



# 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:	Unannounced
Date of inspection:	23 January 2026
Centre ID:	OSV-0000418
Fieldwork ID:	MON-0044572

## 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:	66
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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
Friday 23 January 2026	10:00hrs to 19:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

The residents living in this centre expressed a high level of satisfaction with the service provided. The inspector found that the centre was well-run, where the rights of residents were actively promoted, and where residents were enjoying a good quality of life. The feedback from the residents who spoke with the inspector was highly complimentary of the service, and the staff working in the centre. One resident told the inspector that the centre was "excellent". Another resident stated "It's heaven here". This positive feedback was repeated throughout the day from residents and visitors. Staff spoken with had good knowledge of the residents, including their likes and dislikes. Throughout the day, the inspector observed the staff chatting with the residents in a free and easy manner about topics of interest to them.

On a tour of the premises, the inspector observed that the premises were clean. The communal sitting and dining rooms were observed to be clean and free of clutter. A number of residents stated that their bedrooms were cleaned daily. Residents were actively encouraged to personalise bedrooms with items from home. Although the design and layout of many bedrooms was the same, the furnishings and personal items that had been brought in from home meant that resident bedrooms were all personalised with artwork, lamps, photos and ornaments, in keeping with residents' personal style.

From entering the premises, there was a welcome atmosphere. Tea and coffee-making facilities were available for use by residents and visitors. The entrance corridor to the designated centre was wide and spacious. A descriptive history of the centre was hung on large frames along the corridors. The centre was observed to actively promote a restriction-free environment. Residents confirmed that visitors were always welcome. The ground floor unit had wheelchair accessible exits with automatic doors that opened up into manicured gardens.

The inspector identified a number of infection and prevention control issues in the centre. There were four utility/ sluice rooms for the reprocessing of bedpans, urinals and commode pans which were well-maintained and contained functioning bedpan washer/disinfectors. All rooms contained commode pan racks and drip trays for the storage of bedpans and urinals post disinfection. However, the inspector observed that despite clear signage in place, the utility rooms had commode pans stacked on top of each other on the provided racks which posed a risk of cross contamination. Additionally, there was resident equipment items that were visibly stained and unclean that were stored alongside clean items, posing a risk of cross infection.

Residents were happy with the length of time it took to have their call bells answered. One resident told the inspector that they never use their call bell as the staff are always calling into the room, checking on them. The resident found this

level of monitoring a source of comfort and was reassured that help was always nearby, if required.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspector found that this was a well-managed centre. The provider was committed to ongoing quality improvement that would enhance the daily lives of residents. The inspector found that residents were supported to have a good quality of life. Notwithstanding the positive findings, the inspector found that the provider had not fully implemented a compliance plan submitted following the last inspection in February 2025, and this resulted in non-compliance under Regulation 34: Complaints procedure. In addition, the provider was not in full compliance with Regulation 8: Protection, and Regulation 27: Infection control. This detail is discussed in the quality and safety section of the report.

This unannounced inspection was carried out by an inspector of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance identified on the last inspection in February 2025.

Milford Care Centre was the registered provider of Milford Nursing Home. There was a clearly defined management structure in place that was known to the residents and the staff. On the day of the inspection, there was 66 residents living in the centre. There were sufficient numbers of suitably qualified nursing, therapists, healthcare and household staff available to support residents' assessed needs. Staffing and skill mix were appropriate to meet the assessed needs of the residents. The person in charge provided clinical supervision and support to all the staff. In the main, staff demonstrated an understanding of their roles and responsibilities. Communal areas were supervised at all times, and staff were observed to be interacting in a positive and meaningful way with residents.

Staff training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety. While some training records were incomplete, a plan

was in place to address outstanding training requirements. Each staff member had completed an induction process on commencement of working in the centre.

The management team held weekly management meetings and all areas of care delivery was discussed. There was an audit schedule in place to monitor the delivery and quality of the care.

