Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mill Lane Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Sallins Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	01 September 2022
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0037539

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 September 2022	08:55hrs to 17:05hrs	Helena Budzicz	Lead
Thursday 1 September 2022	08:55hrs to 17:05hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

Overall, inspectors found that the management team and staff were working to improve the quality of life and to ensure that residents received a good standard of care. Inspectors met and spoke with a number of residents throughout the day of the inspection. Inspectors observed how residents spent their day and how they were facilitated and supported with their needs.

This unannounced inspection took place over one day. There were 54 residents accommodated in the centre on the day of the inspection and 16 vacancies. Inspectors met with the person in charge and an assistant of the director of nursing at the start of the inspection. Following an initial meeting, the person in charge accompanied inspectors on a walk around the centre. The atmosphere in the sitting area was calm and relaxed, and the residents appeared comfortable.

Residents who spoke with the inspectors were positive about the care they received in the designated centre. One resident told the inspectors how they had been living in the centre for the last ten years, and it was now their home. They loved to attend the activities but also had the support from staff to go into the local town and attend the local groups. Another resident who had lived in the centre for the last seven years spoke about their love for music and how they enjoyed the live music that was on regularly in the centre. This resident also spoke about how the staff accompanied them outside for walks which helped to 'clear the head'. Residents were seen on the day enjoying various activities with strong attendance at the music in the afternoon. The inspectors met with the activities coordinator and saw that activities for the day were completed as scheduled on the notice board in the day room.

Inspectors saw that some bedrooms were personalised with residents' photographs, memorabilia and belongings, and some bedrooms had residents' own furniture. Those residents spoken with were happy and content with their rooms. However, inspectors noted that action was required in respect of the premises as there were visible markings and cracks on the ceilings in the corridors and the bedroom. Furthermore, inspectors observed that the premises were not used in line with the centre's statement of purpose as the centre used a twin-occupancy bedroom as a staff facility. This will be discussed within this report under Regulation 17: Premises.

The fire safety management systems were not effective as adequate arrangements for reviewing fire precautions in the centre were not effective in identifying the risks. The action was required to ensure compliance with Regulation 28: Fire precautions.

There was a visiting priest that regularly called to the centre; however, there was no other religious service offered to residents of different denominations. This did not ensure that all residents' religious rights were upheld.

Inspectors observed that a variety of drinks and snacks were offered and served

throughout the day. The menu was displayed, and a kitchen assistant called to each resident daily to seek their preferences. Residents spoken with said they were consulted regarding their preferred choice of meals. Inspectors observed the residents' dining experience and found the dining room was a calm space. Those residents who required support were assisted appropriately and discreetly.

The residents had access to a large enclosed garden which provided adequate seating and a sun canopy. Residents were seen mobilising around this area with the assistance of staff.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that while improvements to some management systems had been sustained following the last inspection, the action was required by the registered provider to ensure further management systems were implemented. Inspectors reviewed the provider's compliance plan from the previous inspection and found that enhanced focus was needed to ensure residents' safety was maximised at all times, in particular with regard to Regulation 28: Fire precautions and Regulation 23: Governance and management. Furthermore, improvements were necessary concerning to the regulations relating to infection control, medication management and residents' rights.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of the designated centre. The provider is part of Orpea Care Ireland and has access to a national support network that includes human resource officers, finance and practice development personnel. At the local level, the person in charge reports to a regional manager, who in turn reports to the chief operating officer. There was a clearly defined management structure in place that identified the lines of authority and accountability. The clinical management structure had been strengthened since the previous inspection with the appointment of two assistant directors of nursing who supported the person in charge to discharge their duties and regulatory responsibilities in a supervisory capacity.

On the day of inspection, there were sufficient numbers of staff on duty to meet residents' needs. Staff spoken with had good knowledge of each resident's individual needs and confirmed that they were provided with training to support them in their roles. Uptake of training was monitored by management in the centre. Minutes of staff meetings indicated that all relevant issues were discussed.

There were good arrangements in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. However, at a system level, there was a lack of understanding and

knowledge of what constitutes abuse, recognising allegations of abuse and submitting notifications to the Chief Inspector of Social Services where required.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. There was good oversight of complaints management in the centre.

