



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

## Issued by the Chief Inspector

Name of designated centre:	Mill Lane Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Sallins Road, Naas, Kildare
Type of inspection:	Announced
Date of inspection:	10 September 2024
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0042942

## About the designated centre

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

Mill Lane Manor Private Nursing Home is a designated centre providing health and social care to men and women over the age of 18 years. Care is provided in purpose-built, two-storey premises located in a residential area in Naas Co. Kildare. The building consists of 52 single-occupancy bedrooms and nine twin-occupancy rooms. All bedrooms have full en-suite facilities. A passenger lift is available between the ground and the first floor. Communal areas include two lounges and an oratory, and there is a designated hairdressing salon. There are two internal courtyards along with grounds to the front of the building. Parking is available at the front, side and rear of the centre. The centre provides a service to individuals with a range of needs, including long-term care, short-term care, acquired brain injury and dementia. A short-term respite and convalescence service also operate in the centre.

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

Number of residents on the date of inspection:	66
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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
Tuesday 10 September 2024	08:00hrs to 16:00hrs	Sinead Lynch	Lead
Tuesday 10 September 2024	08:00hrs to 16:00hrs	Geraldine Flannery	Support

## What residents told us and what inspectors observed

The inspectors met with many residents during the inspection, and spoke with approximately 30 per cent of residents in more detail to gain insight into their experience of living in Mill Lane Manor Private Nursing Home. The feedback from residents living in the centre was very positive. The residents spoken with told the inspectors that 'it was a lovely place to live' and 'I made nice friends here' and 'the staff are like family'.

The inspectors found that the registered provider had made positive changes in response to the previous inspection, specifically relating to fire precautions and premises. However, further improvements were required to ensure full compliance with all the regulations.

Overall, the environment was clean and warm. The premises were mostly well-maintained, however, due to wear and tear, some areas required attention and will be discussed later in the report. All communal areas were well-used by residents throughout the day. Facilities made available to residents included an oratory, conservatories and a hair salon.

Resident bedrooms were neat and tidy. Residents who spoke with the inspectors were happy with their bedrooms and told the inspectors that they had enough storage for their belongings and clothes in their rooms. Inspectors observed that there was an ongoing plan of work being carried out with improvements made to vacant bedrooms ahead of new admissions.

The inspectors observed that mealtime was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The inspectors observed adequate staff offering encouragement and assistance to residents. Residents' independence was promoted with easy access to condiments on each dining room table. A variety of drinks were being offered to residents with their lunch. Residents said that they got plenty to eat, lots of choices of food available and had access to food at all times. Fresh fruit and drinks were available in the communal areas for residents to snack on throughout the day if they wished.

Residents were supported to enjoy a good quality of life in the centre. An activities schedule was on display, and on the morning of the inspection the inspectors observed the breakfast club, which residents appeared to enjoy as a social occasion. In the afternoon, a singer-entertainer visited the centre. This proved very popular with the residents as they were observed enjoying the sing-a-long.

Several residents informed the inspectors that maintaining connections with the community was very important to them. For example, one resident told inspectors that they 'enjoy singing in the local choir', another resident said they getting their hair done in the hairdressers they always went to where they 'love meeting up with old friends', while another said they 'look forward to the bowling'. One resident

informed the inspectors that they particularly enjoyed the day trips and showed inspectors the notice board detailing where they have already visited and suggestions where they would like to go next.

Residents were actively involved in the organization of the centre. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the service. Inspectors heard about the 'you said' and 'we did' initiative, demonstrating that residents were listened to and actions were taken based on resident suggestions. For example, a residents' satisfaction survey highlighted the poor condition of dining room furniture in the centre. The resident's voices were considered in driving improvement, resulting in new dining room tables and chairs throughout the centre, enhancing the mealtime experience.

Laundry facilities were available on site. Residents informed the inspectors that they were very happy with the laundry service. They said they sent their laundry for washing and received it back clean and fresh.

Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. The inspectors heard from one resident who had an issue in the past, and they said that staff 'listened to my complaint' and it was dealt with in a 'professional manner'.