The centre had a complaints policy and procedure which outlined the process of raising a complaint. The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been resolved and closed. However, the inspector was informed of a complaint made by a resident in relation to staff engagement. The inspector found that this expression of dissatisfaction was not recognised by the management as a complaint and had not been logged or managed in line with the complaints policy.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. There was a clearly defined management structure in place with identified lines of authority and accountability. The provider had management systems in place to ensure the quality of the service was monitored.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that a resident complaint had not been identified by the management as a complaint, and so had not been logged or managed in line with the complaint's policy.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

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

Judgment: Compliant

## Quality and safety

The inspector found that the centre promoted a human rights-based approach to care and support for residents living in Milford Nursing Home. Residents and their relatives spoke positively about the care and support they received from staff and confirmed that overall, their experience of living in the centre was positive. The inspector found that the standard of care which was provided to residents was of a good quality. Residents' rights and choices were upheld and their independence was promoted. Staff were respectful and courteous with residents.

There was an ongoing maintenance programme for the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, and colour-coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken with had a good understanding of the cleaning and disinfection needs of the centre. Notwithstanding this positive finding, non-compliance was identified in the storage of resident support equipment and the organisation of the sluice room. This is discussed in detail under Regulation 27: Infection control.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Residents reported that they felt safe living in the centre. However, information of a potential safeguarding concern that was shared with the

inspector relating to staff engagement and interactions with a resident had not been identified and investigated. This was contrary to the centre's own safeguarding policy.

A review of residents' records found that residents had appropriate and timely access to their general practitioner (GP) regarding their healthcare needs. Arrangements were in place for residents to access the expertise of health and social care professionals. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by healthcare professionals were implemented. The inspector reviewed the care of residents who were being actively treated for a wound. The care of these residents was observed to be delivered to a high standard of evidence-based nursing.

Resident care plans were accessible on a computer-based system. There was evidence that care plans were reviewed by staff at intervals not exceeding four months. In the main, care plans were person-centred and contained sufficient information to effectively guide and direct the care of the residents. Some incomplete records were identified on the day of inspection around the monitoring of unintentional weight loss, and while this posed a potential risk to resident care, the gap was not found to have negatively impacted on the residents overall care.

The provider had systems in place to ensure residents' nutritional status was monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents, who were assessed as being at risk of malnutrition, were supported by appropriate health and social care professionals when necessary.

Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and seek assurances on the on-going changes that had occurred in the centre. The provision of information to residents was evident on the day of inspection. Internet services were available to residents. Notice boards were evident throughout the centre with resident information on display. Opportunities to participate in recreational activities in line with residents' choice and ability were provided. There were sufficient staff available to support residents in their recreation of choice.

Residents' rights were well-respected. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Residents were very happy with the laundry service provided and storage available for clothing in the their bedrooms.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. Annual fire training had taken place. In the main, staff spoken with had received direction on what action to take in the event of the fire alarm being activated.

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends. Visitors were openly welcomed in the centre.

### Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to, and maintained control over, their personal possessions.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals. Food was properly and safely prepared, cooked and served including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

### Regulation 20: Information for residents

Information on the complaints procedure and advocacy services were on display. Residents spoken with said that they knew how to make a complaint should they wish to do so, and they knew how and when they could avail of services such as the hairdresser.

Judgment: Compliant

## Regulation 27: Infection control

The provider was not in full compliance with Regulation 27: Infection control, and the National Standards for infection prevention and control in community services (2018), For example;

- Bedpans were observed to be stacked after decontamination. The sluice room racking did not facilitate effective drying as there was inadequate racking so that cleaned sanitary equipment, such as bedpans, could be inverted while drying.
- Items of resident equipment that was visibly unclean was stored alongside clean equipment.
- Hand Hygiene dispenser trays were visibly unclean with dried in gel.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The fire alarm was serviced. The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with timely access to a medical practitioner. In addition, residents had access to health and social care professional services, in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

### Regulation 8: Protection

The provider had failed to ensure that information received by staff in relation to a potential safeguarding concern, was responded to appropriately. This meant that the provider had not considered all factors which may have contributed to the interaction reported which in turn meant that an investigation was not completed to rule out potential safeguarding concerns.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There was evidence that residents were consulted with, and participated in, the organisation of the centre and this was confirmed by the minutes of residents' meetings. The residents had access to national and local newspapers, radios, internet access, telephones and television.

