feedback from residents concurred with the positive feedback reported in the completed pre-inspection questionnaires.

Residents' preferences were accommodated by staff and their choices were respected in how they wished to spend their days. During the day, inspectors observed that the atmosphere was calm and relaxed. Call bells were responded to by staff in a timely manner and many residents were up and dressed and had breakfast as they wished, when the inspectors arrived.

Inspectors observed many person-centred interactions between staff and residents during the inspection. Staff were observed to knock before entering residents' bedrooms and were observed to respectfully support residents with their mobility and care needs. Residents appeared well-groomed in their own personal style and gave positive feedback regarding the laundry service in the centre.

Many of the residents were very complimentary regarding the quality and choice of food served in the centre. The inspectors observed the dining experience at lunch time. One resident told the inspector how they looked forward to the different meal choices and that the food was 'delicious'. Staff were observed to engage with residents during meal times and provide discreet assistance and support to residents, where necessary. Inspectors saw that food was well presented for residents who required modified therapeutic meals. Residents who chose to dine in

their bedrooms told the inspector that they were happy with this arrangement and the food was served hot.

The centre was warm, bright and comfortable throughout. Residents' communal sitting and dining rooms were bright, spacious and well decorated in a comfortable style that was familiar to residents. The centre was visibly clean throughout.

Resident bedrooms were clean, well-furnished, and found to be personalised by the residents with items of individual interest such as personal photos and other items. Some residents brought in furniture from home which had a personal significance for them and made them feel comfortable and at ease in their environment. Bedrooms were spacious and suitable for the assessed needs of the residents. Resident accommodation was provided in single room occupancy with an ensuite facility which included a toilet, wash hand basin, and shower.

There was a large enclosed garden which residents had easy access to. Residents told the inspectors that they 'loved the garden' because it looked 'beautiful all year round'. The garden area was observed to be meticulously maintained for the enjoyment of the residents.

There was a schedule of activities available to the residents posted on a large notice board in the main foyer on each floor. Inspectors observed the activity co-ordinator engaged with a group activity in the day room. Residents were actively engaged in this session. Residents spoke highly of the activities provided and described their enjoyable experience of taking part in a resident choir. Residents told the inspectors that there was 'more than enough social activities on offer', 'there's always great fun' and that they could choose whether or not to participate in the social activities scheduled.

Mass was celebrated in the centre daily. Inspectors observed staff preparing for this in a very respectful manner and assisting residents to the chapel. Some residents expressed their appreciation of this service and other religious activities as very important to them.

Residents were observed to be receiving visitors with no restrictions throughout the day. Visitors said they could come to the centre anytime. Visitors spoken with said that their relatives were very happy living in the centre. Visitors reflected the resident feedback about staff, saying staff were 'very friendly and very kind'.

The following sections of this report details the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an announced inspection, carried out over one day, by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors reviewed the actions taken by the provider to address issues identified on the last inspection of the centre in June 2024.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. There was an effective management structure in place with personnel who were responsible and accountable for delivery of high quality, person-centre care to residents, in line with the centres' statement of purpose. The provider had taken action to address issues identified on the previous inspection with regard to fire safety and the quality of resident assessments and care plans. However, inspectors found that there was poor oversight of some of the management systems designed to ensure that a safe, consistent and quality service was provided. This included the management of records and complaints.

Milford Care Centre is the registered provider of Milford Nursing Home. The provider is a company comprised of a board of directors. Within the centre, a new person in charge had been appointed and they were supported in their role by an assistant director of nursing and a team of clinical nurse managers. The person in charge reported to a newly appointed director of nursing who was also a person participating in the management of the centre.

The management structure was found to be effective to ensure the direct care to residents was of a high standard and to ensure the service was adequately resourced. However, inspectors found that accountability and responsibility for management of certain aspects of the service, such as record-keeping and complaints, was not clearly defined. In particular, complaint management was disorganised, as responsibility was shared among multiple individuals and this impacted on the documentation of complaints. Consequently, it was unclear who was responsible for ensuring complaints were appropriately documented and investigated.

The centre had established management systems in place to monitor information on adverse incidents involving residents, weight loss, nutrition, complaints, and other significant events. There was a schedule of monthly audits that were completed by the clinical management team. This included audits of the quality of environmental hygiene, restrictive practices, clinical documentation, and fall management.

Risk management systems were underpinned by the centre's risk management policy. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of the residents. As part of the risk management systems, a risk register was maintained to record and categorise risks according to their level of risk and priority. Where risks to residents were identified, controls were put in place to minimise the risk impacting on residents.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Records reviewed evidenced that there were effective systems in place to record, investigate and learn from adverse incidents.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame. However, there was a lack of clarity in the documentation of some incidents of pressure sores that were reviewed by the inspector.

