



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

Issued by the Chief Inspector

Name of designated centre:	Millbury Nursing Home
Name of provider:	Rossclare Nursing Home Limited
Address of centre:	Commons Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0000700
Fieldwork ID:	MON-0037928

About the designated centre

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

Millbury nursing home is a purpose-built centre located in Navan Town, Co Meath. It provides full-time nursing care to 101 residents, male and female who require long-term and short-term care. Residents assessed as having dementia can be accommodated throughout the centre. There are 94 single en-suite bedrooms, 1 single room and 3 twin bedrooms with en-suite all located on the ground floor. Accommodation is provided in four separate areas, Boyne, Comeragh, Tara and Dunmore suite all accessed from the bright reception space. A variety of communal spaces are located overlooking two central outdoor courtyards and landscaped grounds. The centre has a reception seating space, oratory, 2 hairdressing salons and a sensory room for residents' use. A smoking area is in place for residents who smoke. Suitable household areas including laundry, dirty utility rooms, cleaning rooms and kitchens are in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	100
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How we inspect

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 7 December 2022	09:00hrs to 16:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector found that residents received care and services from a well established staff team who know them well. The inspector arrived at the centre in the morning for an unannounced inspection and was greeted by the assistant director of nursing (ADON) followed by the person in charge (PIC).

Overall, feedback from the residents was very positive regarding their lived experiences in the centre. All residents and visitors were very complimentary with the standard of care provided. Residents and relatives expressed their satisfaction with management and their approach to treating all residents as individuals. One visitor said 'my relative could ask for anything and they will always try their best to get it', while another relative said 'the management are always around if you have any questions or concerns'.

The centre was beautifully decorated for Christmas. Residents has participated in the preparation for the Christmas celebrations. One resident told the inspector that they were 'really looking forward to the Christmas mass service' while another resident was happy to show the inspector the decorated Christmas tree and snow themed corner of the corridor. Residents' bedrooms were seen to be comfortable spaces and personalised with photographs and art work. Residents had access to a safe and well-maintained internal garden. There were ample communal spaces with each one had a different activity on. Residents were also observed in a large oratory for rosary. The activities on offer were displayed on a notice board and also on the door into each communal area. There was plenty of friendly conversation and good-humoured fun happening between residents and staff. The provider had two rabbits in the centre, which were seen in a purpose built house. Residents were observed stopping while passing by the rabbits to check on them and their supply of food and water.

Residents appeared to be well-cared for and neatly dressed according to their preferences. Residents' views on the running of the centre were sought through residents' meetings and surveys. The inspector reviewed residents' surveys and the minutes of residents' meetings and saw that the provider had taken action to respond to any feedback. Residents had access to televisions, telephones and newspapers. There were two advocacy services available to residents which gave the residents the choice to pick their preference.

Residents were observed to be offered hot and cold drinks throughout the day. Each communal area had a trolley with refreshments available throughout the day. The residents were seen to be offered ample choices for meal times with nutritious and nicely presented food being served.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under

the relevant regulations in each section.

Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. There were no risks identified on the day, and improvements across all areas were observed by the inspector in relation to; premises, governance and management and fire safety. On the day, the inspector observed a high quality service was being delivered to residents. There were effective management systems in this centre, and the management team was proactive in responding to issues as they arose.

The registered provider of Millbury Nursing home is Rosscclare Nursing Home Limited. This nursing home was observed to have a well-established governance and management team, which consisted of two company directors who were actively involved in the running of the centre, a person in charge, an assistant director of nursing and a clinical nurse manager. The person in charge worked full-time in the centre and was well supported by a team of nursing staff, health care assistants, administrative staff, and domestic and maintenance staff.

There was a process in place for reviewing the quality of care and the quality of life experience by residents living in the centre. There was an audit schedule in place which had been completed in a number of key areas. Learning was identified from these audits and action plans developed. These demonstrated that positive changes had been implemented as a result, for the benefit of the residents.

There was a sufficient skill-mix of staff on the day of inspection. The centre had no vacancies and the majority of staff had worked in the centre for a number of years. The registered provider had recruited six more staff that were due to start induction in the coming week. These staff would cover planned and unplanned leave over the next twelve months. Staff had vetting disclosures in place prior to commencing employment.

Contracts for the provision of services were made available to the inspector. These had the terms and conditions of resident's stay in the centre clearly specified and any extra charges that the resident may incur.

The persons in charge had notified the Chief Inspector of any accidents or incidents in the centre, however; the use of sensor alarms had not been notified. The person in charge was pro-active on the day and immediately added sensor mats to the restraint register.

Regulation 15: Staffing

On the day of inspection, the inspector found that the number and skill-mix of staff were appropriate to meet the assessed needs of the residents living in the centre, given the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend a wide variety of online and in-house training and professional development training appropriate to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Audits informed ongoing quality and safety improvements in the centre. There was a clearly defined management structure in place that identified lines of responsibility and accountability. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed with identified service improvement initiatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of the contracts of care was reviewed, and they outlined the terms on which the residents shall reside in the centre. They were seen to include the room to be occupied and the occupancy of the room and details of any additional fees to be charged.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector of Social Services in relation to the use of sensor mats as restrictive practice.

Judgment: Substantially compliant

Quality and safety

The inspector 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 inspector observed that the staff treated residents with respect and kindness throughout the inspection.

Overall, this was a good service and a well-managed centre, where a high quality of care was provided. Residents' needs were being met through good access to healthcare services and opportunities for meaningful and varied social engagement. Residents had timely access to general practitioner (GP) services and to health and social care professionals as requested by residents or as required. Where relevant, residents also had access to specialist services, including chiropody, dental, palliative care, wound care, physiotherapy, occupational therapy, and old age psychiatry.

Residents' records were maintained on an electronic system. Staff used a variety of accredited tools to complete residents' clinical assessments at the time of admission. A comprehensive assessment was completed for residents within 48 hours of admission in line with the regulations. The inspector reviewed a sample of care plans and found that they reflected the recommendation made by speech and language therapy services and dietetic services. Where specialist interventions were

prescribed, such as textured diets or supplements, these were recorded in the resident's care plan and provided by staff. Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences.

Overall, the centre was observed to be clean, and the staff who spoke with the inspector was knowledgeable about effective cleaning practices.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights.

Residents had access to advocacy services and notices were displayed around the centre identifying how to contact the advocates. The centre was not a pension-agent for any resident.

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care files and noted that each resident had a comprehensive assessment and appropriate care plans based on their assessed needs. Care plan reviews occurred every four months or when residents' needs changed. A variety of evidence-based clinical tools were used to assess needs, including mobility, nutrition and skin integrity.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical, health and social care professionals. Residents had also good access to specialists such as a geriatrician and psychiatry of later life when required.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Staff spoken with on the day of the inspection were aware of what abuse is and what they would do if they witnessed or suspected such an incident.

The centre is not acting as a pension agent for any residents.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Millbury Nursing Home OSV-0000700

Inspection ID: MON-0037928

Date of inspection: 07/12/2022

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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The use of any and all sensor mats will be included on every quarterly report by the use of the NF 39 A form via portal starting from the last quarter of 2022 due this 31st January 2023 and thereafter.	

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 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	31/01/2023