Regulation 15: Staffing

From a review of the staffing rosters and from the observations of the inspectors, it was evident that the number and skill-mix of staff were appropriate to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing training schedule in place to ensure that staff had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that effective management systems were not in place to ensure that the service provided was safe, appropriate and effectively monitored. For example:

- Inspectors observed that one of the twin-occupancy bedrooms on the ground floor was used as a staff room. This was not in line with the centre's statement of purpose (SOP) and was a breach of the centre's condition of registration.
- Oversight of fire management systems was not sufficiently robust to ensure all risks in relation to fire safety had been addressed and effectively mitigated.
- There was no consistency in the reviewing of the personal emergency evacuation plans (PEEPs). Some of these plans were not maintained up-to-date, and some plans were not displayed in the resident's bedrooms to actively inform the evacuation process when required.
- Inspectors observed that there were no numbers on most of the residents' bedroom doors. This meant that the fire evacuation plan was not clear and

posed a risk of error in case of a fire evacuation. An urgent compliance plan was issued to the provider during the inspection to address this issue immediately in order to come into compliance with Regulation 28: Fire precautions (S.I. No. 415/2013 Health Act 2007) Care and Welfare of Residents in Designated Centres for Older People Regulations 2013.

- The registered provider did not notify the Chief Inspector of a number of incidents that occurred in the centre as per statutory requirements.
- While the general medication management systems in place were found to be good, the registered providers' medication audits failed to identify when errors were occurring and areas for improvement. Further oversight was required to ensure that medications were correctly administered and to avoid potential errors occurring, as detailed under Regulation 29: Medicines and pharmaceutical services.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care was reviewed. Each contract included details of the services to be provided and the fees to be charged, including fees for additional services. All contracts stated the room number of each resident and the occupancy of the room in which they would be residing.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors found that not all notifiable events had been submitted to the Chief Inspector as required by the regulations. Two complaints made by residents where there was a safeguarding query had been raised and were not notified to the Chief Inspector of Social Services. The notifications were submitted retrospectively to the Chief Inspector's office following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre's complaint procedure was displayed in the centre and included a nominated complaints officer. Records available contained details on the nature of the complaint, the investigation carried out and follow-up communication with the

resident and family as required. The outcome and whether the complainant was satisfied with the outcome were also recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of updated policies and procedures to meet the requirements of Schedule 5 of the regulations, and these were kept under regular review by the person in charge in line with the regulations.

Judgment: Compliant

Quality and safety

The findings of this inspection identified a significant improvement in the care delivery and in providing support to residents living in the centre. However, further action was required to promote residents' safety in respect of infection control, premises, protection, medication management, residents' rights and fire safety in order to achieve regulatory compliance.

All staff had been trained in relation to detection and prevention of and responses to abuse. Staff spoken with on the day knew what to do if they noticed or suspected an incident of abuse. The person in charge was aware of her responsibility to investigate any incident or allegation of abuse. However, inspectors found that allegations of abuse were processed as complaints, and staff did not follow the processes as per the centre's safeguarding policy.

There were some good infection control processes in place, for example residents and staff were monitored twice a day for signs and symptoms of infection. However, there was insufficient oversight of infection prevention and control and storage practices in the centre. Fundamental gaps in infection control practice within the centre will be discussed under Regulation 27: Infection Control.

While the fire safety arrangements in the centre required full review as detailed in Regulation 28, the inspectors acknowledged that the provider was proactive and had scheduled to carry out a fire safety risk assessment of the centre, which would include a review of fire doors, fire sealing and fire evacuation routes. The person in charge submitted the copy to the Chief inspector following the inspection. Nevertheless, a review by a competent fire safety professional was required to provide assurances of adequate containment and appropriate fire detection due to identified deficiencies.

Residents had the choice to attend the dining room at two different times for each meal. Residents were seen to enjoy a well-presented choice of food and drinks in the dining room. The tables were presented in a way that residents had ample room, and assistance was readily available when required. Residents were given various foods, and many different choices of varied consistencies were seen being served. The kitchen staff had a copy of the residents' required consistency of food as per the speech and language therapist's recommendations.

Residents were supported to access appropriate health care services in line with their assessed needs and preference. General Practitioners (GPs) attended the centre and ensured residents had regular medical reviews. There was good evidence of regular reviews by health and social care professionals; for example, dietitian, chiropodist, occupational therapist, opticians and speech and language therapists. Residents were referred to these specialists as needed, and a prompt assessment was completed.

Resident and family meetings involving the multidisciplinary team had recommenced. Inspectors viewed the minutes of these meetings, where outcomes were identified and followed up.

The registered provider has made great progress in the management of clinical assessments and the care planning process. Residents were assessed within 48 hours of admission, and a resident-specific care plan was developed. Residents were involved in their care plan development.

Residents were provided with a selection of activities within the centre. However, not all residents were given the opportunity to participate in religious services. Some residents that resided in the centre did not have their religion catered for with regards to a visiting religious member of their choice. Residents were provided with an external advocacy service, and posters on how to communicate with this service were displayed in a prominent place in the centre.

Improvements were required in relation to medication management in the centre. Residents' medication records were not in line with the centre's policy. The errors in the prescription records were not identified by staff members as outlined under Regulation 29: Medicines and pharmaceutical services.

