



# 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 April 2021
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0032675

## 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 a 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 rooms. All bedrooms have full en-suite facilities. A passenger lift is available between the ground and 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 operates in the centre.

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

Number of residents on the date of inspection:	58
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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 20 April 2021	08:40hrs to 15:15hrs	Liz Foley	Lead
Tuesday 20 April 2021	08:40hrs to 15:15hrs	Helen Lindsey	Support

## What residents told us and what inspectors observed

Overall residents were happy living in this centre. They were well cared for and supported by dedicated staff who did their best to keep them safe and cheer them during this difficult time. Improved governance structures resulted in better resident experiences and more informed quality and safety management. Inspectors observed practices and spoke at length with 16 residents to gain an insight of the lived experience in the centre.

On arrival at the centre inspectors were guided through the centre's infection control procedures before entering the building. Staff were observed completing temperature checks and following good hand hygiene practices before they commenced duty. The centre had implemented a system whereby the staff and residents were separated into two distinct teams or pods to reduce the impact of a potential COVID outbreak in the centre. There were two separate entrances, changing areas and break rooms for staff in order to maintain two separate teams. The centre had also changed how they utilised communal spaces to ensure that residents in each pod had access to appropriate recreational and dining space.

Residents were observed trickling into the centre's dining room from around 08.30 am to enjoy breakfast club which was a buffet offering of hot and cold breakfast options, for example, boiled eggs, toast, porridge, cereals, fruit juices and tea/coffee. Breakfast was a relaxed experience for residents and they were observed receiving discreet assistance with choosing their breakfast. One resident said it was great to have choice, and not the same thing every day. Inspectors observed meals being delivered to bedrooms for residents who choose to eat in their rooms. The main day space at the front of the centre had been reconfigured to allow for social distancing and resulted in a quieter and more spacious area for residents to participate in activities or to relax. Day space at the rear of the centre provided recreational and dining space for the smaller pod of residents and this area had also been reconfigured for social distancing. Access to the centre's main dining room was no longer restricted and provided additional space for residents to use. Residents and staff both liked the reconfigurations as the day spaces were now quieter and more relaxing for residents. Bedrooms were spacious and some were personalised with residents own furniture and soft furnishings.

Inspectors observed that some areas of the centre required maintenance for example, peeling paint, exposed plaster, damaged wood work and flooring, old and worn shower drains and rusted hand rails. The major difficulty with this was in maintaining a high standard of cleanliness in the centre. The centre was clean to a high standard with the exception of those areas that could not be cleaned. Management were following a plan of maintenance to upgrade paint work and sanitary fittings throughout the centre which included plans to improve the décor in the communal space at the rear of the centre.

The centre was warm throughout and there was a relaxed and friendly atmosphere.

Inspectors observed that all staff engaged with residents and there were many examples of kind and friendly interactions throughout the inspection. Group activities were observed in two areas of the centre and many examples of one-to-one activities were also seen. Sensory items, games colouring books, knitting and reading materials were available for residents. Staff were observed supervising and interacting with residents throughout the day in a relaxed and friendly manner and they were very familiar with resident's individual needs and preferences. Residents who could not engage in groups were observed to be encouraged by staff who included them in activities, provided sensory items and discreet assistance. Residents told inspectors that wifi connections had improved and they were facilitated to remain in their bedrooms if they choose to. One resident was looking forward to re painting her bedroom, which management confirmed was planned. Residents told inspectors that staff were respectful, helpful and friendly and that they answered the call bell in a timely manner. Residents were encouraged to engage in centre meetings and from records viewed improvements were made following feedback from residents, for example, food options and quality. A television had also been replaced following feedback at a resident's meeting.

Visiting was observed to be in line with national guidelines and residents confirmed they continued to have window visits throughout level five restrictions. Resident's spoken with knew when their visitors were going to be coming to the centre. Residents' rights were promoted and some examples reviewed by inspectors found that the centre had provided support and appropriate referral to external advocacy and supports for residents. The majority of residents felt their needs were being met in the centre and were complimentary of staff whom they stated kept them going during long periods of social restrictions. Residents who were not satisfied with aspects of care had their views listened to and appropriate actions were being taken to find solutions. Residents also fed back that they liked the activities being provided, and that it was good having two activity therapists to do more things.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

A strengthened management structure in the centre had effected many improvements in the quality and safety of care provided. There were adequate resources to provide care in line with the centre's statement of purpose. Further improvements were required to ensure that systems that monitored the quality and safety of care were effectively informing ongoing improvements. The centre were still working towards compliance with a condition of registration which is due on 31 May 2021.