A review of the records, kept in the designated centre, found that action had been taken by the provider, since the last inspection, to ensure that records relating to fire safety and residents health care records were maintained in line with the requirements of the regulations. However, this inspection found that some records, relating to staff training and incidents were incomplete.

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. There were systems in place to induct, orientate, support and supervise staff through senior management presence.

There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of health care assistants. Communal areas were appropriately supervised, and inspectors observed kind and person-centred interactions between staff and residents.

Volunteers supported the service to enhance the quality of life of residents and positively contributed to the lived experience of residents. Volunteers supported the provision of recreational and stimulating activities, and were appropriately supervised to carry out their role.

Schedule 5 policies, procedures and guidelines, essential to guide and support staff in the safe delivery of care, were appropriately maintained and accessible to staff. The policies detailed how the service was organised, managed and delivered to ensure residents received safe and consistent care. Staff recognised that policies, procedures and guidelines supported them to deliver suitable and safe care, and this was reflected in practice.

Regulation 14: Persons in charge

The person in charge was a registered nurse and works full time in the designated centre. The person in charge was suitably qualified and experienced and met the requirements of Regulation 14.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing complement also included catering, housekeeping, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff demonstrated appropriate knowledge with regard to the safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed additional training to support the provision of safe and person-centred care to residents.

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

Judgment: Compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not always in line with the regulatory requirements. For example;

- Records of some complaints, made by residents and relatives about the quality and safety of care, were not fully and appropriately maintained. While action had been taken by the registered provider in response to complaints, the records of the complaints made by residents were disjointed and did not always detail the action taken by the registered provider in response to a complaint, as required by Schedule 4(6) of the regulations.
- A full record of staff training in respect of each person working in the designated centre was not provided for review, as required by Schedule 4(8)(c) of the regulations.
- A full and complete record of any incident in which a resident suffered abuse or harm was not provided for review. The records of adverse incidents

involving residents provided for review did not contain the details required by Schedule 3(4)(j) of the regulations. This included information pertaining to the names of the person(s) in charge of the centre, supervising the residents, and names and contact details of any witnesses, and results of investigations and action taken.

This is a repeated finding from the previous inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had not ensured that accountability and responsibility for some aspects of the service were clearly defined. For example, it was unclear who held overall accountability and responsibility for key aspects of the service that included the management of complaints and the oversight of records. This resulted in ineffective action being taken to address issues repeatedly identified in those aspects of the service.

The management systems in place to monitor the quality of the service were not fully effective to ensure the service provided to residents was safe, consistent and effectively monitored. For example;

- The systems in place to manage complaints was not effective. Where complaints regarding the quality of the service had been made, the complaints were not always recorded, investigated, and responded to, in line with the centre's own policy. Furthermore, the system in place to escalate complaints to senior management was unclear. This was indicative of a lack of a clear procedure, process and oversight to underpin a safe and effective management system.
- There was poor oversight of record-management systems to ensure compliance with the regulations.

This is a repeated findings from the previous inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available and accessible to residents.

The statement of purpose contained the information required under Schedule 1 of the regulations. This included information on the centre's registration details, services and facilities, management and staffing, and how people's wellbeing and

safety are protected. It was reviewed on an ongoing basis, in line with the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were given clear, comprehensive guidance about their role, the name of the person who had responsibility for the supervision of their work, who they reported to and the support they received.

Volunteers had access to orientation and training programmes, including the protection of vulnerable people and the requirement to report abuse.

Vetting of volunteers was provided in accordance with the National Vetting Bureau Act. Volunteers were supervised appropriately.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in this centre received care and support which ensured that they were safe and that they could enjoy a good quality of life. The provider had taken action to ensure the physical environment met the care and safety needs of the

residents, and to ensure residents' safety in relation to fire safety. The provider had also ensured that residents assessments and care plans were reflective of their care needs, and provided staff with person-centred guidance on the care to be provided.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure that the service could meet their health and social care needs. An individualised care plan was developed for each resident, within 48 hours of admission to the centre. The inspectors reviewed a sample of six residents' nursing care records. Care plans reflected the individual assessed needs of residents and what interventions were required to ensure person-centred safe quality care with positive outcomes for residents. Care plans were updated every four months, or as changes occurred. Daily progress notes demonstrated appropriate monitoring of the residents care needs and the effectiveness of the care provided.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed needs.

Arrangements were in place for the service to provide compassionate end-of-life care to residents, in accordance with residents' preferences and wishes. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

There were arrangements in place to safeguard and protect residents from the risk of abuse. A safeguarding policy detailed the roles and responsibilities of staff, and the appropriate steps to take, should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

The inspectors reviewed the arrangements in place relating to fire safety. Inspectors found that regular fire safety checks in the centre were completed and recorded. There were daily, weekly and monthly checklists which included testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. The centre was equipped with a fire detection and alarm system. The provider had taken action to ensure that fire containment measures, means of escape, and that arrangements were in place for the safe and timely evacuations of residents in the event of a fire emergency, were in line with the requirements of the regulations.

