## Centre name:
Milford Nursing Home

## Centre ID:
OSV-0000418

## Centre address:
Milford Care Centre, Castletroy, Limerick.

## Telephone number:
061 485 800

## Email address:
info@milfordcc.ie

## Type of centre:
A Nursing Home as per Health (Nursing Homes) Act 1990

## Registered provider:
Milford Care Centre

## Lead inspector:
Mary O'Mahony

## Support inspector(s):
None

## Type of inspection:
Unannounced Dementia Care Thematic Inspections

## Number of residents on the date of inspection:
46

## Number of vacancies on the date of inspection:
1
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>16 January 2019 13:00</td>
<td>16 January 2019 19:00</td>
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<tr>
<td>17 January 2019 10:30</td>
<td>17 January 2019 17:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
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<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 04: Complaints procedures</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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Summary of findings from this inspection

This inspection of the designated centre for older adults at Milford Care Centre by an inspector from the office of the Chief Inspector was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspector followed the experience of a number of residents with dementia since admission to the centre. As part of the thematic inspection process, providers were invited to attend information seminars. In addition, evidence-based guidance was circulated to guide providers on best practice in dementia care and on the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care. There were 47 residents in the centre at the time of inspection. The provider had applied to register 22 new bedrooms and these were ready for occupancy at the time of this inspection. This meant that there were now 69 single

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full en-suite bedrooms available to residents. The inspector observed that staff had created an environment in the centre which promoted inclusion, wellbeing and autonomy for all residents. The person in charge and the provider representative stated that they were committed to providing excellent care for those residents with dementia who resided in the centre. Practice was audited and reviewed to ensure that it was relevant and up-to-date. Residents confirmed that they enjoyed living in the centre, they said that they felt safe and they praised the food, the accommodation and the staff.

As part of this inspection process the inspector met with residents, visitors, the person in charge, the provider representative, educators and a number of staff from all roles within the centre. The inspector observed practices and reviewed documentation such as residents’ care plans, allied health care records, policies and documentation related to the activity programme. A sample of staff files and residents' files were checked for relevant documentation. The inspector found the premises, fittings and equipment were of a very high standard. The centre was noted to be very clean, fresh and well maintained. All rooms were designed to afford residents maximum space and comfort. Views of the newly refurbished gardens enhanced the environment. The secure garden areas were furnished with brightly coloured outdoor seating, landscaped beds and decorative garden furniture.

The Standards set by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the judgment framework for dementia thematic inspections formed the basis for the findings made by the inspector. The inspector found that the centre was fully compliant with these regulations and standards.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Pre-admission assessments were undertaken to ensure that the centre had the capacity and the capability to care for the specific needs of any person with dementia. This assessment took into account the current resident profile and staffing levels. Care plans had been developed which included a detailed profile of each resident with dementia. Residents and relatives, where appropriate, were involved in developing and reviewing care plans. Those spoken with by the inspector confirmed this. Care plans were reviewed on at least a four-monthly basis.

Residents had access to general practitioner (GP) services on a daily basis. The use of psychotropic drugs was audited by a nurse manager and the pharmacist. The most recent audit was seen by the inspector and it was apparent that there was a policy in the centre to minimise the use of PRN (administer as required) sedative medicine. Residents who had behaviour issues as a result of the behaviour and psychological symptoms of dementia (BPSD) were assessed prior to the administration of any such medication and staff were trained in the recognition and management of this behaviour using non-pharmaceutical methods, where possible. A number of care plans had been developed which outlined the needs of residents who communicated their needs through behaviour. Staff had been made aware of these care plans and the supporting policy. Residents had a choice of GP and pharmacist.

A sample of care plans for residents who had been diagnosed with dementia were reviewed by the inspector. These were personalised and were seen to be implemented in practice. Specialist services and allied health care services such as physiotherapy, palliative, dental, optician, occupational therapy (OT), speech and language (SALT) and dietitian services were seen to be availed of. A geriatrician and a psychiatrist were also accessible to review residents, by referral. Clinical assessments for example, cognition, behaviour, pain and nutritional status were undertaken for each resident. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident with dementia who had lost weight. Care plans were developed based on these assessments. Residents’ right to refuse treatment was documented and brought to the attention of the GP, as required. There was good
communication between the dietician and the kitchen staff. The inspector spoke with a number of relevant staff who were found to be familiar with residents' nutrition needs and diet preferences. Food choices were available, residents had menu choice and fresh home baking was presented daily.

The person in charge informed the inspector that a physiotherapist was available to residents in the centre on a daily basis to facilitate exercise and to work with residents with dementia on an individual basis, where required. The inspector spoke with the physiotherapist during the inspection and she explained how restraint in the form of bedrails was constantly under review with the aim of maximising residents’ independence. Residents said that access to a physiotherapist supported them to remain independent and mobile.

