



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

## Issued by the Chief Inspector

Name of designated centre:	Mullinahinch House Private Nursing Home
Name of provider:	Mullinahinch House Private Nursing Home Limited
Address of centre:	Mullinahinch, Monaghan
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0000148
Fieldwork ID:	MON-0037462

## About the designated centre

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

Mullinahinch House Private Nursing Home is a purpose built facility that can accommodate a maximum of 52 residents. It is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours general nursing care for both long term residents and short term such as respite, convalescence, palliative and end of life care. Based on a pre-admission assessment, residents with dementia can also be admitted if it is established that the facilities and services provided could adequately meet their needs. Care is provided for people with a broad range of needs: low, medium, high and maximum dependency. The centre is a two storey building situated 2.5 km from Monaghan town in a quiet country area on over an acre of landscaped gardens. Accommodation comprises of 30 single and 11 twin bedrooms, each with its own en-suite facility. There are also two common rooms, a dining room, day room, activities room, a hairdresser salon and an Oratory on site. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. The centre's stated aims and objectives are to provide excellent health care, tailored to each individual resident needs in a place designed to emulate an environment as comfortable, welcoming, safe, and pleasant as residents' own homes. Parking facilities are available on site.

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

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

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 22 February 2023	10:00hrs to 17:00hrs	Sheila McKeivitt	Lead
Wednesday 22 February 2023	10:00hrs to 17:00hrs	Geraldine Flannery	Support

## What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Mullinahinch House Private Nursing Home. Residents who spoke with inspectors expressed satisfaction with the staff, food, and services provided to them.

Throughout the day of the inspection, inspectors observed that staff were compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed.

Following a short opening meeting with the assistant director of nursing, inspectors were accompanied on a tour of the premises. Inspectors noted positive changes in the centre since the last inspection, having completed refurbishment work, including painting, floor and furniture replacement. Close circuit television was in use within the centre and signage was visible to indicate its use.

Residents' accommodation and living space was laid out over two floors and served by one lift. All areas were easily accessible to residents. Inspectors saw that residents were supported to personalise their bedrooms, with items such as photographs, ornaments and prints, to help them feel comfortable and at ease in the home. Inspectors spoke to several residents, most of whom expressed satisfaction with their bedroom accommodation. One resident however commented on the wardrobe and said it was very small with not enough space to store belongings. Inspectors saw that there was insufficient secure storage in some residents' twin bedrooms. This will be discussed later under regulation 12.

Overall, the centre appeared clean and bright on inspection. However, a number of areas under infection control required action and will be discussed further under regulation 27.

The design and layout of the nursing home promoted free movement and relaxation. There were a number of spaces for residents to relax in and these rooms were comfortably furnished with an adequate amount of seating and wall art. Inspectors noted a tree painting in the activity room and were informed that it was the work of residents themselves at art class. The leaves of the tree were the outline of the residents' own hands they made during art class. Pictures were seen in the newsletter 'The Mullinahinch Voice' of residents decorating their home.

The inspectors spoke directly with residents and to elicit their opinion on the service being provided in the centre. Overall feedback from residents was positive with one resident saying that the 'home is lovely and they couldn't ask for better' and another saying that 'decorating work carried out has greatly added to the atmosphere of the nursing home'. Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak

with residents kindly and respectfully, and to interact with them in a friendly and unhurried manner. Inspectors spoke directly to staff. All staff expressed satisfaction working in the centre.

Inspectors noted that the dining experience was a calm and sociable time for residents which was complimented by the décor and layout of dining rooms. Residents who spoke with inspectors expressed great satisfaction with the food, snacks and drinks provided, with one resident commenting that 'the food was always delicious'. Inspectors observed a meal time service to be well managed and unhurried. Inspectors noted that there were sufficient numbers of staff available to assist residents in need of support during mealtimes, in a kind and patient manner.

Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. A number of residents spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the exercise class and the singing and dancing. There was an activity schedule displayed within the designated centre which detailed activities planned for the week of the inspection. On the day of inspection, inspectors observed a visit from the 'mobile music machine'. The show proved very popular with residents as volunteers appeared very enthusiastic and encouraged resident participation. Papers were delivered daily to the centre for 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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements. Overall, this was a well-managed centre, with improved oversight by the management team and an improved level of compliance noted since the last inspection in March 2022

Mullinahinch House Private Nursing Home Limited is the registered provider of Mullinahinch House Private Nursing home. The centre is part of the Arbour Care Group which forms part of the Evergreen Care Group. The centre was appropriately managed. The management team included the person in charge who was being supported by the assistant director of nursing and the regional operational manager. There were procedures in place to oversee areas of practice. A comprehensive annual review for 2022 was available for review, it included feedback from residents and quality improvement plans for 2023.