The inspector found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Milford Nursing Home OSV-0000418

Inspection ID: MON-0044572

Date of inspection: 23/01/2026

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> <li>1. CNM's and nurses will continue to log resident/ patient concerns on the electronic documentation system.</li> <li>2. CNM's will maintain a central log of complaints including staff complaints in a restricted folder accessible to the CNM's, Assistant Director of Nursing (ADON), Director of Nursing Therapy and Social Care (DONTSC) and Quality and Safety Officer (Complaints officer). The complaints log will be managed in accordance with Milford Care Centre's Complaints Policy (L&amp;P-P&amp;P - 002).</li> <li>3. The complaints log will be monitored and audited on a quarterly basis by the CNM's. A report will be presented at the Clinical and Patient Safety (CAPS) Committee held on a quarterly basis.</li> <li>4. CNM's, ADON and DONTSC and the Quality and Safety Officer will complete complaints training via the HSELAND to include; Your Service Your Say, Complaints Handling Guidance for clinical staff and HSE Effective Complaints training.</li> <li>5. Clinical staff will complete mandatory training to include complaints training which will examine the reporting and logging of concerns/ complaints. In addition all staff will read, acknowledge and adhere to Milford Care Centre's Complaints Policy (L&amp; P – P&amp;P – 002) located on the electronic documentation system.</li> </ol>	

Outline how you are going to come into compliance with Regulation 27: Infection control:

Alcohol dispenser drip trays

Contract cleaners continue to clean the alcohol drip trays daily and more frequently as required.

Bedpan washer on the Aisling Unit was last serviced by a maintenance company in August 2025, and this service was completed again in February 2026.

Sluice Aisling Unit

A review of bedpans and commode basins in use was undertaken by the Infection Prevention and Control CNS and disposal of any stained bedpans/commode basins was completed.

Bedpans and commode basins that are surplus to requirements have been removed on 18.02.2026 to facilitate the safe and correct inverted storage of bedpans/commode basins as per best practice (National Clinical Guideline no. 30).

Cleaning schedule for the cleaning of resident/patient equipment is in place and signed off and checked by the CNM on a weekly basis. Fast facts education sessions were facilitated by the IPC CNS in February 2026. Additionally, the following education in IPC is planned for 2026 and includes;

Standard Precautions

Transmission-based Precautions (Influenza, COVID-19, RSV, Norovirus, C Difficile, Shingles),

Healthcare Risk Waste and Sharps,

Safe Use of Gloves,

Cleaning Schedules,

Urinary Catheter Care,

Audit feedback,

Hand Hygiene.

IPC Audits

IPC CNS has an active audit plan in place to ensure on going monitoring and surveillance. Audit Plan to include healthcare assistants and staff nurses as part of the audit team going forward to assist with implementation of QIPs. The following audits conducted in 2025 and to be repeated in 2026 include;

1. Handling Clean and Used Linen
2. Dirty Utility and Commode
3. Shared Service User Bathroom
4. Clean Utility/Equipment Room and Medication Store
5. Communal Areas/Activity Rooms/Day Rooms
6. Service user Bedroom (including en-suite)
7. Housekeeping (Cleaners) Room
8. Safe Use and Disposal of Sharps
9. Hand Hygiene Facilities
10. Healthcare Waste Management
11. Ward Kitchen

Hand Hygiene audits and Hand Hygiene Ready audits carried out in April and October every year with re-audit within 3 months where compliance scores fall below 90%. Ongoing monitoring of compliance at ward level by CNS IPC and IPC link practitioners.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

1. All clinical staff will complete Safe Guarding the Vulnerable Adult training at the upcoming mandatory training scheduled in March 2026.
2. All clinical staff to adhere to Milford Care Centre's Safe Guarding Vulnerable Persons at Risk of Abuse policy (CS- P&P- 012).
3. Fast facts on safe guarding will be facilitated to all clinical staff in Milford Nursing Home on a regular basis by the ADON, DONTSC and Practice Development Facilitator. Additionally fast facts on the principles of a Human Rights Based Approach will continue to be facilitated to clinical staff on a regular basis.
4. A Safe Guarding communication board is located in the main foyer of Milford Nursing Home which contains up to date information and guidance for residents, their families and staff.
5. Safe Guarding the Vulnerable Adult is a regular agenda item on the Residents committee meetings held every 6 weeks.
6. Sage Advocacy services are available to residents.

## 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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/03/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a	Substantially Compliant	Yellow	30/04/2026

	resident's individual care plan.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/03/2026