Ms Amanda Torrens
Proprietor
Mill Lane Manor Nursing Home
Sallins Road
Naas
Co Kildare

January 17th 2006

Re: Inspection Report

Inspection of Mill Lane Manor Nursing Home under the Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

Dear Ms Torrens

Two designated Officers of the HSE visited Mill Lane Manor Nursing Home On December 18th 2006 at 10.00Hrs on behalf of the Kildare Inspection Team following the last inspection that had taken place on October 19th 2006.

There were sixty six residents on this date. The Nursing Home is currently registered for seventy residents.

Issues identified in the previous Inspection Report, dated September 27th 2006, have been partially addressed.

It was noted that significant progress had been made in relation to addressing the issues outlined in the previous inspection Reports.

- Stock control arrangements have been put in place in conjunction with the pharmacist to ensure that excess drug stocks are not kept on the premises.
- All ten staff nurses have completed induction programme. The materials covered on the induction programme are very relevant.
  Recommendation: The programme should be rolled out over a longer period. It should also incorporate a workshop in relation to nursing care plans with a follow up.
- It was reported to us that _____ and _____ have recently completed a manual handling trainers programme in Sligo and that they plan the roll out of a Manual handling training programme in January which will be extended to all staff nurses and Health Care Assistants.
  Recommendation: We recommend that all health care assistants and nurses who have not previously undertaken a manual handling training programme should be given priority for this programme in January

- All ten staff nurses had participated in training in Nursing Care Planning on October 20th 2006. A signed attendance record was produced at the time of our follow up inspection

The following issues remain outstanding and require your attention

Article 10.2

"Subject to article 10.3, the post of person in charge shall be full time and the person in charge shall be a nurses with a minimum of three years post registration experience within the previous six years"

Breach(es)

We note that Mill Lane Manor Nursing Home has yet to appoint an appropriate person in charge.

Required Action: A suitable Person in charge is recruited

Timeframe: ASAP

Article 14 (a)

The Registered Proprietor and the Person in charge of the Nursing Home Shall:

(a)ensure that the nursing home and its curtilage is maintained in a proper state of repair and in a clean and hygienic condition "

Breach(es)

A strong odour of urine was present from room 18. A resident in a neighbouring room voiced concerns about this.

Required Action: Given that all measures taken to clean the carpet and upholstery have failed we are recommending that the carpet should be replaced by a non-slip vinyl floor covering.

Timeframe: Within one month of the receipt of this report

The following breaches were identified at the time of our inspection on December 18th 2006 and require your immediate attention

Article 5 Welfare and Wellbeing

The registered proprietor and the person in charge shall ensure that there is provided for dependent persons maintained in a nursing home:

(a) suitable and sufficient care to maintain the person's welfare and well being, having regard to the nature and extent of the person's dependency

(b) a high standard of nursing care

Breach(es)

(1) In relation to the patient _____ the following breaches were identified.

a. There was failure to include/update the following individual patient care needs in ___ Nursing Care Plan.

- Sufficient information in relation to activities of daily living.
- Dietary likes and dislikes
- The level of assistance required with personal care needs was not clearly stated.
- Failure to specify the frequency of toileting required
- Failure to identify the management of urine odour as a problem.
- Failure to record a copy of the Braiden Score calculation in ___ chart.
- Failure to monitor the patients weight on a weekly basis
- Failure to record the patients intake and output
- Failure to carry out a nutritional assessment
- Failure to identify a significant history of falls as a problem
- Failure to carry out a falls risk review was in order to prevent a reoccurrence.
- There is no evidence of an incontinence assessment being carried out _____ _____. This is not in line with your own Continence policy which states *"An individual continence assessment programme will be completed for each resident"*

(2) In relation to the patient _____ the following breaches were identified.

There was failure to include/update the following individual patient care needs in ___ Nursing Care Plan.

