



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:	18 July 2023
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0038967

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 July 2023	08:35hrs to 18:15hrs	Helena Budzicz	Lead
Tuesday 18 July 2023	08:35hrs to 18:15hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents living in Mill Lane Manor Private Nursing Home were provided with a good standard of care in a supportive environment. This unannounced inspection was completed over one day, and the inspectors met with several residents during the day of the inspection. The feedback from residents was mainly positive. One resident who spoke with inspectors said that 'the staff working here are absolutely lovely. I call them my family.' Other residents said they knew the person in charge and that they would talk to them or any member of the staff if they were dissatisfied or worried about anything. Although feedback from residents was very positive, and the inspectors observed significant improvements, the inspectors also found that further action was required to bring the centre into compliance with the regulations in order to ensure the quality and safety of resident care and to ensure that residents' rights were upheld at all times.

On arrival, the inspectors were met and greeted by several staff members. Staff were attentive and responsive regarding providing assistance to residents with their breakfasts in the main sitting/day room. There was a busy morning atmosphere apparent, with staff members assisting residents who wished to get out of bed and start their day. Staff interactions with residents demonstrated kindness, and there was a relaxed atmosphere in the centre.

Inspectors saw residents relaxing in day rooms, enjoying the courtyards or engaging in some of the activities that were made available. The inspectors observed activities staff carrying out different activities during the day of the inspection, including one-to-one activities with residents who chose to stay in the bedrooms throughout the day. Residents enjoyed quiz activities, with numerous residents participating and enjoying the banter with fellow residents and staff.

Residents had access to enclosed garden areas on the ground floor and were seen to be walking around the centre with the assistance of staff members or family members. Inspectors observed residents being facilitated to have tea outside while the weather permitted it.

Mealtimes were observed to be a calm and pleasant experience for residents. Food was served directly from the kitchen, and it appeared warm and appetising. Sufficient staff members were observed to be available to provide gentle assistance to residents who required it. The inspector saw that choice of textured modified diets was available, and these were well-presented. Food and drinks were readily available for residents and their visitors. The residents said that 'the food was lovely and said that if they didn't like the meal, they could ask for something different'.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management

affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found improvements since the previous inspection and that the centre was generally well-managed, and residents were receiving appropriate care and support to meet their needs. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended) and to follow up on the action taken by the provider to address the findings of inspection dated 1 September 2022.

The management team were proactive in responding to issues as they arose during the inspection. There was evidence of good leadership and oversight in the centre, and this was evidenced by improved compliance with Regulation 29: Medicines and pharmaceutical services, Regulation 31: Notification of incidents and Regulation 8: Protection. Inspectors acknowledged the progress that had been made since the last inspection in a number of areas, such as the renovation and reconfiguration of the main day/sitting room and the area around the lift on the ground floor, painting of some of the bedrooms and changing the floor coverings on the ground floor. Notwithstanding all the positive improvements, further focus was required in relation to the statement of purpose (SOP), contract for the provision of services, governance and management, residents' rights, premises, infection control and fire precautions.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of Lane Manor Private Nursing Home. The senior management team included the provider representative, regional director, associate regional director, the person in charge and two assistant directors of nursing. Reporting structures were clear, and staff were clear about what was expected of them.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. The audits informed the development of improvement action plans, and records showed that the action plans from these audits were communicated to relevant staff members.

An annual review of the quality and safety of care delivered to residents had been completed for 2022. This review had been prepared and informed with feedback received from residents and their families.

Staffing levels and skill-mix were being kept under review. The person in charge informed inspectors that there were two vacancies for healthcare assistants and one for laundry and household staff. The provider had a recruitment plan in place and was awaiting garda vetting for two care staff. Additional household staff were provided

on the day of inspection in response to the outbreak of COVID-19 in the centre, where a small number of residents were impacted.

A full complement of staff aligned with the statement of purpose (SOP) and function will be required when the centre is at full occupancy (70 residents).

Training records demonstrated that staff were appropriately trained to perform their roles. The inspectors reviewed a sample of staff records, and each staff had completed An Garda Síochána vetting requests prior to commencing employment. However, further improvements in the record-keeping and accessibility in the centre were required, as discussed under Regulation 21: Records.

The provider had contracts for the provision of services in place for residents; however, not all contracts reviewed were signed. Further attention was required to ensure that the terms on which residents reside in the centre were accurately outlined as discussed under Regulation 24: Contract for the provision of services.

