



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

## Issued by the Chief Inspector

Name of designated centre:	Millbrae Lodge Nursing Home Limited
Name of provider:	Millbrae Lodge Nursing Home Limited
Address of centre:	Newport, Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 April 2021
Centre ID:	OSV-0000419
Fieldwork ID:	MON-0032237

## About the designated centre

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

Millbrae Lodge is a purpose-built two-storey nursing home that provides 24-hour nursing care. It can accommodate up to 81 residents both male and female over the age of 18 years. It is located in a rural area close to the village of Newport. It provides short and long-term care primarily to older persons. Accommodation is provided in three units on both floors. There is a lift provided between floors. The first floor mostly caters for residents with low-to-moderate care needs including residents requiring respite and convalescence care. The ground floor caters for people requiring a higher level of care due to their physical and or mental condition. There is a separate secure special care unit that accommodates 15 residents who need a smaller, more secure unit due to their cognitive impairment. There is a variety of communal day spaces provided on all floors including dining rooms, day rooms, oratory, smoking rooms and activities room. Residents also have access to two secure enclosed garden areas. The centre can accommodate residents who require naso-gastric feeding and with tracheotomy tubes.

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

Number of residents on the date of inspection:	42
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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
Tuesday 20 April 2021	09:00hrs to 17:30hrs	John Greaney	Lead
Tuesday 20 April 2021	09:00hrs to 17:30hrs	Noel Sheehan	Support

## What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live, with adequate private and communal space and good access to the external gardens. Residents identified staff as being kind and caring and enjoyed the activities provided. The inspectors spoke with a large number of the residents during the inspection and met one visitor who was in visiting their relative.

The inspectors arrived unannounced to the centre and on arrival they were met by the regional manager and another member of staff who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented prior to accessing the centre. Inspectors saw that there were hand sanitizers at the entrance to the centre, on corridors and in communal areas. These were seen to be used throughout the inspection by residents and staff.

An opening meeting was held with the regional manager and the recently appointed person in charge (PIC). The plan for the day was discussed and a number of documents required for the inspection process were requested. Following the opening meeting inspectors were guided on a tour of the centre.

Inspectors saw that the centre was a modern, purpose-built premises. One wing of the centre was closed and this section was used to isolate residents during an outbreak of COVID-19 in the centre. Inspectors initially visited the dementia unit and saw that residents were sitting at tables in the dining room participating in activities in conjunction with the activity coordinator and a nurse. Inspectors were informed that the centre was being redecorated and as a result, many curtains and pictures had been removed from the walls. There was direct access from this room, which is a combined sitting and dining room, to an enclosed courtyard. The courtyard had a non-slip surface and was furnished with brightly coloured seating, artwork on the walls and plant beds.

Each bedroom was uniquely identified by signs composed of artwork related to the past occupation, interests or hobbies of each resident. The beds in each of the rooms were functional but old. Bed sheets were very thin and blankets were light. The regional manager stated that the centre gets very warm, particularly at night. Residents were encouraged to personalise their bedrooms. Inspectors observed that there were televisions in all bedrooms and some residents had personalised their bedrooms with family photographs, books and ornaments. Inspectors noted that some bedrooms required some minor maintenance issues to be addressed and also redecoration due to damaged paintwork. Inspectors also noted some infection prevention and control issues to be addressed in one of the unoccupied bedrooms and in the en suite of a shared bedroom. These are outlined in more detail under the relevant sections of this report.

Residents were observed to be moving about as they wished within the centre. The person in charge was actively promoting a restraint free environment and the

number of bedrails in use since the last inspection had decreased. Inspectors met with residents in their bedrooms and in communal areas. Residents told inspectors that they were happy and comfortable in their rooms. Residents reported being given a choice of when to go to bed and when to get up in the morning. One resident reported that at times staff could be slow to answer the call bell, however, during the inspection staff responded to the call bell promptly. Inspectors noted that call bell audits were conducted regularly to ascertain if call bells were answered in a timely manner.

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations. Overall, inspectors found that residents received a good standard of care that met their assessed needs. There were systems in place to ensure that residents' well-being was promoted and residents lived as independently as possible. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. Further clarification was required in relation to reporting arrangements within the nursing management structure and the management of the centre in the absence of the person in charge. Some improvements were also required in relation to staff training and in the audit process.

The centre is owned and operated by Millbrae Lodge Nursing Home Limited and is the registered provider. The directors are involved in operating a number of other nursing homes throughout the country. Hence, there is a national governance structure with oversight of the centre. The person in charge reports to a regional manager; the regional manager reports to a chief operating officer; and the chief operating officer reports to a chief executive officer (CEO).