- No entries were made in the Nursing notes of the day shift of December 7th 2006. There were multiple lines left blank
- Failure to complete the patient's nursing assessment properly
- Failure to total the patient's Braden score and plan accordingly
- Failure to refer to the patient's _____ regime on ___ NCP
- Failure to monitor the patient's intake and output _____ _____

(3) In relation to the patient _____ the following breaches were identified.

There was failure to include/update the following individual patient care needs in ___ Nursing Care Plan

- Failure to monitor the patient BS on December 16th 2006
- Failure to refer to the pain management plan in relation to _____in ___ NCP
- Failure to carry out a skin assessment
- Failure to date Nursing assessment

- Failure to refer to _____ and plan ___ care in relation to same in his NCP
- Failure to monitor ___ Intake and output _____ _____
- Failure to refer to the management of _____ in ___ NCP
- Failure to have the nursing assessment and the nursing notes reflect the nursing care plan and vice versa

Required Actions:

1**.** All Nursing staff should receive update training in Nursing Care Planning.

The care plans must be patient specific.

Once the assessment has been completed and problems or potential problems identified a care plan should be initiated for the patient. The requirements of a care plan include the following:

- Problem identification
- Goal specification
- Specific nursing interventions to include how, when and who will carry out the interventions within a specified time-frame.
- Review date
- All entries in the care plan must be dated and signed by the person who has formulated the plan

The plan should then be reflected in the daily nursing notes (nursing kardex)

Timescale: End of February 2007.

(2)All residents Nursing Care Plans are to be reviewed, revised as appropriate and implemented

Timescale: End of February 2007.

(3) Provide staff training in falls education. This could be sourced through _____ _____. Health Promotion Unit, Broomhill Road, Tallaght.

Timescale: Two months.

Timeframe: On receipt of email containing the above specified information

Article 14 Hygiene

The registered proprietor and the person in charge of the nursing home shall

(c) Make adequate arrangements for the prevention of infection, infestation, toxic conditions, or spread of infection and infestation at the nursing home

Breach(es)

(1) In relation to the patient _____ the following breaches were identified.

There was failure identify how _____ should be managed in ____ Nursing Care Plan.

Required Action: All patients who are MRSA Positive must have a plan of care pertaining to the management of infection in their Nursing Care Plans.

Timeframe: Immediately as discussed at the time of our follow up inspection

(2) In relation to the patient in bed ____ who was reported as being _____ there were no gloves or aprons available.

Extra supplies of gloves and aprons were locked away and could only be accessed by the nurses carrying the keys. This is an unacceptable practice

Required Action: All staff must be provided with direct access to gloves and aprons at all times

Timeframe: Immediately as discussed at the time of our follow up inspection

(3) All gloves and aprons were stored in the individual patient bathrooms as opposed to outside of the patient's rooms so staff and visitors could gown up before entering the patients room

Required Action: Mill Lane Manor Nursing Home should contact the HSE's Local Infection Control Nurse for guidance in relation to best practice in the management of patients who are MRSA Positive.

Timeframe: Immediately as discussed at the time of our follow up inspection

General Comment / Observations

(1) It was reported to us that Management are attempting to source a programme in the management of challenging behaviour (train the trainer's model) to roll out to staff.

Required Action: A suitable training programme in the management of challenging behaviour is sourced and provided to all RN's and HCA's on staff.

Timeframe: Within two months of receipt of this report

(2) The practice of the nurses writing the prescription medication in bold print for the doctor to sign contravenes best practice and must cease.

Required action: This practice needs to cease immediately and the prescribing doctor should write the prescription in its entirety

Timeframe: immediately

(3) A record of induction for care assistants was not available.

Required Action: This need to be furnished to the HSE

Timeframe: by return post

(4) An invitation was extended to Mill Lane manor to nominate a nurse with responsibility for practice development to join the Regional Older Person Practice Develop Group.

Recommendation: This invitation should be taken up

Timeframe: On receipt of email containing the above specified information

Yours sincerely

_____ _____

Designated Officer Designated Officer

CC: Ms Bernadine Mc Crory, Mill Lane Nursing Home