Regulation 14: Persons in charge

The person in charge is a registered nurse and works on a full-time basis in the designated centre. They met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of the staff in the centre were appropriate with regard to the assessed needs of the residents and the size and layout of the building. There was an ongoing recruitment programme and internal arrangements on a group level in place to fulfil staff vacancies as they occurred.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members had access to training appropriate to their role according to their roles and responsibilities. Staff were able to speak confidently about the training they had received and how they put it into practice in the centre.

Judgment: Compliant

Regulation 21: Records

Management of records was not in line with regulatory requirements, as follows;

- Nursing progress notes were inconsistent in detailing residents' health, condition and treatment given in accordance with professional guidelines as required in Schedule 3. Some of the notes were copied from the previous day and did not provide an accurate overview of the most recent resident's condition or day spent.
- The registered provider held the financial records in the organisation's head office, which was not part of the designated centre. Further written assurance was required to evidence the pension-agency accounts following the inspection.
- Records were not kept in accordance with requirements as set out in Schedule 3 for a period of not less than 7 years after the residents ceased to reside in the designated centre.

Judgment: Not compliant

Regulation 22: Insurance

The provider had made arrangements to secure insurance against injury to residents and other risks, including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to oversee the service were not sufficiently robust to ensure a safe, effective service was delivered at all times. For example;

There was no evidence of effective consultation and revision of residents' contracts for the provision of services in respect of additional charges imposed on the residents. This was a breach of the centre's own contract as well as residents' rights.

Record-keeping and file management systems were not adequately monitored as outlined under Regulation 21: Records.

Notwithstanding the actions taken by the provider in response to a fire safety risk assessment, the provider had not recognised some of the risks found on inspection and discussed under Regulation 28: Fire precautions and further assurance were required:

- That the compartmentation issues identified on the fire risk report had been addressed and works certified by a competent person.
- That a fire door assessment had been completed as identified in the fire risk report and that actions arising were addressed and works certified by a competent person.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed nine contracts for the provision of services and found that while each resident had a contract setting out the terms and conditions of their residency in the centre, two contracts were not signed and dated by the provider representative, residents or their representative.

Furthermore, the contracts were not sufficiently comprehensive and did not include details such as Fair deal arrangements, service charges, or any additional charges (for example, the charges for toiletries were also not always included in the contract).

The registered provider had introduced a 25 euro per week additional service charge in February 2023 in the absence of a signed agreement with residents or their nominated persons. This was introduced in a blanket-approach manner to all residents regardless of their ability to avail of services covered by this charge. This was not in line with signed contractual obligations and will be further detailed under Regulation 9: Residents' rights.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre for inspectors' review and met the criteria of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers involved in the centre on a voluntary basis at the time of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on a review of incidents and accidents on the computerised system, the inspectors were satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the Office of the Chief Inspector as required under Regulation 31.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider was aware of the statutory requirements stated in the regulation that they should inform the Office of the Chief Inspector of Social Services in writing in the event of the proposed absence of the person in charge from the centre.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The inspector was assured on the day of the inspection that the provider was aware of the notice to be given to the Office of the Chief Inspector in the absence of the person in charge from the centre. The centre had arrangements in place for the person who would deputise in the absence of the person in charge.

Judgment: Compliant

Quality and safety

The inspectors observed that residents living in this centre received appropriate care and support, which ensured that they were safe and could enjoy a good quality of life. Residents were satisfied with their access to health care and reported feeling safe and content living in the centre. The inspectors found significant improvements in respect of the care and welfare of the residents in areas of medication management and end-of-life care for the benefit of the residents. However, more focus and effort were required to bring the designated centre into compliance with Regulation 9: Residents' rights and Regulation 28: Fire precautions.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications, checklists and colour coding of cloths to reduce the chance of cross infection. Regular environmental hygiene audits were carried out. Cleaning records viewed confirmed that all areas were cleaned each day. A separate cleaning schedule was available for night staff. Fabric upholstered furniture was observed in communal areas. These chairs appeared visibly clean on the day of the inspection. The staff members were observed to use the personal protective equipment (PPE) appropriately. The volume of antibiotic use was also monitored each month. The provider had access to diagnostic microbiology laboratory services, and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Copies of laboratory reports were routinely filed in the resident's healthcare record. An antimicrobial stewardship audit tool had been developed, and antimicrobial stewardship guidelines were available. The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018); however, some further action is required to be fully compliant. Details of the issues identified are set out under Regulation 27.