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- Sluice facilities did not have lockable presses for the safe storage of chemicals.
- There were leak markings and cracks in the ceilings on the stairs and in the bedrooms, and there was evidence of mould in one of the unoccupied twin-occupancy bedrooms, which could pose health and safety issues for

residents.
- Residents could not alert staff if they needed assistance as call-bell chords were not available in all areas or were not within reach.

Furthermore, the provider did not ensure that the premises of the centre were not appropriately used as stated in the statement of purpose prepared under Regulation 3 as the twin-occupancy bedroom was used on a long-term basis as a staff room facility.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to a choice of nutritious and wholesome meals. There were adequate supplies of fresh drinking water and alternative drinks throughout the centre.

Judgment: Compliant

Regulation 27: Infection control

While improvements were noted since the last inspection, a number of actions required to ensure the centre was in compliance with infection prevention and control standards were identified, including:

- There was a process for the identification of clean equipment in place, but it was not fully implemented and, therefore, was not effective.
- The sluice room contained damaged and rusted wall-mounted racking, which did not support effective cleaning; the drip shelves were missing, which posed a risk of cross-contamination.
- The clinical waste bin was not locked as per best practice, which posed a health and safety risk and a risk of cross-contamination.
- Some carpets were visibly unclean, and there was a strong odour from the carpet in one of the double-occupancy bedrooms. Malodours were also present in the storage room where clean wheelchairs were stored.
- Inspectors observed inappropriate storage practices; for example, a mattress was stored in an en-suite bathroom, posing a cross-contamination risk.
- Residents' medical equipment, such as nebulisers, was observed as unclean and stored inappropriately on the top of the shelves in the treatment room.
- The floor in one of the smaller sitting rooms and Orangery sun room was very sticky, and the chairs were blocking access to the hand-washing sink.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire, for example;

- The electrical rooms with high-voltage electrical boxes were being used for storage and as a staff changing room. Additionally, there was no fire alarm detection sensor in the storage room, and the fire door frame was damaged. Boxes were stored on the top shelves near the uncovered lighting feature, and there was no fire extinguisher. This posed a risk to early fire detection and containment.
- An oxygen cylinder was also stored inappropriately in this room. These were urgent risks to safety which led to inspectors issuing the provider an immediate action plan, ensuring they were addressed on the day of the inspection.
- Inspectors observed gaps in the fire doors in the Orangery sun room, and the doors did not close properly, which did not ensure effective smoke containment.
- The wiring on the corridor was exposed, and the manual call-point was covered with tape posing a risk that the fire alarm would not be activated in the event of a fire.
- Escape signage was not adequate and correct; additional supplementary exit signage was required in some areas of the centre to guide and support evacuation in the event of a fire, as some signs were not correctly pointing to the evacuation routes.
- The fire safety signs were missing when oxygen cylinders or concentrators were used or stored.
- Means of escape were not maintained clear at all times. Not all escape routes had been tested for the identified strategy of bed evacuation. For example, the furniture in one of the twin-occupancy bedrooms was blocking the fire exit. The gate in the courtyard on the evacuation route from the Orangery sun room was locked, and the key was not available near the exit.
- A review of the assembly evacuation points signage was required as it was not visibly displayed. Furthermore, the small signage was placed beside a busy car park, which could pose a risk to residents' safety in case of a fire evacuation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were not in line with best practices or local policy,

which led to unsafe practices. These were repeated findings from the last inspection;

- A review of the medication records showed a number of gaps where the signatures of the two transcribing nurses were required; this was not in line with local policy.
- The resident's prescribed medication was not signed by a general practitioner (GP) for seven weeks, and nurses continued to administer this medication
- Medication was not ordered in a timely manner. For example, inspectors found evidence that where medication had been prescribed, it was not obtained immediately and had been documented as not available for two days.
- No date was recorded when antibiotic treatment was discontinued in line with best practice. Nurses were documenting the discontinuation date on medicine kardex (medicine management system).

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There were effective systems in place for the assessment, planning, implementation, and review of residents' health and social care needs. Care plans were seen to be personalised, and residents had been consulted in their development.

Judgment: Compliant

Regulation 6: Health care

There was a medical practitioner (GP) made available to all residents who visited the centre regularly. The centre had timely access to other health and social care services as required.

Judgment: Compliant

Regulation 8: Protection

All staff had received their training in relation to detection and prevention of and responses to abuse. However, staff needed additional knowledge and skills to ensure that all allegations of abuse were recognised and appropriately acted upon in

line with the centre's safeguarding policy. This is detailed under Regulation 31.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found that residents did not have appropriate opportunities to exercise their religious rights as follows;

- There was no visiting person from a religious denomination, although the centre had three residents practising that religion.
- Access to the oratory was restricted as the door was locked if the room was not in use.

