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:	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:	Unannounced
Date of inspection:	20 May 2026
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0050178

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:	67

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
Tuesday 19 May 2026	18:50hrs to 22:35hrs	Sinead Lynch	Lead
Wednesday 20 May 2026	09:00hrs to 15:30hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector met with many residents and spoke with visitors in more detail to gain insight into their experience of living in Mill Lane Manor Nursing Home. Residents reported that the service they received was 'very good' and that they were 'very happy' living in the centre. Most visitors spoken with provided similar feedback in relation to how 'kind and caring' staff were. However, one visitor reported they were not happy with the clinical care being provided to their relative.

Residents informed the inspector that meals were 'very nice and plentiful'. There was a menu on display and residents had a choice for all meal times. There were drinks and snacks available throughout the day and night.

This was an unannounced inspection carried out over two days. The purpose of the two day inspection was to gain insight in the lived experience in the centre at different times of the day and night and to ensure there were appropriate staffing levels and supervision in place to meet the needs of the residents living in the centre.

Notwithstanding the many positive observations in the centre over this two day inspections, improvements were required in relation to individual assessment and care planning and temporary transfer or discharge of residents. These are discussed in further detail throughout this report.

In the evening, the inspector observed that residents spent time in their bedrooms or in the main communal sitting room. There was supervision at all times in this communal room and staff were providing drinks and snacks to the residents. Some residents watched TV while others joined in a sing-song with staff. Residents that remained in their bedrooms were regularly checked on my staff.

The lived-in environment was bright, clean and homely throughout. Residents confirmed that they were satisfied with their living arrangements and the overall standard of cleanliness maintained in the centre. Residents informed the inspector that their bedrooms were cleaned daily, and said that there was plenty of storage for their clothes and personal belongings.

Residents had access to a secure courtyard which had seating and a gazebo to shield from the sun. There was another smaller outdoor area which contained a smoking hut should residents wish to utilise it.

Call-bells were responded to promptly and staff were observed being kind and courteous to residents. Staff knocked the bedroom doors before entering and then called out to the residents to inform them of who they were.

Residents who spoke with the inspector said they would have no problem raising a concern with the staff and management of the centre. The complaints process was displayed around the centre and residents were also reminded about the complaints process at resident meetings.

The following two sections of the report outline how the governance and management arrangements of the registered provider determine the quality and safety of care provided and the specific findings are later outlined under individual regulations.

Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. The management team worked well together putting improvement plans in place and learning from incident and accidents, suggestions and complaints raised by residents and relatives.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The inspector followed up on the compliance plan responses the provider had submitted to the Chief Inspector of Social Services following an inspection in December 2025. Improvements in relation to staff training and the development of quality improvement plans following audits were observed. Some further improvements were required in relation to Regulation 5: Individual assessment and care plan and Regulation 25: Temporary absence or discharge of residents. These are discussed further under their respective regulations.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of Mill Lane Manor Private Nursing Home. The senior management team included a regional director, the person in charge, an assistant director of nursing (ADON) and a team of nursing and healthcare staff.

The centre is registered to provide accommodation for 70 residents. On the day of inspection there were 67 residing in the centre, however, five of these residents were in the hospital.

There were effective management systems in place to monitor the quality and safety of the service through audits and key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered included all aspects of residents' care and welfare, the premises, and staffing requirements. These were discussed at regular clinical governance meetings. This ensured that items were monitored and actions assigned for completion within a specific time-frame.

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices. Training records showed that all staff had completed training in responsive behaviour, manual handling and fire training.

Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements and an incident and accident log was maintained in the centre.

Records of complaints were available for review and the inspector reviewed two complaints that remained open. Complaints were listened to and investigated. The complainant was informed in writing of the outcome of their complaint or any improvements identified following the investigation.

Regulation 15: Staffing

A sample of staff duty rotas were reviewed and in conjunction with communication with residents and visitors, the inspector found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised during day-time and night-time.

Training records were well-maintained and made available to the inspector. The inspector was assured that staff had completed all the mandatory training and had access to other relevant training to support them in their role.

Judgment: Compliant

Regulation 21: Records

Records reviewed on the day of inspection were stored securely within the designated centre and made available for the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process.

Judgment: Compliant

Quality and safety

The inspector was assured that residents living in the centre were receiving a good standard of care. They were supported and encouraged to have a good quality of life and their health care needs were well met. There were adequate resources in place to ensure that residents were safeguarded at all times in the centre.

