Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Mill Lane Manor
Name of provider:	Mill Lane Manor
Address of centre:	Sallins Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	27 November 2018
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0025736

About the designated centre

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

Mill Lane Manor 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 a town in Co Kildare. The building consists of 52 single occupancy bedrooms and nine shared twin rooms. All bedrooms have full en-suite facilities. A passenger lift is available between the ground and first floor. 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:	64

How we inspect

To prepare for this inspection the inspector or 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
27 November 2018	10:00hrs to 18:30hrs	Sheila Doyle	Lead

Views of people who use the service

Residents who spoke with the inspector were positive about their experience of living in the centre although some said they would prefer to be at home. They felt they could choose what they did each day, including where they took their meals and what activities they took part in.

Residents were also very positive about the quality of the food provided in the centre, confirming drinks and snacks were always available. One resident said how important mealtimes were to her and she really enjoyed meeting friends at the breakfast club.

Residents spoke about the improvements in some of the activities provided. They particularly mentioned going out to various activities in the community. Many spoke of their plans to go Christmas shopping. All residents said how much they enjoyed and appreciated the music sessions.

One resident described how she was unhappy about her specialised mattress and the inspector saw that the person in charge was already looking into this for her.

Capacity and capability

Overall, a good service was being provided to the residents. The inspector found that a robust governance structure was in place. The centre had developed a plan to drive improvements and address the non-compliances identified at previous inspections.

A range of governance and management arrangements were in place to make sure standards of care were maintained. To ensure residents' needs were being met, regular audits were carried out. The records of each audit confirmed if any improvements were identified then action was taken to ensure they were made.

Staff had access to a range of mandatory and supplementary training relevant to their role in the centre. This included training in dementia care, the management of responsive behaviours and infection control. A robust induction and appraisal procedure was in place, to ensure that staff had the required competencies.

Staff files reviewed were mostly complete although one area for improvement was identified. The person in charge assured the inspector that Garda Síochána (police) vetting was in place for all staff.

The inspector was satisfied that the complaints of each resident or relative, were listened to, and acted upon and there was an effective appeals procedure.

While an ongoing programme of maintenance was evident, the inspector found that some improvements were required to ensure the premises met the needs of residents. Some areas of carpeting required replacement while improvements were also required in the shared en suites.

Regulation 16: Training and staff development

Staff mandatory training was up-to-date and staff had access to appropriate training to meet residents' needs, such as in pressure ulcer prevention and management and dementia care. A training plan was in place for 2018.

It was noted at the previous inspection that clinical supervision of care provision required improvement. The inspector found that this had been addressed. New supervisory systems were in place.

Judgment: Compliant

Regulation 21: Records

The sample of staff files reviewed were mostly complete. However, one of the four did not have a satisfactory history of gaps in employment as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place and outlined the services to be

provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and details of the facilities and services that were to be provided for residents. Action required from the previous inspection had been addressed. The inspector found that it had also recently been updated to reflect changes in management arrangements.

Judgment: Compliant

Regulation 30: Volunteers

No volunteers were currently attending the centre. The management team were aware of the regulatory requirements should that change. A policy was in place to guide practice.

Judgment: Compliant

Regulation 34: Complaints procedure

Action required from the previous inspection relating to complaints had been addressed. The person in charge told the inspector that all complaints are logged. The number received this year was minimal and there were no open complaints at the time of inspection. A policy was in place to guide practice and the procedure was on display.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by Schedule 5 of the regulations were in place. Action required from the previous inspection relating to the wound management policy had been addressed. The policy had been reviewed and contained sufficient detail to guide

staff.

Judgment: Compliant

Quality and safety

Overall, the findings showed that, on the day of inspection, the residential centre was providing good quality care and support. Residents' health and social care needs were being met by a staff team who knew them well and were respectful of their choices and routines.

Residents safety was prioritised with up-to-date fire systems and active risk assessment processes. The fire safety register and associated records were maintained and precautions against the risk of fire were in place. All staff had attended training, and fire drills were carried out on a regular basis, and these included night-time scenarios.

The centre maintained a safety statement and risk register which detailed and set control measures to mitigate risks identified in the centre. The risk management policy was in accordance with legislation. The non-compliances identified at the previous inspection had been addressed.

There were arrangements in place to ensure residents were protected from the risk of abuse in the centre. There was a policy in place that was clear and easy for staff to access. Staff training had been provided and additional training was currently being organised.

Assurance was given by the registered provider representative and person in charge that Garda Síochána (police) vetting was in place for all staff.