Resources had been put in place to refurbish the premises, however the twin bedrooms did not provide an adequate amount of private space to each resident

occupying these twin bedrooms, where they were fully occupied.

Inspectors found that adequate resources were available to ensure the service provided was safe, appropriate, consistent and effectively monitored. There were enough staff on duty to meet the needs of residents. There were staff vacancies, however inspectors were assured that these vacant posts were in the process of being filled.

Training was adequately resourced. Staff had completed mandatory training prior to commencing work in the centre or on induction.

Records reviewed including the residents guide, directory of residents, insurance and a sample of staff files met the legislative requirements. The statement of purpose and volunteer files required further review to ensure they met the legislative requirements.

### 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. A small number were due updated training in fire and safeguarding the vulnerable resident, however, inspectors saw evidence that these staff were booked to attend updated training in March 2023.

There was good supervision of staff across all disciplines.

Judgment: Compliant

### Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

### Regulation 21: Records

Records outlined in schedule 2, 3 and 4 were available for review and met regulations.

Judgment: Compliant

### Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and assistant director of nursing were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

The management team committed to reviewing the accommodation available to residents occupying twin bedrooms.

Judgment: Compliant

### Regulation 3: Statement of purpose

Changes had been made to the statement of purpose since the certificate of registration had been issued. Inspectors found that the statement of purpose was not aligned to the certificate of registration, as the changes had been made to the organisation structure and to the staffing whole time equivalent. A copy of the updated document had not been forwarded to the Chief Inspector.

Judgment: Substantially compliant

### Regulation 30: Volunteers

There were three persons involved on a voluntary basis with the designated centre. All three had An Garda Siochana (police) vetting prior to starting in the centre, however they did not have their roles and responsibilities outlined.

Judgment: Compliant

### Regulation 31: Notification of incidents

The chief inspector had been informed of all incidents which occurred in the centre within the required time frame.

Judgment: Compliant

### Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge

Judgment: Compliant

## Quality and safety

Improvements to the quality and safety of care was required to ensure that the centre was maintained to the standard outlined in the registered provider's statement of purpose and that residents were provided with an adequate amount of private space.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Training records indicate that the majority of staff have completed safeguarding training with the remaining staff to have completed their updates by March. Staff spoken to were all familiar with and knew where to locate the safeguarding policy. They were clear about their role in protecting residents from abuse. They all expressed that the safety of the resident was their priority, they would calm the situation and report all incidents to supervisors/managers. The nursing home was pension agent for a small number of residents. The system in place to manage residents money was safe.

Signage throughout the nursing home was clear and included warning signage for the storage of oxygen.

Inspectors observed that residents had access to a range of media, including newspapers, telephone and television. On the day of inspection an activity co-ordinator was on site to organise and encourage resident participation in events and were observed to be very enthusiastic and very caring to residents.

Inspectors observed that the design and layout of the twin occupancy bedrooms within the designated centre impacted on residents' right to privacy. Residents had access to independent advocacy services with contact details of same advertised in the nursing home information booklet. There were resident committee meetings to discuss key issues relating to the service with action plans developed to address issues raised.

There were arrangements in place to ensure that residents had access to and retained control over their personal property, possessions and finances. Residents confirmed that their laundry was done regularly and returned promptly. Residents did not report any complaints about laundry service. A labelling system was in place to ensure the correct laundry was returned to residents. Money was held securely for residents located in a safe with nominated personnel having access. However, residents in some rooms were seen not to have adequate space to maintain clothes or secure lockable storage for valuables or personal possessions.

The medication management systems reflected the policies for medication management. Inspectors were assured that medication management practices were safe.

## Regulation 12: Personal possessions

- Residents in twin rooms had not adequate space to store their personal possessions. The wardrobe provided for each resident in these rooms were too small to store the residents belongings.
- Residents in some rooms had no locks on furniture to allow secure storage of their valuables.

Judgment: Substantially compliant

## Regulation 17: Premises

The registered provider was required to action works with regard to the premises, in order to provide a safe and comfortable living environment for all residents.

There are eleven twin bedrooms, a number of which have been re-decorated and had new furniture bought for each bed space. However, 10 of these twin bedrooms were not of a suitable size or layout to accommodate two residents. These twin bedrooms did not have enough space for a bed, a locker, a chair, a bedside table and appropriate storage for personal belongings within each residents allocated bed space. For example, doors of the wardrobe in a twin bedroom 18 could not be opened comfortably due to the close proximity of the wardrobe to the end of the resident's bed. In twin room 20, one resident could not access their wardrobe without going into the other residents living space. This was the same scenario in a number of twin bedrooms viewed on this inspection.