Residents could not alert staff if they needed assistance as call-bell chords were not available in all areas or were not within reach. Inspectors observed that there was a delay in the answering of call-bells on the first floor as the sound was too low, and there were only two small call-bell monitors available for the staff. In addition, the light fixture for the call-bell above the resident's bedroom was not easily visible when standing on the further side of the corridor. This arrangement did not ensure that every resident received appropriate assistance and support in a timely manner.

There was no directional and orientation signage displayed around the centre to orientate residents to rooms such as the dining room and day room to allay confusion and disorientation and to guide both residents and visitors around the centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0037539

Date of inspection: 01/09/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Twin occupancy room on ground floor now as per Registration. Completed immediately post inspection. • A new fire management process is being implemented and will be in place by the 31st December 2022. • PEEPS for all residents have been reviewed- Completed from 1st November 2022. PEEPS will be audited by the DON or delegated nurse manager on a 2 weekly basis. Findings from the audit will be discussed at the staff meetings. • All bedroom numbers are clearly visible on all doors. Completed. • By 31st October 2022, a revised medication audit plan will be in place and the findings of the audits will be communicated to all staff to ensure practice improvements and learning.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • From 1st October 2022 and ongoing, the PIC will review reported incidents daily and will ensure that all required notifications are uploaded to the portal within the required timeframe.	

• From 1st October 2022, the monthly governance meeting will monitor compliance with this.
• By 31st October 2022, all staff who deputise for the PIC will have received training on the notification of incidents.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Lockable storage for sluice rooms will be in place by the 30th November 2022.

• All painting will be completed by 15th December 2022

• An audit of all call bells has been completed. Replacement call bell cords will be in place by the 15th of November.

• In the interim, alternative means of communication for residents has been put in place- Completed

• Staff training has been completed for all staff to ensure they are aware of the importance of confirming call bells are in place, working and within reach of the residents- Completed

• From 1st November 2022, a 3-monthly call bell audit will be conducted to ensure compliance with this requirement.

• Staff room has now been relocated and all areas of the home are now used as per Statement of Purpose and floor plans- Completed

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Cleaning schedules in place for all equipment - Completed

• Sluice room racking is in place with drip shelves - Completed

• A system is now in place to ensure that clinical bins are checked daily to ensure that they are locked - Completed

• A carpet replacement plan is on-going in the home and commenced on the 1st of October 2022, this is due for completion by the 15th December 2022.

• A system is in place to supervise staff practice and ensure that items are stored correctly in the home. Training has been conducted with all staff and will continue for all new staff- Completed and ongoing.

• Residents' nebulizers are stored in an airtight container and are cleaned as per policy - Completed

• Staff training to ensure awareness and compliance with the decontamination policy will be completed by 30th November 2022.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• New fire management process being implemented and will be in place by the 31st December 2022

• A Fire sensor and extinguisher will be in place in the storage room by the 15th November 2022.

• Review of all fire doors being undertaken by an external company; as required, plan is to replace doors requiring refurbishment, programme of replacement will be in place by the 30th November 2022.

• Wiring on corridor and manual call point now appropriately covered and in place since the 2nd September 2022.

• All rooms audited to ensure appropriate fire escape; one room identified at inspection; cupboard removed on day of inspection.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• By 31st October 2022, a revised medication audit plan will be in place and the findings

of the audits will be communicated to all staff to ensure practice improvements and learning.

• All nurses will have received updated medication management training by the 27th of October 2022.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• From 1st October 2022 and ongoing, the PIC will review reported incidents daily and will ensure that all required notifications are uploaded to the portal within the required timeframe.

• From 1st October 2022, the monthly governance meeting will monitor compliance with this.
• By 31st October 2022, all staff who deputise for the PIC will have received training on the notification of incidents.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A new Vicar commenced in Mill Lane Manor on the 1st October 2022.

• An audit of all call bells has been completed. Replacement call bell cords will be in place by the 15th November 2022.

• In the interim, alternative means of communication for residents has been put in place- Completed

• Staff training has been completed for all staff to ensure they are aware of the importance of confirming call bells are in place, working and within reach of the residents - Completed

• From 1st November 2022, a 3-monthly call bell audit will be conducted to ensure compliance with this requirement.

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.	Not Compliant	Orange	15/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	15/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	02/09/2022

	ensure the effective delivery of care in accordance with the statement of purpose.			
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	Orange	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(b)	The registered provider shall provide adequate	Not Compliant	Orange	31/12/2022

	means of escape, including emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	31/12/2022
Regulation 28(2)(i)	The registered provider shall make adequate	Not Compliant	Orange	31/12/2022

	arrangements for detecting, containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/12/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	31/10/2022
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	Yellow	27/10/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall	Substantially Compliant	Yellow	27/10/2022

	include staff training in relation to the detection and prevention of and responses to abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/11/2022
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Yellow	01/10/2022