### Centre name:
Mill Lane Manor Nursing Home

### Centre ID:
OSV-0000066

### Centre address:
Sallins Road, Naas, Kildare.

### Telephone number:
045 874 700

### Email address:
milllanemanor@brindleyhealthcare.ie

### Type of centre:
A Nursing Home as per Health (Nursing Homes) Act 1990

### Registered provider:
Brindley Manor Federation of Nursing Homes

### Provider Nominee:
Amanda Torrens

### Lead inspector:
Conor Brady

### Support inspector(s):
None

### Type of inspection:
Announced

### Number of residents on the date of inspection:
54

### Number of vacancies on the date of inspection:
16
**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 13 November 2014 09:15  
To: 13 November 2014 19:40

The table below sets out the outcomes that were inspected against on this inspection.

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Summary of findings from this inspection

As part of the inspection the inspector met with residents, the provider, the compliance and support manager, the assistant director of nursing/training and development officer, the physiotherapist, the occupational therapist, the activation therapist, the nursing staff, the care staff, the chef, the kitchen staff and household staff members. The person in charge was on a period of scheduled leave at the time of inspection. However the inspector met and interviewed the person in charge as part of a previous inspected conducted by the Authority.

The inspector reviewed documentation such as care plans, assessments, audit’s, accident and incident logs, registers, meeting minutes, complaints, policies and procedures and staff files. The inspector focused much attention on the providers...
response to the Action Plan submitted to the Authority pertaining to the designated centres previous inspection (July 2014) and the actions that required to be taken by the provider and the person in charge since this inspection. The inspector reviewed a number of questionnaires returned to the Authority from residents and their family members. In addition, the inspector reviewed all concerns and statutory notifications received by the Authority regarding this designated centre prior to this inspection.

The inspectors found evidence of good practice on this inspection. The inspector found that the provider had taken some satisfactory measures to address previous failings and found substantive improvements in a number of areas inspected. However the inspector also noted areas that were not fully addressed from the previous inspection and other areas that required further improvements to meet the requirements of the Regulations.

These will be discussed in further detail throughout the main body of the report.

<table>
<thead>
<tr>
<th>Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.</th>
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**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found a written statement of purpose was in place. This statement of purpose accurately described the service provided within the designated centre. The inspector found that the services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents. The provider was continually updating the statement of purpose to ensure on-going regulatory compliance.

**Judgment:**
Compliant
Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall the inspector was satisfied with the governance and management arrangements in place within this designated centre.

As highlighted on the previous inspection, the inspector noted a number of changes in personnel, including the position of person in charge and persons participating in management within the designated centre on the last inspection. At the time of the last inspection the person in charge was in her post a very brief period of time. The inspector was informed prior to this inspection that the person in charge was unavailable due to being on a period of planned leave. The Provider, ADON and Compliance and Support Manager therefore facilitated the inspection process.

The inspector found that there was a sufficient number of staff within the designated centre at the time of inspection. The provider highlighted efforts made regarding recruitment of new staff since the previous inspection. The provider has interviewed and recruited a number of Social Care Facilitators to add to the roster to supplement the current staffing arrangements. The inspector was informed 4 new personnel would be commencing the week following inspection. In addition, the inspector noted further interviews were being held for nursing staff and possible candidates for the role of an additional ADON. The provider demonstrated an on-going commitment to ensuring staff numbers were meeting the needs of residents and this was evidenced over the course of inspection.

The inspector found that the management structure in place was clearly defined with the lines of authority being clarified since the last inspection. The inspector found that staff, residents and family members knew who was in charge and how to access them. In addition, the inspector found improved management systems to ensure the services provided were safe, appropriate, consistent and effectively monitored. For example, the inspector reviewed a number of documents showing the person in charge was reviewing practices and was auditing and reviewing areas such as care planning, food and nutrition, protecting vulnerable adults training and risk management practices. This was an improvement since the previous inspection.

Judgment:
## Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Overall the inspector was satisfied that the provision of information to residents was appropriate and met the requirements of the Regulations.