There have been a number of changes to the person in charge in the past twelve months and a new person in charge had been appointed in the days prior to this inspection. While there is clarity in relation to the national governance structure, it was not clear from the statement of purpose or from job descriptions how the reporting arrangements within nursing management were organised within the centre. Also, management of the centre in the absence of the person in charge as described in the Statement of Purpose was not implemented in practice during a recent absence of the then PIC.

Training records indicated that most staff had completed infection prevention and control (IPC) training in areas such as hand hygiene, personal protective equipment (PPE) and breaking the chain of infection. There was a need, however, to ensure that all staff had attended IPC training relevant to their role. The training matrix indicated that the provider supported staff to attending various mandatory and non-mandatory training. However, there were gaps seen in attendance at mandatory training for a number of staff.

The quality and safety of care delivered to residents was monitored through a range of audits. The programme of audits included reviews of incidents of responsive behaviour, incidents involving residents' falls, the use of restraint, and a variety of infection control related audits. However, not all incidents required to be notified to the Chief Inspector were submitted. While there was an audit of medication management, the audit tool was not sufficiently comprehensive to capture all areas of medication management in the centre.

Inspectors saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken for the year 2020 by the management team in accordance with the standards. A copy of this review was made available to the inspectors. Annual review included a number of achievements in 2020 and improvement plan for 2021.

Staffing levels were adequate to the size and layout of the centre. Staff understood their role, were knowledgeable of residents individual needs and were seen to engage with residents in a kind and caring manner throughout the day of inspection. While staffing levels were adequate on the day of the inspection, there were a large number of vacancies on that day. The Regional Manager was requested to develop a plan for staffing as the number of residents living in the centre increased.

#### Regulation 15: Staffing

Based on the current number of residents living in the centre, there were adequate numbers and skill mix of staff to meet the needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Required improvements in staff training included:

- a number of staff were overdue attendance at manual and people handling, responsive behaviour and fire safety training.
- there was a need to ensure that all staff allocated to cleaning duties had attended recent training in hygiene practices taking into consideration the COVID-19 pandemic.

Judgment: Substantially compliant

#### Regulation 19: Directory of residents

Inspectors reviewed the Directory of residents and found that it contained all the information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Improvements were required in relation to governance and management, such as:

- clarification was required in relation to the role and reporting relationship of all members of the nursing management team
- arrangements for the management of the designated centre in the absence of the person in charge were not implemented in accordance with what was set out in the statement of purpose
- there was a need to develop a staffing plan to ensure there were adequate numbers and skill mix of staff to meet the needs of residents as the numbers of residents in the centre increased
- there was a need to ensure that audits captured deficits in practice. For example, the medication audit did not incorporate the auditing of transcribing, which was an element of medication management in the centre

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Based on a review of records not all incidents required to be notified to the Chief Inspector were submitted.

Judgment: Substantially compliant

## Quality and safety

Inspectors found that residents were facilitated to have a good quality of life with good access to medical and healthcare services. While good levels of compliance were found in most of the regulations and standards, there were some opportunities for further improvement in care planning, medication management, and maintenance of the premises.

Residents healthcare needs were met to a good standard. Residents had a choice of



general practitioner (GP) but most residents were under the care of one GP. Residents told inspectors that there were well cared for. There was good access to allied health services, such as speech and language therapy, dietetics, and tissue viability nurse through a nutritional supply company. The services of a physiotherapist and occupational therapist had recently been sourced and these were scheduled to visit the centre on a regular basis in the weeks following this inspection.

A review of a sample of care plans indicated that residents were assessed regularly and care plans were reviewed to reflect changing needs. Care plans were generally personalised and provided good guidance in the care to be delivered. Some care plans, however, contained conflicting information and there was a need to ensure that the care plans reflected the current needs and wishes of each resident.

Inspectors found that residents were free to exercise choice about how they spent their day. Residents were assisted to get up in the morning at a time of their choosing. Some residents were observed in the communal areas of the centre while other residents spent time alone in their rooms. Residents had access to television radios, newspapers, telephones and WiFi. All residents spoken with were complimentary of staff, and of the care they provided. Despite the limitations imposed by the pandemic, the inspection found that residents were supported to have a good quality of life in the centre and that their rights were upheld.

Infection prevention and control procedures were in place to minimise the risk of the introduction of COVID-19 to the centre. Residents and staff were divided into pods, so that should a resident or member of staff test positive for the virus, the number of closed contacts was minimised. Throughout the inspection staff were observed to adhere to correct infection prevention and control procedures such as hand hygiene and in the wearing of personal protective equipment. Some improvements were required in relation to the identification and storage of ointments and creams. There was also a need to ensure that sponges used for personal hygiene were stored appropriately.

## Regulation 17: Premises

Some the bedrooms were in need of redecoration and maintenance, as there were damaged surfaces on bedside lockers, scuffed paintwork and damaged handles on wardrobes.

Judgment: Substantially compliant

## Regulation 27: Infection control

Improvements required in relation to infection prevention and control included:

- inspectors noted that one of the bedrooms, which was unoccupied, had a foul smell emanating from the en suite bathroom. There was also a sticky residue on the floor bedside the bed
- a bedroom, which was shared by two residents, contained emulsifying ointment in the bathroom cabinet that did not have a label identifying the name of the resident that used the ointment. In this en suite there was also an open tub of zinc oxide cream on top of the toilet cistern and there was a basin of water on the floor containing three sponges

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

A review of a sample of medication administration records indicated that:

- nurses were transcribing medications but were not always attaching their signature to indicate that they had transcribed the medication
- some prescriptions were not signed by a GP and therefore nurses were not using a valid prescription to administer medications as required by legislation and professional guidance

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Issues identified in relation to care planning included:

- some care plans contained conflicting information in relation to the current status of the resident
- the end of life preferences in one care plan did not accurately reflect the resident's current wishes

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to medical care and to allied health services.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Millbrae Lodge Nursing Home Limited OSV-0000419

Inspection ID: MON-0032237

Date of inspection: 20/04/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>S: The staff training matrix has been reviewed and updated. The schedule of training for all members of staff has also been updated to reference manual handling, challenging behaviour, and responsive behaviours.</p> <p>Dedicated IPC training has been provided to the one member of housekeeping staff identified during the inspection.</p> <p>M: Through audit of documentation and observation of staff to ensure they are able to apply theory to practice</p> <p>A: By the PIC and local management team.</p> <p>R: Overview by the regional team.</p> <p>T: 5th June 2021</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S: The Statement of Purpose has been updated to identify who will deputise in the PIC's absence. A graduated staffing plan has been developed and sent to the inspector as requested post inspection. Staffing levels will be as per the plan reflecting the dependencies of residents. A review of auditing documentation has been completed and the auditing of transcribing has been highlighted within the audit.</p> <p>M: Through audit of all actions identified</p> <p>A: By the PIC and local management team</p>	

<p>R: Overview by the regional team. T: 5th June 2021</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: S: One notification as identified by the inspector was submitted to the Authority as requested. The Person in Charge will ensure that all notifiable events will be reported in line with the regulations. M: Through continuous review A: By the in-house management team. R: Overview by the regional team T: 31st May 2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: S: A comprehensive environmental audit of the centre was completed on the 11th May 2021. A plan for refurbishment and redecoration is ongoing within the centre which will also incorporate the areas identified on the day of inspection. M: By completion of the refurbishment and redecoration plan. A: By the management team. R: Overview by the regional team T: 30th June 2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: S: A specific regime has been implemented for the monitoring of unoccupied bedrooms and en-suite bathrooms. This will be overseen by the PIC or her designate. All creams are labeled correctly and stored appropriately for each resident. In addition, the storage of basins and sponges has been addressed and staff have been re-educated</p>	

<p>regarding same.  M: Compliance visits, observational visits and additional supports to the PIC where required  A: Through the PIC and management team  R: Overview by the regional team  T: 31st May 2021</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  S: A full review of medication Kardex's has been completed to ensure that all transcribing signatures are in place. All nurses have been re-educated on the importance of ensuring the transcribers signature is completed. Retyped Kardex's are no longer stored in the Kardex folder while awaiting the GP signature. All nurses have been reminded of their obligations under the NMBI to ensure medications are administered only from a signed Kardex.  M: By audit and review  A: Through the PIC and management team  R: Overview by the regional team  T: 31st May 2021</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  S: A full review has been carried out by the PIC of all care plans to ensure they are relevant to the current status of each resident and reflective of their wishes and preferences in consultation with residents and/or their next of kin.  M: By audit and review  A: Through the PIC and management team  R: Overview by the regional team  T: 31st May 2021</p>	





## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	05/06/2021
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	30/06/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	05/06/2021
Regulation 23(c)	The registered	Substantially	Yellow	05/06/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	31/05/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs,	Substantially Compliant	Yellow	31/05/2021

	the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/05/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2021