



**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:	Millbrook Manor Nursing Home
Name of provider:	Coolmine Healthcare Limited
Address of centre:	Slade Road, Coolmines, Saggart, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	24 March 2021
Centre ID:	OSV-0000763
Fieldwork ID:	MON-0032424

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 March 2021	09:00hrs to 17:40hrs	Niamh Moore	Lead
Wednesday 24 March 2021	09:00hrs to 17:40hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, it was clear that residents had plenty of opportunities to participate in activities in accordance with their interests and capabilities. Residents were well informed by staff about their rights and were actively consulted about the running of the centre. Inspectors observed a sensory board on one of the corridors, raised flower beds in the garden and there was a schedule of planned activities that residents could choose to participate in.

Interactions observed between residents and staff were positive and respectful, with staff observed to give residents time and space to make their views known. Inspectors found that residents rights were upheld within the centre. There were posters of advocacy services in the reception area of the centre. There were also pictures displaying what staff were on duty that day with their names, with an additional poster to inform residents of different colour uniforms worn by different staff disciplines.

The inspectors arrived at the centre in the morning and were guided through the infection prevention and control measures necessary on entering the designated centre. This included a temperature check, hand hygiene and the wearing of personal protective equipment (PPE) such as a face mask.

Following a short introductory meeting, inspectors were accompanied by the person in charge (PIC) on a walk around the centre. During this tour of the centre, inspectors were introduced to staff and residents in the corridors, and in communal areas. Inspectors observed some residents particularly on the first floor remained in bed until after 10am. Two residents confirmed to inspectors that they get up at a time of their choice.

Inspectors saw that the centre was located in Saggart, County Dublin and set over two storeys. The home was a square building built around a bright, grassed courtyard. There was access to the courtyard at ground level, and seating positioned to facilitate residents to enjoy the space. Bedrooms overlooked the courtyard or onto the surrounding fields and hills. Residents enjoyed pleasant surroundings and easy access to the outdoors.

The physical environment of the centre was found to be clean, bright and welcoming. There were several seating areas throughout the building, including some quieter spots where residents spent time in small groups or with staff. Physical distancing in line with public health guidance was being adhered to within these areas.

There was signage regarding COVID-19 in communal areas to remind residents and staff to social distance, and regarding the five moments of hand hygiene. Alcohol based hand rub was available through the building and easily accessible at the point

of care. Inspectors observed staff support residents with hand hygiene during the day of inspection.

Throughout the day the inspectors saw that some residents moved freely throughout the centre, while others chose to remain in their bedroom, many with their bedroom door open and others with them closed.

The general feedback from residents was one of satisfaction with the care and service provided. However, three residents said that at times staff responses were slow when they needed assistance. One resident explained that they use their call bell but are aware that staff are very busy and stated that staff attend to them when they can. Another resident informed inspectors that they had requested continence wear but had not yet received it. The provider agreed to review staffing resources based on residents feedback.

Two residents stated that they enjoyed the meals on offer, both residents stated that they had their meals in their bedrooms. Inspectors observed a meal time in one of the dining rooms where assistance was provided by staff in a unhurried, social and dignified manner. Inspectors observed that a resident acknowledged to be an infection control risk, was sitting at a table with another resident during this meal time.

Indoor visits were taking place on the day of the inspection. Residents said that they were happy that family visits had resumed and that they had been able to meet their loved ones face to face again.

Bedroom doors had personalised picture boxes on the door displaying the resident's name and their interests. For example boxes had pictures of interests such as reading, sport, knitting and TV. In bedrooms seen, residents had personalised their room, and there were sufficient wardrobes and lockers for residents' belongings. All bedrooms had spacious accessible en-suites. Residents told inspectors that they were happy with their bedrooms.

Observations on the day of inspection and records reviewed showed that the centre facilitated activities to celebrate occasions. Seasonal decorations were seen in communal areas such as flags and decorations to symbolise St. Patrick's Day and art work completed by residents was seen for Easter. A resident's birthday was being celebrated by staff and other residents on the day of the inspection.

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

Capacity and capability

This inspection was unannounced to monitor compliance with regulations. Overall this centre demonstrated its sustained capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Some improvements were required in relation to governance and management within the centre. In particular, to ensure effective oversight of audits. Inspectors found that some audit findings, were not effectively responded to. This will be further discussed under Regulations 17 and 27.

Coolmine Healthcare Limited is the provider for Millbrook Manor Nursing Home. There was a defined management structure within the designated centre. The provider employed a person in charge, who was supported within their role by an assistant director of nursing and a house manager. The management structure identified specific roles and responsibilities for all areas of care provision.

Inspectors were told by the person in charge that there were vacancies within the staff team on the day of inspection. The centre was actively recruiting for additional staff including a clinical nurse manager and health care assistants. The person in charge informed inspectors that recruitment for health care assistants was ongoing and this was part of their contingencies to cover leave within the centre.