The inspector found that staff communicated with residents respectfully throughout the inspection. The inspector found an up-to-date statement of purpose, residents guide, menus, notice boards and other communication brochures freely available to residents. On reviewing residents contracts the inspector found that the contracts reviewed met the requirements of the Regulations. The inspector found one instance whereby a residents family would not sign a contract however the inspector noted efforts made by the provider to attempt to resolve this issue.

**Judgment:**
Compliant

## Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Overall the inspector was satisfied that the person in charge met regulatory requirements in terms of qualifications, experience and professional knowledge. The person in charge was interviewed and deemed to meet the requirements of the Regulations on the previous inspection. The person in charge was on a period of scheduled leave for this inspection.

The person in charge has the appropriate qualifications in nursing and is committed to
undertake a management qualification within the appropriate time-frames to ensure on-going compliance. The inspector found the person in charge to have approximately 18 years experience in care of the elderly services in both the United Kingdom and Republic of Ireland. The person in charge held the role of ADON before taking the role of person in charge.

On the previous inspection, the person in charge demonstrated good professional knowledge and a satisfactory knowledge of the Regulations. The person in charge had highlighted that the recruitment of more staff/nurses, improving training deficits and ensuring her management of auditing/review systems were her main priorities at the last inspection. The inspector found that improvements were apparent in these areas with additional staff recruitment on-going, a training schedule up-dated and implemented and a more detailed approach to auditting evident on inspection.

At the previous inspection the position of the person in charge was not full-time and due to staff shortages the person in charge was working as a nurse on the roster. The inspector found that the ADON and Compliance and Support Manager had supported the person in charge substantially in addressing these areas and ensuring previous failings were being addressed. The roster reflected this support being afforded to the person in charge to fulfil her role as was committed by the provider following the last inspection.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that while there was some evidence of good practice regarding the records and documentation to be kept at the designated centre, improvements were still required in this area.

The inspector found that staffing records as outlined in Schedule 2 met the requirements of the Regulations. The inspector reviewed appropriate policies and
procedures as per Schedule 5 of the Regulations, the inspector found these policies had been updated since the previous inspection. For example the following policies had been supplemented/updated since the previous inspection:

- Risk Management,
- Staff Training and Staff Development,
- Medication Management,
- Admission Policy,
- Emergency Planning,
- Dementia Care.

The inspector found that while there was some good practice observed regarding the maintenance of residents records improvements were still required in this area. For example, the inspector found some examples whereby recording around the residents G.P (general practitioner) information, hospital admissions and appointments and assessments were not maintained in a manner that ensured completeness, accuracy and ease of retrieval. In some instances this information was not recorded or was factually incorrect. The inspector also found evidence whereby residents care planning documentation was not fully updated. In examining these areas the inspector found that the quality of information and documentation kept in relation residents while substantive in some cases, required further improvements to ensure consistency and meet the requirements of the Regulations.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Absence of the Person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the provider and person in charge were aware of their regulatory responsibilities to ensure appropriate arrangements were in place regarding any proposed absence of the person in charge. The provider was aware of their notification responsibilities to the Chief Inspector and the time-frames associated with the absence of the person in charge.

**Judgment:**
Compliant
**Outcome 07: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that the measures in place to protect residents from being harmed or suffering abuse were to an appropriate standard.

The inspector found that since the previous inspection whereby previous failings warranted a major non-compliance and immediate actions in this area had been appropriately addressed.

The inspector found a comprehensive policy (2014) on the prevention, detection and response to abuse was in place. The ADON/Training Manager demonstrated work undertaken regarding staff training and evaluation and highlighted detailed work undertaken in the areas of protecting vulnerable adults and fire safety since the last inspection. For example, the inspector found detailed curriculums and training programmes had been delivered to staff and the training manager had a system in place to ensure staff were provided with on-going support and assessment in these areas.

The inspector found that staff knowledge was to an appropriate standard regarding the safeguarding and safety of residents. The inspector spoke to a number of staff who presented as having an understanding of the different types of abuse and the process of reporting allegations of abuse. The inspector found appropriate procedures had been followed regarding allegations of abuse and such instances were followed up and reported to the Authority. The inspector noted residents displaying behaviours of concern were assessed and monitored accordingly. This was reflected in residents care plans inspected.

**Judgment:**
Compliant
Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector was satisfied that the provider had made some improvements regarding health, safety and risk management. However, the inspector was still concerned with arrangements in place regarding fire safety and implementation of risk management procedures with residents who smoked.

The inspectors saw some good evidence of checking systems in place. For example:

- Daily checks of exits, doors and equipment,
- Quarterly checks and maintenance of safety equipment and emergency lighting,
- Checking system for beds, slings and hoisting equipment,
- Checking system for elevator,
- Checking system for the call-bell system.

The inspector noted a monitoring system regarding slips, trips and falls and also found new auditing systems regarding the on-going review of other areas of risk, such as, restraint and medication management. The inspector reviewed the risk management policy and health and safety statement that were in place.

Regarding residents who smoked, the inspector found that following the previous inspection (whereby immediate actions were issued by the Authority regarding safety arrangements in place for residents who smoked) the provider had implemented a number of additional control measures. For example,

- Updating Care Planning for residents who smoked,
- Completing Risk Assessments in line with policy and best practice,
- Providing individual safety precautions where required, e.g. - fire blankets, non combustible ash-trays,
- Fire warden training and refresher training provided to all staff.

However, the inspector found that further improvements were required to ensure all necessary precautions were being taken regarding the risk of fire. For example, the inspector found that staff awareness was not sufficient regarding the number of residents who smoked in the designated centre. In addition, the staff did not demonstrate appropriate awareness of the care planning and risk assessment arrangements in place. For example, the assessed risk posed by some residents.
addition to this, the inspector found conflicting information in some residents care planning documentation regarding the risk (smoking associated) they posed.

**Judgment:**
Non Compliant - Moderate

<table>
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<tr>
<th><strong>Outcome 09: Medication Management</strong></th>
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<td><em>Each resident is protected by the designated centre’s policies and procedures for medication management.</em></td>
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**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found good practice in relation to medication management. The provider was trialling a new system of medication management whereby the centre was adopting the use of an individually sealed medication administration system for each resident. The inspector noted nurses on duty were familiar with this new system and informed the inspector they felt it to be effective. The inspector found an updated medication management policy in place.

The inspector found that medication administration practices were in line with professional guidelines and the inspectors observed medication being administered in a safe and respectful manner. Medications that required strict control measures (MDAs) were carefully and securely managed. The inspector noted lockable medication trolleys which were used appropriately by nursing staff throughout medication rounds. The prescription and administration documentation reviewed was appropriately signed and checked and the inspector noted an updated system developed for the on-going monitoring and auditing of 'as required' (PRN) medication.

**Judgment:**
Compliant

<table>
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<th><strong>Outcome 10: Notification of Incidents</strong></th>
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<td><em>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</em></td>
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**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector was satisfied that a record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Judgment:
Compliant

**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall, the inspector found that the health and social care needs of residents were met appropriately in the designated centre.

The inspector found good practice in the area of care planning and saw residents had good access to allied health professionals. For example, the inspectors noted access was facilitated to GP, speech and language therapy (SALT), occupational therapy (OT), Dietician, Chiropody, Dental, Audiology and optical services were also available on referral. The inspector noted an OT and Physiotherapist were on site full-time as well as an Activation Therapist.

The inspector found there were appropriate management systems in place regarding clinical issues such as wound care and falls management. The inspector found nutritional assessments were in place and were guiding practice regarding resident’s dietary requirements. The chef had a comprehensive system in place that correlated with residents care-plans regarding their dietary needs.

The inspector found that residents had good opportunities for social activities and noted up to date activity plans for residents inclusive of activities like quizzes, reading, singing, television, ball games and prayers. The inspector observed activities occurring throughout inspection and the residents who chose to participate appeared to enjoy the activities. For example, reminiscence and exercise based group activities. The inspector also noted choir practice amongst residents who were preparing for the festive season.

Judgment:
Compliant
**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents individual and collective needs.

The building was set out on substantive grounds and comprised of two floors. There was additional and ample space throughout the designated centre with specific areas for laundry, showers, toilets, kitchen and dining area, communal rooms, activities rooms and hair dressing salon. The inspector was satisfied that the bedroom accommodation met residents’ needs for privacy, leisure and comfort. All rooms had full en suite facilities and the double rooms had appropriate screening for resident privacy.

Residents who shared rooms informed the inspector they were happy with their rooms and levels of privacy. The inspectors observed some residents had decorated their rooms to their own tastes. The inspector found appropriate toilets throughout the premises and there was a sluice room on both floors. The inspectors noted an open reception area where adequate communal space was provided. The day and dining rooms were clean and brightly decorated. In addition there was a fully equipped kitchen that contained appropriate catering appliances and substantive equipment and storage space. The corridors were wide and would allow residents to easily move about when using assistive equipment such as walking frames and wheelchairs. There were external areas for residents to sit outside and enclosed gardens where residents could relax. From a hygiene perspective, the inspector noted a concerted effort had been made regarding the management of the cleaning in the designated centre. The inspector noted the designated centre was clean and fresh throughout the inspection.

**Judgment:**
Compliant
**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the provider and person in charge had a system in place to deal with complaints.

The inspector reviewed the complaints policy and found it described how to make a complaint, who to make the complaint to and the procedure that occurs following receipt of a complaint. The complaints policy met the requirements of the Regulations and was on display in the designated centre. The inspectors noted the complaints log was maintained and the inspector was informed all complaints had been dealt with and closed off. The inspector reviewed some resident’s feedback that highlighted issues that they were not satisfied with. The inspector requested that all complaints should be dealt with via the complaints policy. In reviewing complaints made formally the inspector did see evidence of follow up by the provider.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that there was an end of life policy in place within the designated centre. The inspector was satisfied that staff knowledge and implementation of end of life care planning with residents and families was of an appropriate standard.

The inspector reviewed a number of residents end of life care plans including those of recently deceased residents. The inspector found evidence of good communication with
residents and families and saw residents had access to palliative care services and religious requests were facilitated. The inspector also noted appropriate arrangements for the removal of remains in consultation with families. The inspector found improvements to residents end of life care planning since the last inspection with a more consultative based planning approach seen in residents documentation regarding end of life care. The inspector was satisfied that staff demonstrated appropriate knowledge of end of life care.

**Judgment:**
Compliant

### Outcome 15: Food and Nutrition

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the kitchen was large and well equipped with appropriate catering equipment. Adequate storage space was provided throughout the kitchen.

There was a dining room that had adequate space and was well decorated. The staff told the inspector that residents could choose where to have their meals either in the dining rooms or in their own bedroom. A menu system was in place and the chef told the inspector that residents' individual requests were welcomed and inspectors saw evidence of alternative dishes provided. The chef discussed how he maintains documentation to ensure full awareness of residents' dietary needs and demonstrated a strong understanding of modified diets and food and drink consistencies. The chef highlighted the importance of choice and demonstrated a good awareness of both food and nutrition but also of the importance of the residents dining experience. The inspectors noted good checking systems in place regarding food and nutrition and it was clear to the inspector that the chef knew the residents preferences and needs very well. Overall the inspector was very satisfied with the chef and kitchen staff who had a good operating system and person centred approach to meeting the resident's dietary needs.

**Judgment:**
Compliant
**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that residents were consulted with and participated in the organisation of the centre. The inspector found each resident’s privacy and dignity was respected, including the ability to receive visitors in private.

The inspector noted residents had access to advocacy and age action services. The inspector found some residents chose to attend support services outside the designated centre to meet certain needs. For example, residents with physical disabilities. The inspector saw instances whereby residents were supported by staff to access various services such as local authorities regarding housing support. The inspector found residents had opportunities to participate in meaningful activities and a choice of activities was available. The inspector met some residents who openly stated they did not want to be in a nursing home and would rather be 'at home', however they stated the care received was of a good standard. Residents told the inspector they requested phones/Wi-Fi access and this was facilitated.

**Judgment:**
Compliant

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**Outcome 17: Residents' clothing and personal property and possessions**

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents had adequate space provided for their personal possessions. Some residents showed the inspector where they stored and kept their own clothes and belongings. However the inspector noted issues regarding the system in place for laundering residents clothing and ensuring the safe return of same.

The inspector found that a number of residents and families appeared to have on-going issues with the laundry system operating in the designated centre. This involved residents and families highlighting items of clothing 'going missing' and 'not being returned'. This issue was highlighted/complained about by a number of residents/families. This was also a feature in the feedback questionnaires returned to the Authority. In discussing this matter with some staff members this concern was deemed valid and staff informed the inspector the laundry system did seem to cause problems on a regular basis.

**Judgment:**
Non Compliant - Minor

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector saw some good evidence of staff members meeting the assessed needs of residents. The inspector noted an appropriate number of staff on duty and a revised and updated staff training schedule since the last inspection.

The inspector was satisfied that there was sufficient staff available and on duty. The inspector noted the provider had recruited new staff and was continuing to do so. The inspector reviewed the designated centre rosters and observed staffing levels at inspection time which were satisfactory. Some residents highlighted issues with the call-bell support and were not satisfied with call-bell response in the centre. Other residents stated that staff were very attentive to their needs and accepted that if staff were assisting other residents they would have to wait for a period of time. The provider and compliance and support manager stated the staffing review is on-going but felt the current staffing for number of residents was appropriate. The inspector observed a number of call bell response times on inspection which were timely and appropriate. The
inspector was satisfied that the staff training schedule had been re-assessed and inaccuracies highlighted in the previous inspection had been rectified. For example, all staff training in the areas of fire safety, use of equipment and protecting vulnerable adults had been assessed and re-delivered where necessary. The inspector was shown a number of new staff files for incoming staff recently interviewed and the provider also informed of further interviews currently taking place to further supplement the designated centres roster.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Centre ID:</td>
<td>OSV-0000066</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13/11/2014</td>
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<tr>
<td>Date of response:</td>
<td>17/12/2014</td>
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</tbody>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All records were not maintained in accordance with Schedule 3 of the Regulations.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
All records under Schedule 3 of the Regulations are currently being audited for completeness and will then be updated to ensure compliance.

Proposed Timescale: 21/01/2015

Outcome 08: Health and Safety and Risk Management
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not adequate safety precautions in place/implemented regarding residents who smoked.

Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:
For the eight residents who currently smoke, an individualised smoking risk assessment has been completed. A Health and Safety risk assessment overview which encompasses the general environmental and personal risks has been completed. This information has been placed in a newly developed smoking risk register which is available to all staff. Currently residents care plans are being updated to reflect the management of each resident. When complete, that section of each care plan will be added to the register. Initial monthly reviews of the register will be completed with any new residents who smoke being added on admission. Individual reviews will occur at least 3 monthly or if circumstances change in the interim.

Proposed Timescale: 21/12/2014

Outcome 17: Residents' clothing and personal property and possessions
Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident’s laundry needs to be returned accordingly following being washed.

Action Required:
Under Regulation 12(b) you are required to: Ensure each resident’s linen and clothes are laundered regularly and returned to that resident.

Please state the actions you have taken or are planning to take:
We have audited our laundry service to establish where we can improve the system in place. We have identified a number of factors. In order to rectify the issues, we are taking a multifaceted approach i.e. family meetings, staff training, strengthening of key workers within the care teams and formal monitoring of the system. While certain areas have already been addressed, we envision a timeframe of completion of all actions to take approximately six weeks.

**Proposed Timescale:** 31/01/2015