Residents' families and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns, and all were very complimentary about the service.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

## Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements, which ensured residents were supported to enjoy a good quality of life and received quality care and support. However, the management systems in place were not sufficiently robust to ensure they were consistent and effectively monitored. This is discussed in further detail under Regulation 23: Governance and Management, Regulation 17: Premises, Regulation 27: Infection prevention and control, Regulation 28: Fire precautions.

The management team had been pro-active in managing fire safety since the last inspection. They had completed all the required work as provided in the previous compliance plan.

This was an announced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of Lane Manor Private Nursing Home. The senior management team included the provider representative, regional director, associate regional director, the person in charge and a team of nursing and healthcare staff.

There was good evidence on the day of inspection that residents were receiving good care and attention. The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

Each resident had a contract for the provision of services. This contract was very detailed, and the residents or their representatives were informed of the service to be provided and any fees that may be charged. Each contract was signed by the resident, their representative and the registered provider.

There was a directory of residents made available to the inspector. This included the necessary information required, such as their next of kin details or any person authorised to act on the resident's behalf.

Records were found to be kept in a safe manner and accessible on the day of inspection. The provider had made improvements in relation to records since the last inspection. All documents were now stored in the centre to include all pension agent documents where the provider was acting as the pension agent for some residents.

## Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times, as confirmed by the person in charge and staff rosters.

Judgment: Compliant

### Regulation 19: Directory of residents

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

Judgment: Compliant

### Regulation 21: Records

The registered provider had ensured that the records set out in Schedules 2, 3 and 4 were kept in the designated centre in a safe and accessible format.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems in place were not sufficiently robust to ensure they were consistent and effectively monitored. For example;

- The regular fire safety checks had not identified issues of concern as discussed under Regulation 28. For example, some cross-fire doors did not fully meet when closed.
- Environment audits had not identified concerns as observed by the inspectors on the day of inspection. For example, an overflow pipe from the drip tray in one sluice room was draining into the wash sink, which may pose a risk of cross contamination.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The registered provider had a contract for the provision of services for each resident in place. The inspectors reviewed a sample of three contracts and they contained the requirements as set out in the regulations.

Judgment: Compliant



## Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. Notwithstanding the positive findings, this inspection found further improvements were required to the premises, infection control and fire precautions, which will be detailed in the report under the relevant regulations.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The registered provider was pension-agent for five residents, and a separate client account was in place to safeguard residents' finances.

Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre.

The premises were of suitable size to support the numbers and needs of residents. Progress in relation to actions from the previous inspection was evident. For example, external garden furniture was replaced, boilers providing heat to the centre were replaced, and doors requiring maintenance attention were completed. However, other aspects of the premises required attention and will be discussed under Regulation 17: Premises.

Inspectors identified some examples of good practices in the prevention and control of infection. For example, waste, used laundry and linen were segregated in line with national guidelines. The provider had implemented a number of antimicrobial stewardship measures. However, further action was required to be fully compliant with the regulation and will be discussed further in the report.

Suitable fire systems and fire safety equipment were provided throughout the centre. Improvements were noted since the last inspection ensuring that adequate arrangements were in place for containing fires. For example: penetrations through the plant room wall adjoining the laundry and cavity in the electrical services area were sealed. There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in the safe evacuation of all residents in the event of fire. The fire drills detailed evidence of various scenarios, including

night-time evacuation simulation, ski-sheet management and vertical evacuation of residents on the first floor.

Works had been completed to upgrade fire doors, including modifications to close gaps around the perimeter of the doors and replace seals in order to improve the protection of the escape corridor. On this inspection, evidence was presented to inspectors that the fire works had been assessed by an external consultant who was satisfied that the works were completed correctly. However, the remaining outstanding items will be discussed further under the relevant regulation.

## Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following areas:

- There were signs of general wear and tear in some areas of the centre. For example, there was chipped paint on doors, wooden skirting, walls, stairs and handrails and required review. The carpet was heavily stained, and tiles in some bathrooms were in need of repair or replacement. Door handles throughout the home required review.
- Furniture in some bedrooms required attention. For example, one wardrobe was observed to be tilted to one side and posed a potential hazard. This was attended to prior to the end of the inspection. One chest of drawers was slanted, preventing items from being placed on top as they would slide off. The privacy locks on at least two bedroom lockers were not working properly and required replacement.
- Privacy curtains in some of the double occupancy rooms required review. Inspectors observed curtains trailing on the floor which not only posed a trip hazard but also posed a cross-contamination risk.