There were opportunities for residents to participate in a number of meaningful and varied activities. Life story information was used to ascertain residents' previous interests. This was an ongoing project and was being led by the practice development co-ordinator. The “key to me” programme had been rolled out to residents and this resulted in pertinent useful information about residents' interests being displayed on each bedroom wall. Staff informed the inspector that they used this information to converse with residents with dementia, some of whom had memory loss. Activities included walking club, music, art, balance and chair-based exercises, card games, quiz, Sonas, personalised activities such as hand massage and reading. One of the activity personnel spoken with by the inspector explained how activities were developed according to the assessed needs and wishes of residents. For example, residents with a cognitive impairment were provided with Sonas, music, singing and reminiscence therapy. In addition, residents who enjoyed keeping up-to-date with current affairs were provided with daily newspapers and access to radio and television. During the inspection residents had a piano recital and two musical performances as well as other activities. Residents with dementia were included and participated in these group activities. The hairdresser was seen attending to residents in the hairdressing salon.

End-of-life care plans were in place for residents with dementia and relatives spoken with stated that staff had recorded residents' wishes for their care at that time. A number of the plans were seen to be comprehensive and they were updated on at least an annual basis. There was an extensive, well-equipped family suite available for relatives to stay when any resident was at end of life. The oratory in the centre was spacious and nicely furnished. Mass was said on a daily basis and the person in charge said that the clergy and other religious ministers were very supportive to residents. A pastoral minister was on duty daily. He provided support to residents of a spiritual and social nature. He spoke with the inspector about the memorial masses for residents who had died and the support on offer for relatives at this time. One such mass was planned for the evening of the first day of inspection and there had been a lot of preparation put into the occasion including music, provided by the voluntary choir.

**Judgment:**
Compliant

**Outcome 02: Safeguarding and Safety**
### Theme: Safe care and support

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

#### Findings:
Mandatory staff training in recognising and responding to allegations of elder abuse was up to date. This was delivered on a two-yearly basis and staff were found to be knowledgeable of the training content. The provider representative stated that they did not act as a pension agent for any residents and that the centres accounts were audited regularly.

Training to manage the behaviour and psychological symptoms of dementia was up to date and this training was delivered and assessed by a clinical nurse manager with advanced studies in this area.

The physiotherapist supported a multi-disciplinary team approach to assessing and minimising the use of any restriction on residents’ mobility and independence. For example, bed rails, safety alert bracelets and sensor mats were reviewed regularly when required. There was evidence of alternatives being tried and consultation with all concerned before the use of any form of restraint.

#### Judgment:
Compliant

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### Outcome 03: Residents' Rights, Dignity and Consultation

#### Theme:
Person-centred care and support

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

#### Findings:
The person in charge informed the inspector that residents with dementia, and their representatives, were consulted with and participated in the organisation of the centre. Resident meetings were held on a six-weekly basis. Residents were enabled to make choices and maintain their independence. Resident surveys were carried out and the person in charge met with formally with all relatives one month following admission to ascertain that everyone was happy with the care provided. Residents with dementia had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with
Residents who had dementia.

Person-centred care was demonstrated by good access to recreation opportunities, kind staff interaction and plenty exercise options. Residents were facilitated to engage in activities outside the centre, including home visits and independent access to community events and outdoors. Information was recorded daily in relation to residents' social care needs. Residents were seen to be engaged in activities over the course of the inspection. Residents spend period of time in the canteen with relatives, in their bedrooms as well as in the communal sitting and dining areas, watching TV, with visitors or listening to the radio. They appeared to live active and interesting lives in the centre with personal choice and independence being supported. Staff were seen to encourage residents to maximise their abilities.

Residents were facilitated to exercise their civil, political and religious rights. Staff informed the inspector that residents were facilitated to vote within the centre and that all protocols were followed in this regard. Residents confirmed this with the inspector. They stated that they were satisfied with the sense of freedom they experienced to move around the communal areas. Residents' wishes were prioritised when planning activities and outings. There were many photographs on display which had been taken at events and birthday parties both inside and outside the centre. There were no restrictions on visitors and there were a number of areas where residents with dementia could meet visitors in private.

On the day of inspection visitors were observed spending time with residents in the dining room, in the seating areas between hallways, in the bedrooms and in the sitting rooms. There was a variety of activities available to residents in the centre which were organised and facilitated by an activity organiser. Staff informed the inspector that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one-to-one interactions. The activity organiser said that staff and volunteers spent time with these residents facilitating for example, music sessions, reading and hand massage. Documentation to this effect was seen in residents' care plans.

Life stories were available in a sample of care plans and this documentation included details of residents' individual interests, level of communication, preferences and background. These life stories informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy, for example accommodation was provided in single bedrooms, all of which had en-suite toilet and shower facilities.