Staff were supported to attend mandatory training within the centre. Refresher fire safety had recently been cancelled due to the COVID-19 outbreak and at the time of the inspection, the person in charge was in the process of scheduling a new date. Staff told inspectors that they received sufficient training and supervision necessary for their roles.

The designated centre had three outbreaks of COVID-19 from 15 March 2020 until 03 June 2020, 16 October until 17 December 2020 and from 11 January 2021 until 15 March 2021 when public health declared the outbreak over. A total of 26 residents and 25 staff were affected during the outbreaks. Sadly four residents passed away from COVID-19.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre. The person in charge was identified as the lead person during the outbreak. The registered provider had a clear pathway in place for testing and receiving results so that any suspected cases of COVID-19 that might occur could be identified promptly and managed effectively.

Residents and staff that the inspectors spoke with were aware of the complaints procedure within the centre.

Regulation 15: Staffing

Inspectors found there to be a sufficient number and skill mix of staff to support the number and needs of the residents in this designated centre. As mentioned within this report, the person in charge planned to review staffing response times to

residents call bells.

Nursing staff members were available at all times of the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed training records in the centre and found that all staff had received training in infection prevention and control which included hand hygiene, donning and doffing (putting on and taking off) personal protective equipment (PPE).

Staff had access to mandatory training such as safeguarding of vulnerable adults and manual handling. Refresher training was out of date for a number of staff in fire safety. The person in charge informed inspectors that this training had to be rescheduled due to the outbreak of COVID-19 in the centre.

Four staff were trained to take swabs for the detection of COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were sufficient resources available to ensure that the centre was staffed to meet the needs of the residents. The provider was currently recruiting to ensure all staff vacancies were filled.

The centre had a contingency and preparedness plan for COVID-19 which identified succession planning if key management personnel were unable to attend work, and to ensure the centre remained sufficiently resourced with staff and equipment.

There were quality assurance frameworks in place such as audits and weekly governance reports which tracked clinical and non-clinical data, for example occupancy, resident profile and dependency levels, incidents, falls and staff training within the centre. While audits had been allocated to a member of the team to complete, improvements were required to ensure the implementation of action plans for some audits. For example, the infection prevention and control audit completed had identified improvements required for the five moments of hand hygiene. This improvement had not been completed. On the day of inspection there was also findings relating to hand hygiene.

Inspectors were informed that management meetings were taking place. However the centre was unable to provide evidence of management oversight and decision

making during this time. Therefore inspectors found that improvements were required to ensure there was documented evidence of management oversight.

An annual review of the quality and safety of care delivered to residents was completed in 2020. Feedback from residents was incorporated into this review. An action plan for 2021 was identified to include areas of achievement and areas of improvement.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints policy which was reviewed in 2020. The policy stated that the Director of Nursing and a Nominated Person were assigned to deal with complaints.

The complaints procedure was prominently displayed in the entrance hall of centre.

Inspectors reviewed a sample of complaints from the complaints register for 2020. Overall complaints were seen to be recorded and investigated in a timely manner by the person in charge and/or the senior management team. Complainants had been informed of the outcome and satisfaction levels were seen to be recorded.

Judgment: Compliant

Quality and safety

Overall, residents' were supported and encouraged to have a good quality of life. Residents were seen to have plenty of opportunities for recreation and activities if they wished. Observations showed that residents had choices about how to spend their time. Residents were regularly consulted about the running of the centre, via surveys and meetings and had access to an advocacy service.

GPs regularly visited the centre and referrals were seen to take place to allied health professionals, with timely access for residents to these services.

Inspectors found the standard of care planning was good and demonstrated evidence based interventions to meet the assessed needs of residents. However there were improvements required in relation to the assessment and monitoring of restrictive practice for one resident within the centre.

The centre was observed to be generally clean. Inspectors were informed that there was increased cleaning and disinfection of all residential units and frequently

touched areas throughout the COVID-19 pandemic. Records reviewed showed that there was robust cleaning processes in place with oversight of cleaning and environmental audits completed by a member of the management team. However, there were some further areas for improvement identified discussed under regulation 27 Infection Control.

Records from residents meetings showed that residents were kept up to date on relevant guidance relating to COVID-19 including the vaccination programme and the visiting restrictions for the different Government Framework levels.

Visiting restrictions had been eased in the centre in line with government guidelines. Visits were being facilitated by appointment Monday to Sunday. Inspectors observed indoor and window visits occurring on the day of inspection.

Inspectors found that improvements to the maintenance of the premises were required, as there were some issues which were impacting on the infection prevention and control processes and procedures in place. Inspectors were told that upgrades to flooring and areas for repair had been identified, through audit, as a requirement by the management team. Inspectors were told there was no date set or plan in place to address these issues at the time of inspection as the provider had plans to extend the centre in the future.

The centre had a risk management policy in place which met the requirements of the regulations.

Regulation 17: Premises

The premises was purpose built and the design and layout met the needs of the residents. There were handrails along all corridors and grab rails positioned in all bathrooms seen, that would assist resident's independence.