There was good access to a range of healthcare professionals, and where assessments had been carried out, the recommendations had been included in the residents' care plans. This had previously been identified as an area for improvement.

Meals and mealtimes provided a pleasant and sociable experience and ongoing improvements were noted in the activity programme.

Systems were in place to manage personal possessions and improvements had been identified.

It was noted that visitors were welcomed in the centre, and encouraged to participate in the residents' lives. Visitors spoken with confirmed this to the inspector. Visiting was unrestricted other than at mealtimes. The inspector saw that relatives and staff knew each other well and chatted together.

Regulation 11: Visits

Other than at mealtimes, there was an open visiting policy, and visitors were seen coming and going in the centre throughout the days of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was located on the ground floor. The laundry was organised and appropriate procedures were in place for the safe return of clothes.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided. The person in charge told the inspector that they are currently sourcing a better clothes marking system to minimise the risk of clothes going missing.

Adequate storage space was provided for residents' possessions.

Judgment: Compliant

Regulation 17: Premises

Although not being inspected against on this inspection, the inspector noted that some carpeted areas particularly the corridors areas, were worn and dirty looking. This was discussed with the provider representative who outlined plans already underway to have this replaced. Documentary evidence was available that the new carpets were on order and expected in the centre in January 2019.

The inspector also noted that the shared en-suites did not have separate shelves or towel rails to allow each resident store their own toiletries and reduce any risk of cross infection. This was discussed with the person in charge and was being addressed before the end of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector found that there were systems in place for ensuring that individual resident's' food and nutritional needs were assessed and that appropriate care plans were put into place.

Residents were weighed monthly and any weight loss or gain was responded to appropriately. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector found clear evidence that the recommendations made by dietetic and speech and language therapists were implemented promptly. In addition, the care plans were updated to reflect these changes which was an action required for the previous inspection.

Mealtime and snack times were observed during the inspection and residents and relatives gave positive feedback on the dining experience. Meals were attractively presented and appetising and staff assisted people with their meals in a respectful and dignified manner.

Judgment: Compliant

Regulation 20: Information for residents

The inspector read the residents' guide and it met the requirements of the regulations. It was available in each room and in the front reception area.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

It was noted at the previous inspection that, in some cases, up to date details were not provided on the transfer form when residents were being transferred to other services. This had been addressed. Detailed records were now in place. In addition, the person in charge had met with representatives from the local general hospital to ensure a seamless process was in place.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy met the requirements of the regulations and there was an active risk register in place.

Judgment: Compliant

Regulation 27: Infection control

All staff had attended infection control training and a policy was in place to guide practice.

It was noted that hand hygiene gels were located around the centre, and the inspector saw staff and relatives using them.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. All staff had attended training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. It was noted at the previous inspection that some care plans did not always contain sufficient detail to guide staff. In the sample of care plans reviewed, the inspector saw that this had been addressed. There was evidence of resident or relative involvement at development and review.

The inspector reviewed the documentation relating to the management of a sample of clinical issues such as wound care and saw that the planned care was in line with evidence based guidelines. This had been identified as an area for improvement at the last inspection.

Other changes had also been implemented such as a robust auditing system to ensure that the documentation was complete. Key nurses had also been nominated with overall responsibility for a group of residents' care plans

Judgment: Compliant

Regulation 6: Health care

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy and occupational therapy services were available within the centre. Chiropody, dental and optical services were also provided either locally or in the centre.

The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. When required the care plans were updated to reflect the recommendations, an action required from the previous inspection.

Judgment: Compliant

Regulation 8: Protection

Robust policies were implemented to ensure that residents were protected from all forms of abuse.

The provider had clear processes in place to protect residents' finances.

Assurance was given by the registered provider representative and person in charge that Garda Síochána (police) vetting was in place for all staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mill Lane Manor OSV-0000066

Inspection ID: MON-0025736

Date of inspection: 27/11/2018

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: S: All employee files will be re-reviewed for gaps in employment and any identified will be addressed. It will be reiterated to interviewers the importance of gap identification. M: An audit will be completed by the Regional Manager and Person In Charge of all employee files in conjunction with the H.R. Manager. A: Achievable through audit. R: Realistic. T: To be completed by 31.12.18	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: S: As per the inspectors comments with regard to the corridor carpet, evidence was provided by the Provider Representative at inspection confirming replacements had been ordered. M: Through continuous environmental audits. A: Achievable through review. R: Realistic. T: To be completed by 31.01.19.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/01/2019
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/12/2018