Positive interactions between staff and residents were observed during the inspection. The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). Two observation periods took place in the lounge areas and one in the dining room in the centre. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between residents with dementia and carers during this time. In the sitting room area the observing inspector noted that interactions were positive and meaningful. Staff related to residents in a calm and kind manner. Residents were referred to by name and there was obvious warmth between residents and staff.
members. Staff engaged in social conversation and encouraged residents to participate in the music entertainment. The inspector noted that appropriate support was offered where required and residents’ different abilities were encouraged. Staff members and volunteers were seen to engage positively and attentively with residents while supporting them to enjoy maximum participation. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

The second observation took place in the dining room. Staff members were seen to offer all residents choice and spoke with residents to ascertain their meal and dessert choices. Residents with dementia were seen to retain independence when eating their meals. Where prompting was required this was sensitively offered. Assistive tableware was used by one resident. There was a calm atmosphere in the room providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and adequate staff were available to support residents throughout the period of observation. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Staff members were heard to engage residents in conversation about the choice on offer and offered any explanations which were required. Staff carefully assisted residents who were using walking aids and wheelchairs. The majority of interactions in the dining room during the 30 minutes observation period were noted to involve positive connective care. A further observation period in the sitting room area on day two also produced many episodes of positive connective care. Staff and volunteers were seen to provide support to residents, to intervene when necessary and to move residents to their preferred location when requested. For example, staff explained that the activity was too stimulating for some residents who preferred to listen in from the hallway, where staff and relatives also sat to support the residents involved.

The inspector observed that notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services.

**Judgment:**
Compliant

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**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Policies and procedures were in place for complaints or concerns, which were clearly documented. There was an open, proactive approach to the management of complaints which were infrequent as a result. The process was displayed in a prominent place and residents expressed confidence in the system. They stated that they had no concerns
about speaking with staff. The person in charge was the person nominated to deal with complaints. An independent person was available if the complainant wished to appeal the outcome.

Visitors of residents who had been diagnosed with dementia told inspectors that they were confident that any complaint would be addressed appropriately. The inspector saw that the procedure for making a complaint was displayed at an appropriate height for older adults to access the information and the font was slightly enlarged which ensured it was legible to all, including any resident with dementia who experienced diminished sight.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

| Theme: | Workforce |

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Staffing had been increased in anticipation of the new admissions. This afforded an opportunity for new staff to become orientated to the centre and to become familiar with residents and their families. The inspector met with a number of these staff members who spoke about the induction process and the training they had undertaken. Staff spoken with stated that they felt there were adequate numbers of staff available to meet the health and social care needs of residents. The person in charge said that staffing allocation would be reviewed once all the rooms were occupied. There were a large number of trained volunteers available to residents, providing support in the areas of musical entertainment, conversation, walks, outings, mass and companionship.

Staff had up-to-date mandatory training as required by the regulations. Appropriate training such as manual handling, medication management, infection control, end of life and dysphagia (difficulty in swallowing) training was also provided. The inspector reviewed a sample of staff files and found that records were maintained in accordance with Schedule 2 of the Regulations. Files were found to have the required information including up-to-date professional registration where applicable. Documentation was seen which indicated that staff appraisals were carried out annually. The inspector spoke with the clinical nurse manager who explained the probationary meetings and the value of the appraisals for staff development. All staff and volunteers in the centre had the required Garda Vetting (GV) clearance on file and accessible when requested.

**Judgment:**
Compliant
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<th>Outcome 06: Safe and Suitable Premises</th>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Effective care and support</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
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<tr>
<td>No actions were required from the previous inspection.</td>
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<tr>
<td><strong>Findings:</strong></td>
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<tr>
<td>Residents in Milford who had dementia were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Their needs were met by excellent healthcare services, opportunities for social engagement and suitable, homely accommodation. All bedrooms were single, en-suite rooms with adequate storage facilities, including a very large wardrobe with a lockable space for residents' valuables. The en-suite bedrooms were large and newly furnished. Room decoration and contents were personalised and residents spoken with were glad to have space to store treasured, personal items. All rooms were equipped with TV, radio, phone facilities and a clock for orientation purposes. Premises were well maintained, nicely decorated, spacious, and very clean. A bath was available on both floors to afford choice to any resident who would prefer this to a shower.</td>
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<td>The centre had been extended by adding 22 new bedrooms. This renovation and extension project also included the conversion of any multi-occupancy rooms to single room accommodation. Existing and potential residents had chosen and visited their new rooms, where this was possible. Suitable signage had been erected to aid orientation around the building and within bedrooms. The colours used were calming and relaxing. The person in charge spoke with the inspector in relation to advice she had sourced to ensure that the design and decor suited residents with various abilities. Each hallway had a different colour scheme and bedroom doors were personalised where requested.</td>
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<td>There were dining and sitting rooms available upstairs and downstairs with both lift and stairs access. Dining rooms were nicely decorated with suitable table décor and tableware. There were also comfortable seating and meeting opportunities in the furnished alcoves and hallways. These were very popular with smaller groups and were seen to be in use throughout the inspection, including later in the evening.</td>
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<td><strong>Judgment:</strong></td>
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Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority