



**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:	10 January 2024
Centre ID:	OSV-0000763
Fieldwork ID:	MON-0042365

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 85 residents, with 61 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:

83

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 10 January 2024	08:25hrs to 17:30hrs	Karen McMahon	Lead
Wednesday 10 January 2024	08:25hrs to 17:30hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents received a high standard of quality and personalised care. The overall feedback from the residents was that the centre was a lovely place to live with plenty of activities and of good quality food available to them. Residents were full of praise for the care delivered to them, by the staff in the centre.

Following a short introductory meeting, the person in charge and person participating in management accompanied the inspectors on a tour of the centre. The centre was spread out over two floors. A recent application to vary had been granted to increase the occupancy of the centre from 63 to 85. The new beds were now fully operational and inspectors' observed that residents were enjoying this area.

The centre was bright, clean, and welcoming, and decorated to a high standard. The finishes, materials, and fittings in both communal areas and resident bedrooms achieved a balance between a homely feel and accessibility, while keeping infection prevention and control in mind. There were ongoing renovations, including painting and the replacement of the carpet flooring with wood flooring, which was almost complete.

There were 81 single bedrooms and two double bedrooms, all with en-suite facilities. Residents' bedrooms were personalised with personal items including photos and soft furnishings. Scenic photos taken by a previous resident had been donated to the centre and were displayed on the walls throughout the centre, as well as various information posters for residents, including information on national screening services, activity schedules and infection prevention control information.

There was a dining room on each floor, which were both spacious and well laid out. Windows in the dining rooms provided views of the surrounding countryside. Tables were seen to be neatly laid and a daily written menu, with pictures was on display on each table. The inspectors observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. There was a choice of hot meals at lunchtime and a choice of a hot or cold option for the evening meal. The lunch was observed to be well presented, warm and with ample amounts on the plate. The meals were home cooked on site.

Most residents were observed to avail of the communal areas and were seen to socialise freely with each other. Various activities were observed taking place throughout the day of inspection, including jigsaw puzzles and karaoke. Both resident and staff were seen to enjoy these activities and there was a high level of engagement by residents. The hairdresser was present on the day of inspection and residents were seen to enjoy availing of this service.

The centre had a selection of communal spaces for residents' to use including an oratory, quiet room and seating area in the conservatory looking out on to the enclosed garden. The enclosed garden was well maintained and despite it being the winter months still had nicely planted shrubs and seasonal plants to provide a pleasant view with colour for residents. Residents could access this space through a choice of entrances on the ground floor. Pathways around the garden provided a suitable environment for wheelchair users.

The centre's ancillary facilities generally supported effective infection prevention and control. There was a clear distinction between clean and dirty areas, with well-established workflows. The housekeeping room, equipped with a janitorial sink and sufficient space for equipment storage and preparation, was well-ventilated and maintained in a tidy and clean state. Cleaning carts had locked compartments for secure chemical storage. Furthermore, the on-site laundry's design efficiently segregated the clean and dirty phases of laundering.

Hand hygiene facilities were conveniently accessible to clinical staff caring for residents. The hand hygiene sinks met the required national standards, effectively aiding in reducing the transmission of infections. Hand sanitisers were available at point of care for each resident and appropriately placed along the corridor.

Inspectors spoke with many residents, all of whom were positive and complimentary about the staff and had only positive feedback about their experiences of residing in the centre. One resident said they "just love it here" and that there was nothing they would change about it. Another resident told inspectors they were much happier living here than they had been for the last few years living in their home.

All residents said they never had to wait long for help and inspectors observed a sufficient number of staff around the centre. Throughout the day, staff were observed to treat residents with kindness and to gently redirect and assure residents who required such assistance. They clearly knew the needs of each resident well. A number of residents said that if they had a complaint they would just go and talk to the person in charge or the person participating in management both of whom were well known to the residents.

Visitors were observed visiting , without restriction during the day. One visitor spoke with inspectors and said they felt free to come and visit their relative whenever they wanted and always felt welcomed.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge. The services were delivered by a well-organised team of trained staff.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspectors found that improvements had been made and the compliance plans identified on the last inspection had been addressed.

The centre is owned and operated by Coolmine Healthcare Limited, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a named provider representative and three clinical nurse managers.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed. The provider implemented various assurance measures for maintaining good environmental hygiene standards, such as cleaning specifications, checklists, and color-coded cloths to minimise cross-infection risks. Cleaning records reviewed by inspectors verified that all areas were cleaned daily and regular deep cleaning was happening. This was also evidenced by the cleanliness throughout the centre.

Recent satisfaction surveys had been completed by residents and were currently under review by management, with a plan for the results to be reported and actioned in the annual review for 2023 which was scheduled to be completed in the coming months.

There were sufficient resources in place in the centre to ensure the effective delivery of high-quality care and support to residents. Staffing and skill-mix were appropriate to meet the assessed needs of the residents. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. The provider had also nominated a clinical nurse manager to the role of infection prevention and control (IPC) link person who was waiting to attend an IPC link practitioner course this year.

There was a system in place to monitor staff training. A review of this system found that staff had access to training, including training in fire safety, infection control, manual handling and safeguarding vulnerable adults. Communal areas were appropriately supervised, and staff were observed to be interacting in a kind and respectful way with the residents.

There was a suite of Schedule 5 policies in place. The policies were reviewed and updated as required. Staff had access to these policies at all times.

There was a directory of residents made available to inspectors. This had all the required information in relation to residents' admissions. However, the details regarding next of kin information were missing in some entries.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management. All staff had completed infection prevention and control training and hand hygiene. There was good supervision of staff across all disciplines and a good programme of induction and competency assessment in place.

Judgment: Compliant

Regulation 19: Directory of residents

While a directory of residents was in place, there were multiple omissions relating to the addresses of the resident's next of kin and of any person authorised to act on their behalf.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure did not clearly indicate the time frames for investigating and concluding complaints as set out under the regulation. Furthermore there was no procedure around informing a complainant in the event that the timelines set out cannot be complied with and the reason for any delay in complying with the applicable timeline.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

The inspectors found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspectors observed that the staff treated residents with respect and kindness throughout the inspection. However, further improvements were required in relation to infection prevention control.

Documents were available for viewing on the day of inspection. The information for

residents had been updated since the previous inspection and now included the relevant information including information on advocacy services and the complaints procedure.

There was a low level of restraint in the centre and the management were driven towards achieving a restraint free environment. Records showed that residents displaying responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were managed in the least restrictive manner.

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. There were minutes of residents meetings reviewed by the inspectors, where their voice could be heard and their opinion provided.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Residents also had access to advocacy services and notices were displayed around the centre identifying how to contact the advocates.

Inspectors noted good practices in multi drug resistant organism surveillance and antimicrobial stewardship at the centre. Antibiotic use was regularly analysed each month, guiding infection prevention efforts. The centre maintained a low usage of prophylactic antibiotics, a practice in line with national standards. Furthermore, staff actively participated in the "skip the dip" campaign, aimed at reducing improper use of urine dipstick tests that could result in unneeded antibiotic prescriptions, potentially harmful to residents and leading to antibiotic resistance. However, inspectors observed on the day of inspection more education and supervision was required on standard precautions including PPE usage and sharps management. This is further discussed under regulation 27.

Regulation 11: Visits

The registered provider had arrangements in place for a resident to receive visitors in so far as is reasonably practicable.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises was appropriate to the needs of the residents and was in accordance with the statement of purpose. The premises conformed to schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in relation to standard precautions and hand hygiene facilities for non-clinical staff to ensure compliance with the National standards for infection prevention and control in community settings (2018). For example;

- Members of staff were observed wearing masks below their nose, resulting in a significant reduction in its effectiveness in preventing the spread of respiratory droplets.
- The needles used for injections and drawing up medication lacked safety devices, increasing the risk of needle stick injuries which may leave staff

exposed to blood borne viruses.

- The housekeeping store room on the first floor did not have soap, paper towels or a bin to facilitate handwashing for housekeeping staff.
- Signage beside the hand sanitizers was not up to date in accordance with the new national posters and one reception room had COVID-19 signage to promote social distancing.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre. Residents' social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities.

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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Millbrook Manor Nursing Home OSV-0000763

Inspection ID: MON-0042365

Date of inspection: 10/01/2024

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • Register book was updated on the day of inspection • Register book audit implemented monthly – person responsible PIC 	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <p>Copy of complaints procedure with timeframe in lines with regulations displayed in a prominent position in the nursing home</p> <p>Policy was reviewed to conclude the time frame according to legislative time scales</p> <p>Complaints form was updated to include timescales and reason for possible delays in complying with applicable time lines</p> <p>Review process is conducted and concluded with written response in no later than 20 working days after date of request for review.</p>	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

- All posters reviewed and that procedures consistent with the standards for the prevention and control of health care associated infections published by the authority updated with current version.
- All needles contain safety devices
- Soap, paper towel dispensers and bin provided to facilitate hand washing in housekeeping room.
- Staff educated in mask wearing.

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	10/01/2024
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	12/01/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints	Substantially Compliant	Yellow	10/01/2024

	procedure in a prominent position in the designated centre, and where the provider has a website, on that website.			
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	10/01/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	10/01/2024