Inspectors acknowledge that the provider had already identified these items and had a quality improvement plan in place to address all issues.

Judgment: Substantially compliant

## Regulation 27: Infection control

Inspectors found that improvements were required to ensure that infection prevention and control practices in the centre reflected the National Standards for infection prevention and control in community services (2018). For example;

- Greater oversight was required to ensure that the process in place for the identification of clean equipment was implemented effectively. For example, the 'I am clean' sticker system was in operation, however, resident

wheelchairs and walking frames in the store room were not identifiable as clean, posing a risk of cross contamination.

- Some items of furniture required repair or replacement as there were breaks in the integrity of the surfaces, which did not facilitate effective cleaning and decontamination. For example, some resident chairs in communal areas were worn, exposing inner surface layers, preventing them from being cleaned properly and may lead to cross contamination. Surface layers on dressing tables were damaged with exposed medium-density fibreboard (MDF) and there was an associated risk with porous surfaces that they could not be effectively cleaned. A toilet seat in one shared bathroom had a break in the integrity of the surface, not allowing effective cleaning and protect residents from preventable health care-associated infections.
- The overflow pipe from the drip tray in one sluice room was draining into the wash sink. This posed a risk of cross contamination.
- Rust was observed on some equipment for residents to use, including free-standing dryer in the hairdressing room, hand rails and shower chairs in some bathrooms, preventing effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Notwithstanding the significant improvements since the last inspection and acknowledging that the registered provider had taken precautions to ensure that residents were protected from the risk of fire, some items remained outstanding including,

- Fire door deficits were observed. For example, some cross-fire doors did not fully meet when closed. This did not assure inspectors that the fire doors were capable of effectively restricting the spread of fire and smoke in the centre.
- Automatic door closure devices on some doors required review. For example, automatic closers were not effective to fully close some doors. In the event of a fire, this would mean that the fire doors would not be capable of containing fire and smoke.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Overall, individual assessments and care plans were person-centred and contained detailed information specific to the individual

needs of the residents. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals or before.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspectors reviewed a sample of staff files, and all files reviewed had obtained Garda vetting prior to commencing employment.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected within the centre. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mill Lane Manor Private Nursing Home OSV-0000066

Inspection ID: MON-0042942

Date of inspection: 10/09/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>By 20/10/2024, a review of all fire doors will be completed. Following the review, all identified adjustments will be completed by the 31/12/2024.            A bi-annual fire door audit has been commenced to ensure ongoing compliance-complete.            The hose in the sluice room has been removed and staff involved in the audit process have received coaching to ensure comprehensive auditing and close out of corrective actions identified- complete.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>An ongoing planned preventative maintenance to reduce impact of wear and tear, including a carpet replacement schedule, is currently in place. Replacement of flooring in identified areas will be completed by 30/06/2025.            The tiles in all bathrooms will be reviewed and repaired or replaced as necessary, with completion scheduled by the 30/03/2025.            A review of all door handles will be conducted, and a replacement plan will be commenced by 31/10/2024.            A plan to replace furniture as required is in place. The initial replacements will be in place by 31/10/2024.            All privacy curtains will be reviewed and repairs completed by 31/10/2024.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new Standard Operating Procedure (SOP) for equipment cleaning has been introduced to all staff. Education on this procedure will be provided to all staff members by 30/11/2024</p> <p>An audit of all chairs and furniture, including surfaces, will be completed by 31/10/2024 to ensure their suitability, with any necessary follow-up actions to be addressed by 31/03/2025.</p> <p>The hose in the sluice room has been removed and staff involved in the audit process have received coaching to ensure comprehensive auditing and close out of corrective actions identified- complete.</p> <p>An audit of all handrails and shower chairs has been conducted, and a replacement program is in place. The replacement program will be completed by 31/03/2025.</p> <p>The free-standing hairdryer in the hair salon will be replaced by 31/10/2024.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>By 20/10/2024, a review of all fire doors, including door closures will be completed. Following the review, all identified adjustments will be completed by the 31/12/2024.</p> <p>A bi-annual fire door audit has been commenced to ensure ongoing compliance- complete.</p>	



## 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	30/06/2025
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	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/03/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024