While the premises was of sound construction, improvements were required in the following areas which impacted on cleanliness and on resident's rights:

- The flooring in one half of the centre was linoleum and the other half was carpeted. While there was a procedure in place to clean the carpets, in one area of the centre, there was a very strong malodor from one resident's carpeted room which affected the surrounding corridor.
- The paintwork on some walls, skirting, and doors were chipped or damaged throughout the centre, which meant that these surfaces could not be effectively cleaned.
- The walls were damaged in one of the cleaning storage rooms, a back splash was required to facilitate cleaning.
- There was chairs in staff changing areas which were cloth and could not be effectively cleaned.
- Some storage practices in the centre required review from an infection

prevention and control perspective.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy set out how management assess, control, manage and monitor the risks identified within the centre. The policy included the measures and actions in place to control the specified risks outlined within the regulations with regard to abuse, unexplained absence of any resident, accidental injury to residents, visitors and staff, aggression and violence and self-harm.

Risks identified were discussed at weekly governance meetings to prevent or manage risks.

Judgment: Compliant

Regulation 27: Infection control

The centre had an infection prevention and control policy in place which identified the person in charge as the lead for the centre.

Infection prevention and control strategies had been implemented to effectively manage and control the outbreaks that had occurred in the centre. The premises was clean, tidy and well-equipped. However inspectors found evidence where adequate precautions were not taken for a resident who had recently returned from hospital.

Staff were aware of the signs and symptoms of COVID-19 and of local policy to report to their line manager if they became ill. The person in charge informed inspectors that staff temperature checks were completed twice daily in line with current guidance. There was evidence of monitoring being completed for the days prior to the inspection. However, on the day of the inspection the staff temperature check sheet at reception was missing and the sheet on display was for the previous day. This was put in place during the course of the inspection.

Overall, inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. However, regular hand hygiene audits required review as on the day of inspection, two staff members were seen to wear diamond rings, hand watches, bracelets and had nail varnish. This did not align with national hand hygiene guidelines or the centres own uniform policy. This also meant that staff could not effectively clean their hands.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans for residents.

A pre-admission assessment was completed for residents before they were admitted into the centre. This pre-admission assessment guided the completion of assessments and care planning within 48 hours of the resident's admission.

A range of validated assessment such as the cannard falls assessment tool and malnutrition universal assessment and screening tools were used to inform the care plans developed.

Care plans were seen to be formally reviewed at least every four months. Inspectors found when there had been changes within the residents' care needs in between formal reviews, care plans had been updated to evidence the most up to date care needs.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents had access to appropriate medical and allied health care support to meet their needs.

A General Practitioner (GP) attended the centre twice a week. Inspectors reviewed residents' records that showed access to GP medical care.

Referrals were available to consultant and nurse specialists such as Psychiatry of Old Age, Gerontology and Palliative care to provide additional expertise and support when needed.

Access to allied health was evidenced for services such as the physiotherapist, dietitian, dentist, optician and chiropody.

Residents were also supported to avail of the National Screening Programme. Inspectors observed documentation, relating to the screening programmes available, displayed throughout communal areas within the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported and encouraged to have their wishes and choices respected. There was posters displayed within communal areas regarding residents bill of rights.

There were sufficient opportunities for recreation seen on the day of inspection and within records reviewed. The centre had an activities coordinator on-site Monday to Friday. There was a weekly activity schedule offered seven days a week. This schedule was circulated to residents weekly with an activity arranged for each morning and a different activity for each afternoon. The schedule also included resident's birthdays to be celebrated that week.

There were floral arrangements and painted Easter eggs on display in the centre that had been created by residents in activity sessions in the days before the inspection. Records reviewed detailed that the centre had afternoon tea to celebrate Mother's Day.

Group activities were seen to take place on the day of inspection such as storytelling, bingo and imagination gym. The inspectors witnessed staff varnishing a resident's nails as they had a family visit scheduled on the day.

Posters for an advocacy service were clearly displayed throughout the centre. Prior to the COVID pandemic, an advocate had attended the centre in person. During the pandemic, this support was available to residents by phone.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Millbrook Manor Nursing Home OSV-0000763

Inspection ID: MON-0032424

Date of inspection: 24/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • a time bound action plan will be completed monthly by management & staff with regard to auditing. An person will be assigned to complete each individual action plan. • Written evidence of management meetings will be completed weekly & minuted to ensure that the service provided is safe, appropriate, consistent and effectively monitored. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Carpet in identified room to be replaced with linoleum • Paintwork on walls & skirting will be upgraded • Damaged doors will be repaired or replaced. • Damaged wall in housekeeping room to be repaired & backsplash put in place • Cloth chairs in staff changing room were removed immediately and replaced with wipe clean plastic seating. • Storage practices within the Centre will be reviewed and actioned with alternative extra storage spaces identified for use in line with infection prevention control policy. 	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none">• All staff reminded of uniform policy & national hand hygiene guidelines in relation to non-wearing of jewelry and nail varnish.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2021
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	25/05/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	14/05/2021

	associated infections published by the Authority are implemented by staff.			
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