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:	Announced
Date of inspection:	05 February 2025
Centre ID:	OSV-0000763
Fieldwork ID:	MON-0045737

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:	80

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 5 February 2025	08:00hrs to 16:30hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents said and from what the inspector observed during the day, Millbrook Manor was a pleasant place to live. It was evident that the culture and ethos was one of upholding residents' rights. Residents were observed to be content and relaxed throughout the inspection day. Residents' comments regarding staff were very positive, reporting there was sufficient staff to meet their needs, and residents also said they were happy with the food and environment, including the nice scenery external to the centre.

The designated centre is located in Saggart, Dublin 24. The centre is laid out across two floors with bedroom accommodation on both floors. The building was bright, warm and nicely decorated. Residents' had access to a living area and dining rooms on each floor. There was additional communal spaces available for residents on the ground floor, such as a visitor room, conservatory, oratory, and ample areas for seating including at the reception area. There was a hairdresser's room available. Residents' could access the gardens through several areas on the ground floor. The inspector saw that there were two designated smoking areas in the centre, one was an internal smoking room and the other was a bench at the front of the centre which was used at times of warmer weather. The smoking room was seen to be set up with appropriate fire safety measures, however, there was no fire extinguisher or fire blanket in place at the outdoor smoking area.

Residents were accommodated in 81 single and two twin-bedded bedrooms, all with en-suite facilities. Bedrooms viewed by the inspector were spacious and nicely decorated with personal belongings such as photographs, flowers, plants and soft furnishings. Residents' reported to be happy with their bedroom accommodation. One resident said they enjoyed the view out their bedroom window of the frost on the surrounding greenery.

Residents had access to television, newspapers and radios. Residents' were seen to move freely throughout the centre with many seen to spend time in the communal areas reading newspapers and partaking in activities. Notice boards provided information to residents such as the planned activities, the complaints procedures, advocacy contact details and information about upholding residents' rights. On the day of the inspection, activities such as board games and bingo were occurring. Residents' spoken with stated they really enjoyed the activities on offer. There was evidence of consultation with residents in the planning and running of the centre. Residents' meetings were held monthly and resident surveys were completed twice a year to help inform ongoing improvements in the centre. Minutes of these meetings and surveys were seen to be responded to. For example, recently residents requested that omelettes were added to the menu and this was seen on the menu for the tea-time meal on the day of the inspection.

Residents reported to feel safe within the centre. The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection.

It was evident that staff knew the residents well and were familiar with their daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content, and were seen to be supported in a calm and un-rushed manner that facilitated their needs. For example, some residents were seen to use and enjoy doll therapy, with staff engaging with the resident's and asking questions about their doll.

Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. A menu was displayed around the centre and was also presented on some of the dining tables. There was a cooked breakfast option, different choices for the tea-time meal and sandwiches available in the evening. On the day of the inspection, residents were provided with a choice of meals which consisted of corned beef or fish, while dessert options included cheesecake or jelly and ice-cream. The lunch-time meals looked wholesome and nutritious. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. Feedback was positive with comments such as "the food is gorgeous". One resident reported to enjoy the cappuccino and scone they had in the afternoon. Overall, the dining experience was seen to be a positive, relaxed and social experience.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People (Amendment) Regulations 2022) and follow up on the compliance plan from the last inspection in January 2024. Overall action had been taken to address the majority of the findings of the previous inspection. However, further action was required to be fully compliant with all regulations, which will be outlined under the relevant regulations within this report.

The registered provider of Millbrook Manor Nursing Home was Coolmine Healthcare Limited. There was an established management team with clear roles and responsibilities identified. There was good oversight provided by one of the company directors who was present during this inspection and who the person in charge reported into.

The person in charge was supported in their role by a house manager, three clinical nurse managers, staff nurses, healthcare assistants, activity staff, household, catering and administrative staff. During this inspection, the inspector was told there was no staff vacancies, and from discussions with residents they reported to be happy with the staffing levels.