Judgment: Not compliant

## Regulation 20: Information for residents

Residents had access to a residents guide which included all the required information as outlined in the legislation.

Judgment: Compliant

## Regulation 27: Infection control

Some actions were required to ensure that good infection prevention and control

practices were consistently adhered to in the designated centre. For example;

- There was inappropriate storage seen within some store rooms. For example, inspectors observed brushes and dust pans stored on the ground which prevented effective cleaning of these areas. Overstocking of items in store room posed a risk of cross-infection.
- Two sharps boxes were observed to not have the temporary closure mechanism engaged when not in use. This posed the risk of cross-infection to staff. and they did not contain information relating to assembled by or dated.
- Inspectors observed dirty shower drains and wall to skirting junctions had peeled away in some ensuite bathrooms preventing effective cleaning.
- A review of some equipment in use was required, for example, a chair in hairdressers was worn and material underneath exposed preventing effective cleaning also rusty bins and handrails in some bathrooms prevented effective cleaning.
- Bags on handrails and unidentifiable resident toiletries in bathrooms posed a cross infection risk.
- Outside the building the chemical waste bin was unlocked.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The issue in relation to warning of oxygen storage had been addressed.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

The inspectors observed good practices in how the medicine was administered to the residents. Medicine that was to be administered appropriately as prescribed and dispensed.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with refresher training on safeguarding and could demonstrate the principles of the training in practice. A sample of personnel records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were not being upheld:

- Residents in twin bedrooms could not maintain their privacy and dignity at all times.
- Locks on some twin room bathroom and bedroom doors were not in working order.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Mullinahinch House Private Nursing Home OSV-0000148

Inspection ID: MON-0037462

Date of inspection: 22/02/2023

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of purpose was reviewed and updated on 23.2.2023 in line with the registration certificate. A copy of this was forwarded to the chief inspector on 22.03.2023. Updated Statement of Purpose re-distributed throughout the nursing home.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The wardrobes specially designed for the 10 twin rooms are ordered, which would provide adequate space for the residents in those twin rooms to store and maintain the clothes and other personal possessions. All rooms were inspected. Identified the rooms which had lockable furniture and keys, which was kept with the key bunch at nurses station, were made available at easy reach for the residents if they wish to use. Old furniture in the rest of the rooms which do not have keys would be replaced with lockable furniture.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

10 of our twin rooms require specific consideration when allocating to residents. Statement of Purpose reflects this consideration. We have also designed furniture to suit the layout of the rooms. We are cognisant of the needs of the resident to accommodate in those rooms.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

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

The dustpans and brushes in the cleaner’s storage room were since mounted on the hooks on the wall. Overstocks identified during the inspection is since removed back to the store. This provides effective and accessible cleaning of the floor. Domestic Lead supervises the same.

- The sharp boxes in mention were used in the sluice room by staff for disposal of the razors after use. The team has been trained regarding the safe use of sharps boxes, including assembly and labeling. Policy refresher distributed. The HCA supervisor oversees this, is being done correctly. A poster with information and explanation is displayed near the sharp boxes in both sluice room.
- The shower drains in the specific ensuites are included in the cleaning schedule. Domestic supervisor overlook the effectiveness. The wall to the skirting junctions, which are peeled away in some ensuites, is under refurbishment works, which is currently being done as a part of the Quality improvement plan 2023.
- The chair in the hairdresser room was replaced. The rusty metal pedal bins are in the process of replacement. A rust check is specifically included in the monthly maintenance checklist. The schedule for the treatment of rust and painting is in progress for the identified handrails.
- Bags were removed from the handrails and refresher training provided to the team. HCA Supervisor and Senior carers to overlook the practise and IPC compliance. Toiletries in the twin room ensuite is labelled with the residents’ name.
- The rusty lock of the outside Clinical waste bin replaced with new lock.

Regulation 9: Residents' rights	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Twin bedrooms have been reviewed to ensure that the residents accommodated therein have privacy according to their preferences. Their comments are noted in their care plans. Where there is a preference for a different room, we will commit to provide same as soon as one becomes available. The locks on the bedroom door and bathrooms that were not in working order were identified and replaced with working ones. All bedrooms

and bathrooms have working locks.

## 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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation	Not Compliant	Orange	23/03/2023

	3.			
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.	Not Compliant	Orange	23/03/2023
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	30/04/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	23/02/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	01/03/2023

Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	01/03/2023
--------------------	---	-------------------------	--------	------------