Inspectors observed that residents could get up and go to bed based on their individual preferences. The provider had systems in place to ensure that the voice of the resident was listened to. Regular resident forum meetings were scheduled, as residents' issues and concerns were documented and addressed. However, further improvements were required in relation to residents' choices as discussed under Regulation 9: Residents' rights.

The registered provider had systems in place to protect residents from abuse. Staff were knowledgeable about what constitutes abuse, and inspectors saw that all incidents of allegation of abuse were investigated and appropriately responded to. However, further improvements were required in respect of safeguarding residents' finances as discussed under Regulation 8: Protection.

The oversight of fire safety management systems and the processes to identify, and manage fire safety risks required improvements to ensure the safety of residents living in the centre as discussed under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, having regard for their well-being, safety and health and that of other residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered on-site and returned to them. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were examined. Inspectors found that in accordance with the resident's assessed needs and consent, referrals were made to specialist palliative care services so that an integrated multidisciplinary approach to end-of-life was provided.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the programme of improvement works underway to upgrade the premises, work remained incomplete and further action was required regarding the following:

- There was inadequate ventilation in some of the bathrooms.
- There were leaks on the ceiling in the medication rooms and some corridors or lift landing areas on the first floor.
- The PVC layers on the cabinets in the medication room were peeled off, and the surfaces were stained and damaged.
- One bedpan washer was out-of-order on the day of the inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 28: Fire precautions

While it is acknowledged the provider did take some measures in order to mitigate the risks identified in the fire risk assessment of 14 October 2021, the registered provider was required to take additional action to comply with Regulation 28 based on the findings:

- There was a lack of signage to indicate the location of the gas valve in the kitchen.
- The designated smoking room was made of a timber structure; assurance was required as to the fire rating of this structure.
- Some areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures.
- There were various ceiling access hatches that did not appear to meet the required fire rating resistance.
- Evacuation equipment had been provided in two stairwells; however, there was no risk assessment of evacuation aids required for the remaining stairwells.
- The means of escape required review as there was a risk of slips, trips and falls on footpaths around the building.
- A review of the location of the fire assembly point was required as it was located at the rear of a busy car park. While inspectors were informed the fire alarm system was an L1 addressable system, there was no documentation available to support this. There was no detection in the oratory store.
- Inspectors identified a small number of cross corridor doors that did not close properly when released.
- A number of bedrooms were noted to have significant gaps underneath the fire doors.
- The certification for emergency lighting was not available for inspection; however, the provider agreed to submit it post-inspection.
- Revised fire floor plans were awaited to reflect works carried out and to include the location of internal assembly points and secondary means of escape.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider has made significant improvements in medicine management since the last inspection. The inspectors reviewed a sample of medication administration records and noted that all medicinal products were administered in accordance with the directions of the prescriber. Medicinal products and records of medication-related interventions were found to be stored securely in the centre. Medicines controlled by misuse of drugs legislation were stored securely, and balances were checked appropriately and correctly.

Judgment: Compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents from financial abuse. The systems in place to safeguard residents from financial abuse were not robust. The arrangements in place for residents who required a pension agent were not in line with best practices and Department of Social Protection guidelines, as residents' pensions were transferred into the company's current business account. This did not ensure that residents' finances were effectively safeguarded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

From talking with the residents and from the documentation reviewed, inspectors were not assured that all residents had a choice, and their consent was sought and documented in respect of the additional social charges introduced by the provider since February 2023, especially for residents who were admitted to the centre prior this date.

Judgment: Not compliant

Regulation 27: Infection control

Notwithstanding the refurbishment plan in place to address the environment and equipment concerns, the following issues remained outstanding, which had the potential to impact the effectiveness of infection prevention and control with the associated risk of transmitting a healthcare-associated infection within the centre:

- The carpets on the landings and stairs remained heavily stained, and, despite frequent cleaning schedules, they could not be thoroughly cleaned.
- Assistive equipment used in the centre and examined by inspectors appeared visibly unclean, such as raised toilet seats, commodes and shower chairs.
- The ventilation unit in the bathroom was observed to be clogged and dirty. The accumulation of moisture in the bathroom vents encourages the growth of bacteria.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant
Regulation 27: Infection control	Substantially compliant