The standard of overall record-keeping in the centre was good, and all records as required for this inspection were available. A record of notifiable incidents involving residents in the centre was maintained. However, the directory of residents was not kept up to date and did not meet the regulatory requirements, as discussed under Regulation 19: Directory of Residents.

A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, in consultation with residents and their families. This review assessed the provider against the National Standards. It also identified areas for improvement and development to complete in 2024. At the time of this inspection, the registered provider was in the process of reviewing their annual review of the quality and safety of care completed for 2024.

The management team had systems in place to monitor the quality and safety of services and the effectiveness of care given. There was weekly governance reports, and regular key performance indicator trending and auditing occurring, with action plans in place. However, despite having such a range of monitoring systems in place, some of these management systems had not identified issues that could impact on residents' quality of life and well-being. For example, audits and monitoring data regarding care planning and weight loss did not highlight improvements that were required.

Regulation 19: Directory of residents

The directory of residents did not contain all information as required under Schedule 3 of the regulations. For example:

- Where the resident was transferred to another designated centre or to a hospital, the name of the designated centre or hospital and the date on which the resident was transferred was not recorded for three records reviewed.
- The cause of death was not recorded for one record reviewed.
- The time of death was not recorded for one record reviewed.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not sufficiently robust. This was evidenced by the following:

- There was a lack of oversight of care planning documentation. For example, comprehensive assessments were completed annually. This was not in line with the registered provider's policy which stated that reassessments shall be

completed at four-monthly intervals at a minimum. In addition, some auditing of individual care plans did not identify areas for improvement. This is further outlined and actioned under Regulation 5: Individual assessment and care plan.

- Despite an allied health professional highlighting that the medical advice of a previous assessment had not been adhered to, there was no evidence of a quality improvement plan to ensure that necessary actions were put in place to prevent re-occurrence.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of four residents' contracts for the provision of services were reviewed. All contained the terms relating to the bedroom of each resident were clearly set out, including the number of occupants of the bedroom. The details of the services to be provided, the fees for these services, and any additional fees were also outlined.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents of Millbrook Manor received a good standard of care by a team of staff who knew them well. However, further oversight of the care planning arrangements and the premises was required.

The inspector reviewed a sample of residents' records such as assessments and care planning. Pre-assessments were seen to be completed prior to a new admission to ensure that the designated centre could care for the individual needs. Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls and malnutrition. While overall care plans had been formally reviewed at intervals of every four months, the care plans did not always contain up-to-date information to

guide staff to meet the needs of the residents. This will be further discussed under Regulation 5: Individual assessment and care plan.

Overall, there were good standards of evidence based healthcare provided in this centre. Records showed that residents saw their general practitioner (GP) regularly, and where specialist medical input was required, referrals were made in a timely manner.

There was a policy available to guide staff on resident communication effective from January 2024. Interactions between staff and residents showed that staff knew residents well and supported them to communicate in a way that enabled them to be actively involved in decision-making on their life within the designated centre.

There was a policy on end-of-life care. The centre had established links with the GP and palliative care teams to ensure all comfort measures are in place for residents requiring end-of-life care.

There was a refurbishment plan in place to address the environment and equipment concerns, such as wear and tear to the walls and paintwork in the basement, and to replace some of the residents' chairs in the communal areas. Not all areas used by residents had call bells, this was not aligned with the requirements of Schedule 6.

Residents were seen to be offered and have access to adequate quantities of food and drink with set meal times and additional refreshments available throughout the day. Residents reported to enjoy the meals, and that portions were plentiful.

The risk management policy was requested prior to the onsite inspection and was reviewed. This policy was recently reviewed in January 2025 and met the criteria stipulated by the regulations. For example, it detailed the measures and actions in place to control the five specified risks. The registered provider also had a Safety Statement and individual risk registers in place such as the risk of fire.

Regulation 10: Communication difficulties

Assessments had been completed of the communication needs of all residents and where residents had specialist communication requirements, these were recorded in their care plan.