The Brindley Manor Federation of Nursing Homes Limited was the registered

provider. There were four company directors one of whom was the provider representative for Mill Lane Manor Private Nursing Home. The interim Person in Charge worked full time and was responsible for the daily operation of the centre. There was an additional layer of senior managers who supported the centre. The Person in Charge was supported by two Assistant Directors of Nursing; one of these posts was an additional resources in the centre since the last inspection in October 2020. The management team were supported by nursing, caring, housekeeping, activities and catering staff.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. Inspectors acknowledged that residents and staff living and working in centre have been through a challenging time with COVID-19 restrictions. The centre had successfully managed an outbreak of COVID-19 earlier in the year. Contingency plans were in place should the centre experience another outbreak. Six pieces of unsolicited information had been received by the Chief Inspector since October 2020 outlining concerns in relation to the service. These were followed up on inspection and found to have been appropriately managed or still in the process of being managed in the centre.

There were sufficient staffing resources to meet the needs of residents in the centre. Staffing arrangements ensured adequate supervision and support for staff. Additional resources had been allocated to staffing since the previous inspection to strengthen the governance structure and to ensure that activity provision was adequately meeting the varied needs of residents. There was a program of training in place, with a document setting out which roles should complete the different courses available. Records showed staff had been completing training, mostly on line, covering subjects such as manual handling, health and safety at work, food safety, medication management, palliative care and the management of falls.

There had been significant improvements achieved in the operation of the centre since the previous inspection, leading to the improved experiences of residents living in the centre. Oversight of the service had improved and many improvements were observed by inspectors. There were systems in place to monitor how the centre was ensuring safe and effective care for residents. While these systems were well developed, inspectors noted some areas that required improvements to be made, but this had not been identified by the current oversight arrangements in the centre. For example, inconsistent practices in falls management potentially impacted on the well-being of residents following a fall and ineffective environmental audits did not inform an effective maintenance program in the centre. Poor documentation of complaints and adverse incidents resulted in missed opportunities for learning and improving services. Some notifications had not been submitted to Chief Inspector in line with schedule 4 of the regulations, the Person in Charge undertook to review this and submit the notifications retrospectively. The centre management team were committed to achieving full compliance in all areas of regulation which included;

- management and oversight of complaints.
- submission of notifications as required under regulation 31.
- improved oversight of infection prevention and control, for example, environmental audits had not identify areas requiring improvements that

- were currently impacting on cleaning and disinfection in the centre.
- improved oversight of risk assessments following incidents , for example, risk of head injury to a resident following a fall.

### Regulation 15: Staffing

There were sufficient staff available to meet the needs of the residents. The staff roster clearly set out the name and role of staff on duty and the length of shift they were working. Staff available covered a range of roles including the management team, health care assistants, activity therapists and housekeeping team.

There was a nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. A number of Infection control training sessions had been completed by all staff. This included hand hygiene, donning and doffing (putting on and taking off) personal protective equipment, and introduction to infection prevention and control. Staff were seen to be putting the learning in to practice as inspectors observed good practice in relation to hand hygiene and the use of personal protective equipment (PPE)

All staff had either received, or were booked on training, in relation to safeguarding vulnerable residents and fire safety training.

Arrangements were in place to provide support and supervision of the staff in the centre. The person in charge had two assistant directors, and between them provided oversight of the day to day delivery of care and support in the centre. There was also a senior health care assistant to provide support to the health care assistants.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This directory contained all of

the information specified in paragraph (3) of schedule 3 of the regulations.

Judgment: Compliant

**Regulation 23: Governance and management**

Improvements were required in the systems that monitor the quality and safety of the service. Issues for improvement were found on inspection that had not been identified by the service, for example, poor documentation of and learning from complaints and adverse incidents in the centre. These were lost opportunities to provide consistently safer and better care.

Judgment: Substantially compliant

**Regulation 31: Notification of incidents**

Improvements were required to ensure that all statutory notifications were submitted to the Chief Inspector in accordance with regulations and in the time frames set out. For example notifications set out under schedule 4.7 had not been submitted.

Judgment: Not compliant

**Regulation 34: Complaints procedure**

Improvements were required in the recording of complaints. For example, information on the investigation of individual complaints and outcomes were not consistently recorded as required under this regulation. There was a lost opportunity to identify learning and inform quality and safety improvements in the centre.

Judgment: Substantially compliant

**Quality and safety**

There were good standards of evidence based health care provided in this centre. The GP routinely attended two days per week and was available on an as required basis Monday to Friday. Consultant Psychiatry of Older Age attended the centre to

support the residents' needs when required. Allied health professionals, for example, physiotherapy and occupational therapy, dietician, speech and language therapist and chiropody supported the residents on site when required and remotely when appropriate.

While the health care needs of residents were mostly met, improvements were required. Residents who had unwitnessed falls did not routinely have their neurological status assessed. This is a clinical assessment carried out to determine if a resident may have sustained a head injury and is used as a baseline to determine if a resident required medical assessment. This was also a finding of the previous inspection and was discussed with centre management who undertook to review post falls care and ensure best practice was followed.

Improvements were found in the standards of care planning. Resident's health care needs were assessed using a variety of validated tools, for example, assessments for mobility, falls risk, nutrition, pressure sore risk. Assessments informed person-centred care plans which clearly set out strategies to manage care in line with residents needs and preferences. Practices around managing residents with responsive behaviours had improved (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). As a result there was a reduction in the number and intensity of episodes of responsive behaviours that individuals' experienced in the centre. Changes made to the configuration of communal spaces had also influenced a calmer atmosphere in the centre which also contributed to a better experience for residents who were at risk of responsive behaviours due to environmental triggers.

Overall there were good infection prevention and control arrangements in place in the centre. There was good access to personal protective equipment and staff had received relevant training and were observed to be following best practice in relation to the use of PPE and hand hygiene. The majority of residents and staff had completed their vaccination programme and staff continued to participate in fortnightly screening for COVID-19. There were robust housekeeping arrangements in place to maintain good levels of cleanliness in the centre. Cleaning protocols were clearly set out and records maintained in line with national standards and guidance. Policies and guidance were in place to guide staff and these were reviewed and updated as national guidance evolved. However despite the best efforts of staff some areas of the centre were difficult to clean in line with the standards required. While there was a planned programme of works to eliminate environmental risks, some risks had not been identified by the service, for example, splash back in cleaning room and shower drains throughout the centre were damaged. In addition the areas identified by the provider as requiring repair were posing a risk of cross contamination.

There was a rights based approach to care in this centre which was evident by the interactions between staff and residents, individualised care plans and the collaborative approach taken to manage individuals' concerns and preferences. External advocacy services were available to residents and records viewed supported good practice in referral to external services to support residents with decision making. Records of residents meetings were viewed and feedback had

improved aspects of the service, for example, food quality and choices. Residents told inspectors they were respected and listened to. Activity provision had improved with the recent addition of an additional activities facilitator, improved activities assessments and care planning. Residents were informed of the activities and for those that could not participate in groups there were one-to one personalised activities provided.

### Regulation 27: Infection control

There was an action plan in place to address maintenance issues that had been identified in the centre to support effective infection control procedures. Issues noted by inspectors included the splash back area in the cleaning room, scuffs and scrapes on some walls and the drains in showers. The damage to the surfaces of these areas, left them difficult to clean effectively which could increase the risk of cross infection.

While there was access to hand gel throughout the centre, and inspectors observed good hand hygiene practices, access to clinical sinks was limited and not in line with national guidance. Clinical sinks were located in the nurses station and in the sluice rooms which were not easily accessible to staff. This resulted in reduced opportunities for staff to wash their hands and was not in line with the national guidance for infection control.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Care plans had been updated to reflect specific needs should the resident contract COVID-19 and included the residents' preferences at their end of life. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

## Regulation 6: Health care

Improvements were required to ensure that appropriate and evidence based care was consistently provided to residents in the immediate post falls period. Residents who had unwitnessed falls did not routinely have their neurological status assessed to ensure they had not sustained a head injury. This assessment was essential to monitor the resident and observe for changes in their status that may indicate that they had sustained a head injury, in which case the resident would require immediate medical attention.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The care and support being delivered in the centre was person centred in approach. Through observing practice and speaking with residents it was evident that residents rights and views were being respected, and staff were treating residents as individuals with their own skills and preferences.

Residents and staff were engaging positively during the inspection. Staff knew residents well, and engaged with them about topics that were relevant to them. There were a range of activities taking place throughout the day, and residents who spoke with inspectors said they enjoyed the different options in the centre, and saw the benefit of there being two activity therapists.

There was access to televisions, newspapers, radio's and there was wifi in the centre to ensure residents could communicate effectively with families, including using phones and tablets for voice and video calls.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0032675

Date of inspection: 20/04/2021

## 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>S: The systems to monitor the quality and safety of the service provided in the centre have been reviewed and a more robust approach adopted to ensure that the learning from past events informs future best practice.</p> <p>M: Through audit and review.</p> <p>A: By the PIC, inhouse management team and regional team.</p> <p>R: Overseen by the RPR</p> <p>T: 11th June 2021</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

S: All complaints and concerns are documented in accordance with the regulations and where appropriate include full details of all investigations undertaken, interventions required, the action plan, final outcomes achieved and future learning so as to provide a basis to inform quality and safety improvements in the centre.

M: Through audit and review

A: By the PIC and inhouse management team

R: Overseen by the RPR and regional team.

T: 1st May 2021

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

S: The maintenance and refurbishment schedule of works which commenced in January 2021 will address all areas of improvement including those identified on the day of inspection. A review will be undertaken of clinical sink placement to enhance accessibility for staff and as necessary additional sinks will be installed to fully reflect national guidelines.

M: Through audit and review.

A: By the PIC and inhouse management team.

R: Overseen by the RPR and regional team.

T: 31st August 2021

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

## 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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant		11/06/2021
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.	Not Compliant		11/06/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant		31/08/2021

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant		
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant		01/05/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated	Substantially Compliant		01/05/2021

	under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	