The risk management policy contained all of the requirements set out under Regulation 26(1) and there was an emergency response plan in place.

Residents were provided with a guide to the services in the designated centre in an accessible format. The guide included all the information required by the regulations.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held, which provided a forum for residents to actively participate in decision-making and provide feedback for a variety of areas of the service provision.

Residents had an activities assessment completed which reflected each resident's interests, likes and preferences. There were adequate facilities available to deliver activities to residents, and there were adequate opportunities to participate in meaningful activities.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 13: End of life

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plans in consultation with the resident's General Practitioner (GP).

The centre had access to specialist palliative care services to provide further support to residents. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 20: Information for residents

The provider prepared a guide for residents that contained the requirements of the regulation, which included a summary of the services and facilities in the centre, terms and conditions relating to a residence in the centre, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that detailed the systems in place to identify, record and respond to risks that may impact of the safety and welfare of residents. There was an emergency response plan and safety statement in place.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had arrangements in place to monitor and review fire precautions in the centre. There were daily and weekly maintenance checks in place to ensure means of escape were unobstructed, fire-fighting equipment was functional, and fire and emergency lighting systems were operating.

The provider had adequate arrangements in place for detecting, containing and extinguishing fires. There was evidence that those systems were assessed and maintained on a quarterly basis by a competent person.

Staff were provided with opportunities to participate in fire evacuation drills. A review of the records showed that staff practiced simulated compartment evacuations and utilised information to support the safe and timely evacuation of residents, such as residents' personal emergency evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the nursing care documentation found that action had been taken since the last inspection to ensure that all residents had an assessment of their health and social care needs completed and a care plan was in place to address the needs of the residents.

The provider ensured that care plans were implemented and reviewed, in line with the changing needs of the residents, and regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

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

A referral system was in place for residents to access health and social care professionals such as dietitians, physiotherapists, psychiatry of late life and end of life care services.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Residents' civil, political and religious rights were promoted in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines.

Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities and they reported that they enjoyed the activities programme. Residents were also provided with unrestricted access to independent advocacy services.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Milford Nursing Home OSV-0000418

Inspection ID: MON-0044567

Date of inspection: 25/02/2025

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>1. Schedule 4(6).</p> <ul style="list-style-type: none">o All complaint records made by residents and relatives will be logged on the Complaints section of the electronic system.o Complaints training will be facilitated to Clinical Nurse Managers, Centre Cover Managers, Assistant Director of Nursing and the Director of Nursing and thereafter to all nursing home staff. <p>2. Schedule 4(8) (c). A full record of staff training in respect of each person working in the designated Centre will be detailed using a colour-coded training matrix.</p> <ul style="list-style-type: none">o Work on developing a colour-coded training matrix has commenced. <p>3. Schedule 3(4) (j). The records of adverse incidents involving residents will provide the details required by schedule 3(4) (j) of the regulations. This will include information pertaining to the names of the person in charge of the Centre supervising the residents and the names and contact details of any witnesses and results of investigations and actions taken.</p> <ul style="list-style-type: none">o All Nursing home staff have received incident management training at the mandatory training days held in March 2025. This training focused on the management of incidents and accurate documentation of NIMS forms as outlined in Milford Care Centre's Risk Management policy and in accordance with schedule 3 (4) (j) of the regulations.	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> o The Complaints Officer has overall accountability and responsibility for the management of complaints within Milford Care Centre. o All complaint records made by residents and relatives will be logged on the Complaints section of the electronic system going forward. o Complaints training will be facilitated to Clinical Nurse Managers, Centre Cover Managers, Assistant Director of Nursing and the Director of Nursing and thereafter to all nursing home staff. o Information pertaining to the names of the person(s) in charge of the centre, supervising the residents, and names and contact details of any witnesses, and results of investigations and action taken are fields which will be added to the NIMS report going forward. o All Nursing home staff have received incident management training at the mandatory training days held in March 2025. This training focused on the management of incidents and accurate documentation of NIMS forms as outlined in Milford Care Centre's Risk Management policy and in accordance with schedule 3 (4) (j) of the regulations. o All nursing staff and Clinical Nurse Managers will receive training in relation to notifiable incidents to ensure timely updates are provided to the Assistant Director of Nursing and Director of Nursing thereby ensuring adverse incidents are appropriately notified to the Chief Inspector. 	

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/05/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/05/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/03/2025

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	31/05/2025
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