Judgment: Compliant

Regulation 13: End of life

The inspector reviewed one individuals' care records relating to their end of life care needs and found that their expressed wishes were clearly documented which outlined their physical, emotional, social and spiritual preferences.

Judgment: Compliant

Regulation 17: Premises

Action was required to address areas on the premises to ensure that they promoted a safe and comfortable living environment for all residents and that they aligned with Schedule 6 requirements. For example:

- Where dining rooms were interconnected through glass panels and doors, there was only one call-bell to serve both spaces. In addition, there was no call bell at the outdoor smoking shelter. This meant residents could not promptly alert staff and was not in line with the regulations which requires emergency call facilities in every room used by residents.
- Areas of wear and tear were seen which was not in line with Schedule 6 which required the premises to be kept in a good state of repair internally. For example:
    - Some fabric seats were observed to be ripped. This meant that these items could not be effectively cleaned and may impact on infection prevention and control measures.
    - Some areas of carpet and the flooring in the hairdresser's room were badly stained, and required more effective cleaning.
    - The walls were bubbling in the basement areas and required repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. There was a choice provided at mealtimes and it was observed that there were adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy included all the required information in line with the regulations and there was a system in place for responding to risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The care plans of some residents did not reflect their current health care needs and some contained out of date information, meaning the relevant care and support needs of the residents could not be met. For example:

- An end-of-life care plan contained generic information and relevant information was missing, such as the resident's resuscitation status and religious preferences.
- A resident's nutrition and hydration care plan was not up to date and did not contain their current MUST score (a tool used to identify individuals who are at risk of malnutrition) in line with their recent re-assessment.
- A resident's nutrition and hydration care plan recorded two different levels for the resident's food and drink textures.
- A resident's hearing and vision care plan referred to a prescribed medication despite this no longer being in place at the time of the inspection.
- A care plan stated that a resident should have their blood sugars monitored four times a day, there were gaps in the records viewed for the three days prior to the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

A GP attended the centre twice a week and as required. Timely referrals to allied health professionals such as physiotherapy, speech and language, dietitians and community services to include chiropody were completed. Notwithstanding the good findings under this regulation, improved oversight to ensure that recommendations from professionals were appropriately documented and followed through is discussed under Regulation 23: Governance and Management.

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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Millbrook Manor Nursing Home OSV-0000763

Inspection ID: MON-0045737

Date of inspection: 05/02/2025

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 19: Directory of residents</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 19: Directory of residents:
• The resident directory checklist was developed and placed in the reception. It is completed promptly, checked daily CNM, and updated in the directory of residents to include all the information required under section 3 of the regulation.
• The audit for the resident directory has been updated, and the audit will be completed to include all the information required under section 3 of the regulation</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Assessment checklists are updated and include comprehensive assessment
• Weekly collection data is updated with information regarding referrals to the Dietician, Speech and language therapist, and Tissue viability nurse, which are followed up and actioned.
• A care plan audit tool has been developed, and all care plans are audited as a part of the quality improvement plan.</td></tr>
</table>

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The new call bell unit for the extended dining room and smoke area has been ordered. • The environmental audit highlights all areas that require attention, as specified in the report, and an action plan is in place to ensure the premises promote a safe and comfortable level of environment • Basements require attention, and maintenance plans are in place.	

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • Staff nurses developed and completed a care plan audit tool under the supervision of management in accordance with Regulation 5. • Mandatory assessments, including Residents' Comprehensive assessments, are checked promptly to ensure they are completed promptly as per policy. • All nurses will review and update care plans under the supervision of management with relevant and person-centred information about residents. • The audit tool for residents with diabetes care plans is updated to ensure that blood sugar is recorded according to the care plan.	

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 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	30/05/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	06/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	06/02/2025
Regulation 5(1)	The registered provider shall, in so far as is	Substantially Compliant	Yellow	30/04/2025

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
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	30/04/2025