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

Inspection ID: MON-0038967

Date of inspection: 18/07/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • The Person in Charge and a number of nurses are to attend a dedicated training course on 12th September 2023 in relation to person-centred care planning. Following completion of the course, the Person in Charge will cascade the training to those nurses unable to attend and ensure that by 30th September 2023, the health status of all residents is accurately reflected in nursing notes. Compliance with this will be audited by the Person in Charge and other nurse managers within the centre. • A review of the management of resident's financial records is currently being undertaken by the RPR and finance team to ensure full compliance with the regulations and to reflect best practice. The review and actions taken in response to findings will be fully implemented by 31st December 2023. While the management of resident's financial records is off site, account statements are available and residents are able to access money at their request. • A review of the retention of resident's records has commenced to ensure that records are retained in accordance with Schedule 3. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC now ensures that all agreed changes to the contract are clearly signed by the resident or their nominated representative and that consultation/communication in this regard is clearly documented in the appropriate section on EpicCare. (Complete) • A review of the management of resident's financial records is currently being undertaken by the RPR and finance team to ensure full compliance with the regulations 	

<p>and to reflect best practice.</p> <ul style="list-style-type: none"> • The Registered Provider has engaged an external contractor and in conjunction with the maintenance team will ensure all outstanding works in relation to compartmentation and fire door assessments are addressed and signed off by a competent person. 	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • All contracts of care have been signed by the resident or their nominated representative as appropriate and a monthly audit by the administrator and an Assistant Director of Nursing is carried out to ensure contracts are signed appropriately by all parties involved. (Complete) • A review of contracts of care is currently being finalised and revised contracts will be rolled out from 01 November 2023. • The PIC now ensures that all agreed changes to the contract are clearly signed by the resident or their nominated representative and that consultation/communication in this regard is clearly documented in the appropriate section on EpicCare. (Complete) 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • An assessment of bathrooms, cabinetry and leaks to ceilings will be carried out by our Head of Facilities and all remedial work to address the issues identified will be completed by Q1 2023. • The bed pan washer has been serviced and was working again from the day after inspection. (Complete) 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Signage was put in place on the gas valves in the kitchen on the day of inspection. (Complete) 	

- By 30th September 2023, the designated smoking shed will be coated with fire rated paint.
- The Registered Provider has engaged an external contractor and in conjunction with the maintenance team will ensure all outstanding works in relation to compartmentation, fire sealing and fire door assessments are addressed and signed off by a competent person. The ceiling access hatches are certified as fire rated.
- All stairwells have evacuation equipment in place (completed on 30th July 2023). A risk assessment has been completed, staff are trained on the use of the equipment and the risk register has been updated accordingly. (Complete)
- The certification for emergency lighting was made available to inspector's post-inspection. (Complete)
- A review of the means of escape around the building has been completed and some minor works are to be completed by 30th September 2023 to mitigate the risk of slips, trips and falls on footpaths around the building
- Revised fire floor plans that documents the location of internal assembly points and secondary means of escape are being finalised and will be in place by 30th September 2023
- The location of the external assembly point has been reviewed and will be more clearly delineated to ensure it is protected from traffic using the car park.
- A review of the fire alarm system will be completed by 30th September to confirm that the system is L1 addressible.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- A review of the management of resident's financial records is currently being undertaken by the RPR and finance team to ensure full compliance with the regulations and to reflect best practice.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC now ensures that all agreed changes to the contract are clearly signed by the resident or their nominated representative and that consultation/communication in this regard is clearly documented in the appropriate section on EpicCare. (Complete)
- A review of contracts of care currently being finalised will more explicitly address charges for additional services provided over and above those funded through Fair Deal. Revised contracts will be rolled out from 01 November 2023 in full discussion with all residents.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• A staggered approach to the renovation of carpeted floors in Mill Lane Manor has been adopted and a programme of replacement will commence in Q1 2024.• An assessment of assistive equipment will be completed by 15th September 2023 and any equipment that does not meet IPC standards will be decommissioned and replaced.• A deep clean of all ventilation units in the centre will be completed by 15th September 2023 and ongoing cleaning of these units this will be added to the 3-monthly cleaning audit.	

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(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.	Substantially Compliant	Yellow	31/12/2023
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.	Not Compliant	Orange	31/12/2023
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the	Not Compliant	Orange	31/12/2023

	designated centre concerned.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	30/09/2023
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	31/12/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	01/11/2023
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and	Not Compliant	Orange	01/11/2023

	include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	01/11/2023
Regulation 24(2)(c)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.	Not Compliant	Orange	01/11/2023
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and	Not Compliant	Orange	01/11/2023

	include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
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	30/06/2024
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	31/10/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Not Compliant	Orange	30/09/2023

	building fabric and building services.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	30/09/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/12/2023
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	01/11/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	01/11/2023

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	Orange	01/11/2023
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