Residents' bedrooms were found that to be warm, homely spaces. Some were personalised with ornaments, soft furnishing and photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and

personal possessions with a lockable unit available for storage if required. There was a laundry on-site and residents' clothes were returned within a timely fashion.

The inspector found that appropriate staffing levels and effective systems of governance and management impacted positively on the quality and safety of consistent person-centred care to residents.

The inspector reviewed a sample of residents' care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four monthly intervals. Care plans in place were person-centred however, the sample reviewed were not comprehensive enough to guide care. They did not always reflect the residents' preferences or wishes. The inspector observed gaps in the completion of 30 minute checks on day one of the inspection for a six hour period, however, they were assured that this was due to an emergency and that the resident was being closely monitored during that time. Findings are further detailed under Regulation 5: Individual assessment and care planning.

Residents had access to a full multi-disciplinary team. There was no delay in referring residents to members of the team and prompt assessments were completed when required.

Not all information about each resident was provided to the receiving hospital as outlined under Regulation 25: Temporary absence or discharge of residents.

There was access to advocacy services with contact details displayed in the centre. There were resident meetings held to discuss key issues relating to the service provided, which were addressed by the management team. Residents were facilitated to communicate freely. They had access to radio, television, newspapers, internet and other media outlets.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A sample of transfer forms where residents were transferred to the acute care were viewed by the inspector, these forms did not always contain up-to-date information

that was required to ensure the receiving hospital could adequately care for the resident and meet their needs. For example;

- One resident who was transferred to the hospital with low blood pressure had two falls in the days leading up to their transfer, however, these falls were not documented on the transfer form.
- One resident transferred with a low haemoglobin count did not have up-to-date observations on the transfer form. The observations on the form were taken 10 days prior to the transfer.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' assessments and care plans found that they were not in line with the requirements of the regulations and did not guide care delivery. For example;

- Residents' expressed preferences were identified in the care plan, however they were not consistently implemented in practice. For example, one resident that was to have a shower every second day as stated in records of their care planning meeting was not being actioned. There was no rationale provided in the care records for this omission.
- Nutritional care plans were not always informed by the latest recommendation of healthcare professionals. For example; one resident's care plan did not have the correct consistency of food documented as prescribed by the speech and language therapist. The inspector was satisfied that, the resident was receiving the correct consistency as the kitchen staff had been informed, however this inconsistency posed a safety risk should other staff caring for the resident miss the communication update.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as 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. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

The registered provider was a pension-agent for small number of residents living in the centre. There were clear and transparent processes in place to safeguard residents' finances.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0050178

Date of inspection: 20/05/2026

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 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

All nursing staff will be re-educated on the requirements for completing transfer documentation, ensuring that all recent clinical events, including falls, changes in condition, observations, investigations, and relevant care needs, are accurately recorded. The training session will commence on the 11th of June and will be completed by the 30th of June 2026.

From 11th June 2026, the Clinical Nurse Managers will undertake weekly audits of transfer documentation to ensure compliance and identify any areas requiring further improvement.

From 11th June 2026, transfer documentation will be added to the clinical audit schedule, with findings discussed at governance and clinical meetings.

All transfer forms completed are now reviewed and cross checked by the ADONS before the resident is being transferred to hospital- complete and ongoing

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:
In relation to residents' expressed preferences, all residents' care plans will be reviewed by the ADONs and CNMs to ensure that identified preferences are clearly documented and translated into daily care delivery. This review will be completed by 30th June 2026.

Staff have been reminded of the importance of adhering to agreed care preferences and documenting any deviations from the care plan, including the rationale where a resident declines care or where an alternative arrangement is agreed. To discuss this with nurses in detail a care plan/person-centered documentation re- education is scheduled for the 11th of June and will be completed by the 30th of June 2026.

In relation to nutritional care planning, an immediate audit of residents with modified diets and fluid consistency was completed. Care plans will be updated to reflect the most recent recommendations from Speech and Language Therapy and other relevant healthcare professionals. This will be completed by 30th June 2026.

From 11th June 2026, a weekly audit process by the ADONs will be implemented to ensure that all changes in professional recommendations are promptly reflected in residents' care plans and communicated to the multidisciplinary team.

Nursing staff will receive education on person-centered care planning, documentation standards, nutritional care planning, communication and the timely updating of care plans following changes in residents' needs or professional recommendations which will be held on 11th of June and completed before the 30th of June.

Ongoing training, support, one-on-one session, performance improvement opportunities for nurses will be identified before the 30th of June. This will be completed by the 31st of July 2026.

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 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/06/2026
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	Substantially Compliant	Yellow	31/07/2026

	consultation with the resident concerned and where appropriate that resident's family.			