



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

## Issued by the Chief Inspector

Name of designated centre:	Millbury Nursing Home
Name of provider:	Rossclare Nursing Home Limited
Address of centre:	Commons Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0000700
Fieldwork ID:	MON-0046167

## About the designated centre

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

Millbury nursing home is a purpose-built centre located in Navan Town, Co Meath. It provides full-time nursing care to 101 residents, male and female who require long-term and short-term care. Residents assessed as having dementia can be accommodated throughout the centre. There are 94 single en-suite bedrooms, 1 single room and 3 twin bedrooms with en-suite all located on the ground floor. Accommodation is provided in four separate areas, Boyne, Comeragh, Tara and Dunmore suite all accessed from the bright reception space. A variety of communal spaces are located overlooking three central outdoor courtyards and landscaped grounds. The centre has a reception seating space, oratory, 2 hairdressing salons and a sensory room for residents' use. A smoking area is in place for residents who smoke. Suitable household areas including laundry, dirty utility rooms, cleaning rooms and kitchens are in place.

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

Number of residents on the date of inspection:	98
------------------------------------------------	----

## How we inspect

To prepare for this inspection the inspector or 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 11 March 2025	08:45hrs to 16:15hrs	Sinead Lynch	Lead
Tuesday 11 March 2025	08:45hrs to 16:15hrs	Maureen Kennedy	Support

## What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in the centre and residents reported that they were happy living in Millbury Nursing Home and the service was good.

The inspectors spoke with residents, visitors and staff to elicit their opinion on the service being provided in the centre. One visitor advised that their relative was in the centre for 5 years and it was 'home from home'. On the day of inspection, no complaints or concerns were raised and all of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while another said 'staff are very kind and supportive and would do anything for you'.

The centre had just celebrated 15 years in operation. The design and layout of the centre yielded light filled resident rooms and promoted free movement and relaxation. There was sufficient private and communal space for residents to relax in, including a chapel/spiritual room. There were several enclosed courtyards which were easily accessible to residents.

All rooms and communal spaces were located on the ground floor. The centre was divided into four suites Boyne, Comeragh, Tara and Dunmore. There were wide corridors throughout that allowed residents to mobilise freely around the centre and there was access to a large courtyard area in the middle of the centre. The centre was observed to be clean and bright, and residents' rooms were personalised to their taste. Bedroom accommodation was mostly single en-suite bedrooms with 3 twin-bedrooms.

Residents who spoke with the inspectors said they were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their bedrooms, and other personal items which gave the bedroom a homely feel. The bedrooms had lockable storage areas made available.

Throughout the morning of the inspection, there was a busy but calm atmosphere in the centre. The inspectors observed that many residents were up and dressed participating in the routines of daily living. They appeared well groomed and their hair and clothing done was in accordance with their preference. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner.

Inspectors observed lunch being served in the centre's dining rooms. The lunch meal served on the day of inspection appeared hot and appetising with the different food groups clearly identifiable on the plate. Food was seen to be wholesome and nutritious.

The residents informed the inspectors that they had a good choice of food available to them, and could request alternative meals should they not like what was on the menu. A variety of drinks were being offered to residents with their lunch, and drinks were seen available for residents throughout the day. The inspectors observed staff offering encouragement and assistance to residents, and staff spoken with were knowledgeable regarding residents' dietary requirements.

An activity plan was set out for each of the 4 suites and was visible for all residents. Activities were available over 7 days. An activity coordinator was on site to organise and encourage resident participation in events. One resident spoken with said that there was lots of activities to choose from, and that in particular they enjoyed the 'knitting circle'. The inspectors observed laughter and banter between staff and residents, and it was evident that there were good relationships between both parties.

Inspectors observed staff providing care for residents who demonstrated their knowledge regarding the residents' needs. Resident's call bells were responded to promptly and there appeared to be an appropriate number of staff to supervise residents in communal areas.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

## Capacity and capability

Overall, this was a well-resourced centre with effective governance and management arrangements, which ensured residents were supported to enjoy a good quality of life and receive safe care and support. This was an unannounced inspection, which took place over one day, to monitor ongoing compliance with the Health Act 2007 (as amended) and the regulations thereunder.

The registered provider is Rossclare Nursing Home Limited. There was a clearly defined management structure in place with clear lines of authority and accountability. The person in charge was supported in their role by an assistant director of nursing (ADON), clinical nurse managers and a full complement of staff including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent, and the provider representative provided support to the person in charge also.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents.

There was a complaints policy and procedure in place in the centre. This was updated as required. The complaints register was reviewed by inspectors. The provider and person in charge had followed the procedure in relation to the process for responding to complaints as per their local policy.

There was evidence on the day of inspection that residents were receiving good care and attention. Inspectors reviewed a sample of staff duty rotas, and found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. This was further affirmed during conversations with residents and visitors.

Staff training records were maintained to assist the person in charge with monitoring and tracking training completed by staff. A review of these records confirmed that staff training in safe-guarding vulnerable adults and fire safety had been completed.

### Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had a well-maintained directory of residents. This included all the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

<b>Regulation 23: Governance and management</b>
<p>The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.</p>
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
<p>There was an up-to-date complaints policy in the centre. The procedure for making a complaint was displayed around the centre. This was in line with the regulations.</p>
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
<p>The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.</p>
Judgment: Compliant
<b>Quality and safety</b>
<p>Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.</p> <p>It was observed by inspectors that through on-going comprehensive assessments, residents' health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, palliative care team and physiotherapy. Residents had their own general practitioner (GP) of choice, and medical cover was</p>



available daily. Out-of-hours medical cover was also provided. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

The individual dietary needs of residents were supported by the staff. A choice of home cooked meals and snacks were offered to all residents. Daily menus were displayed in the residents' dining room. Those residents that were on modified diets received the correct consistency of meals and drinks as prescribed by the healthcare professionals. The dining rooms were well laid out and allowed for a relaxing atmosphere and a calm dining experience.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre.

Residents' health care needs were observed to be met to a high standard, and there was evidence that residents had timely access to health care and medical services. Residents had access to local general practitioners (GPs). Out-of-hours GP services were also available. The process of referral to and review by health and social care professionals, which involved completion of validated nursing assessments, for example skin assessment and Malnutrition Universal Screening Tool (MUST), was evident.

There was a clear policy in place in relation to the detection of abuse and safeguarding the residents. All staff had received training in how to identify and report a concern in relation to abuse. Staff who spoke with the inspectors were very clear about their responsibility to keep the residents safe, and confirmed their knowledge of safeguarding.

Throughout the day it was evident that resident's rights were upheld. The inspectors saw that residents' bedrooms were nicely decorated with personal belongings, pictures and plants. Residents had access to television radio and newspapers. Residents were consulted about and participated in the organisation of the designated centre. There was an active social programme where birthdays and other occasions were celebrated. There were regular day and night time outings to local events and venues. There were minimal restrictive practices in place.

### Regulation 17: Premises

The registered provider ensured that the premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to fresh drinking water. Choice was offered at all mealtimes, and adequate quantities of food and drink were provided. Residents' dietary needs were met.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were taken to ensure residents were protected from abuse. All staff had completed the mandatory training in safeguarding vulnerable adults and displayed good knowledge of what constitutes abuse in their conversation with the inspectors. There were safe systems in place to safeguard residents' money. The provider was not a pension-agent for for any resident on the day of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and respectful. There was independent advocacy services made available to all residents and their contact details displayed around the centre.

Judgment: Compliant

### Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied healthcare support to meet their needs.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to expertise in gerontology, psychiatry of later life and palliative care services as required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 6: Health care	Compliant