



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

## Issued by the Chief Inspector

Name of designated centre:	Mill Lane Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Sallins Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	20 December 2023
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0042267

## 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:	68
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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
Wednesday 20 December 2023	09:00hrs to 16:30hrs	Frank Barrett	Lead

## What residents told us and what inspectors observed

Overall, residents in Mill Lane Manor Nursing home expressed their comfort in the environment and were supported in their activities throughout the day with kindness by the staff. The centre was warm and tastefully decorated in advance of the Christmas period. Residents and staff were actively preparing for Christmas themed activities that were due to take place throughout the week.

This was an unannounced one day risk inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended). This inspection primarily focused on a review of fire precautions an inspection of the premises, The centre was registered for 70 residents, however there were 68 residents on the day of Inspection with two vacancies. Due to significant risks identified under five separate regulations at this centre, the Chief inspector of social services had imposed a restrictive condition on the provider, to drive improvement and comply with these regulations. Four of the five regulations had been improved to the satisfaction of the Chief Inspector, and this inspection reviewed the remaining one -Regulation 28 Fire precautions- to inform a decision on the removal of the condition 4 of registration.

The Inspector was met at reception by the Nurse in charge, and later, by the Person In Charge at the centre. Following a brief introductory meeting, the Inspector was shown around the centre, and had the opportunity to speak with residents and staff throughout the day.

The Inspector observed that residents were supported and assisted in a caring way by staff. There was a lively atmosphere in the centre, with residents and staff enjoying games and carol singing which was taking place around the reception area. One resident spoke to the inspector about their comfort and how they get involved in residents meetings. When asked if they can see items raised at the residents meeting being actioned, the resident said "any issues are dealt with straight away". This resident also gave examples of this engagement saying that staff have put in place additional activities, have made changes to the food service, and have involved residents in preparations for Christmas. This resident also said that there is plenty of festive themed food such as mince pies and selection boxes available to residents, and even offered one of her own to the inspector.

During the tour of the premises, the inspector noted that improvement works had been completed to address the issues raised in a Fire Safety Risk Assessment of the centre completed by an external contractor. The inspector could see that works had been carried out to improve the standard of signage throughout the centre. Layout plans posted at the centre to direct evacuees were very clear, and informative, and included an internal assembly point. Additional works to the fire doors, and replacement of some doors had also been completed. The evacuation routes, and corridors throughout were kept clear of obstruction, and there were additional evacuation aids available in all compartments for evacuation of residents that may

be in bed in the event of a fire.

Maintenance issues raised on previous inspections had also been resolved. An ongoing plan of works was clearly being carried out with improvements made to the condition of communal spaces, and to vacant bedrooms ahead of admissions. The inspector noted that there were areas which still required maintenance attention, such as external furniture which was in poor condition. A resident who took the time to speak with the inspector, said that "the place is lovely, and is always being cleaned". The centre was found to be clean and bright throughout the inspection.

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 affects 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

The overall finding of this inspection are that the registered provider has put in place management systems to improve, maintain and upgrade the centre. The inspector reviewed regulation 23 Governance and management as it pertained to the management of fire safety and premises during this inspection.

The registered provider of Mall Lane Manor Nursing Home is The Brindley Manor Federation of Nursing Homes Limited. The centre was home to 68 residents with bedrooms over two floors. The ground floor contained bedrooms, all communal spaces, the kitchen and dining spaces, the reception, day spaces, an oratory and staff areas. The first floor contained bedrooms and bathrooms. There are nine twin-occupancy rooms and 52 single occupancy rooms. All rooms at the centre are en-suite with shower facilities. Additional assisted bathrooms are also available on both floors for residents who need them.

The governance structure supported the person in charge with a regional director (who was present on the inspection day) a compliance administrator, associate regional director, and a director. Maintenance and fire safety systems was managed by a facilities manager, who was responsible for maintenance staff in place at the centre. The inspector was informed by the facilities manager of the steps taken by the provider to ensure that the centre is safe and that staff, residents, visitors and contractors are aware of the fire safety arrangements in place at the centre. A fire safety risk assessment completed in September 2022, had identified areas of risk relating to fire safety, containment, means of escape and warning of fires. Following the completion of works to rectify the issues raised, a further assessment was completed in January 2023 with follow up review in February and March 2023, which clarified that most of these risks had been resolved. Works were completed and certified by a competent external contractors, however, the works to the fire

doors, fell outside of the scope of this certification. While works were completed to the fire doors, this was completed by maintenance staff, and was therefore not subject to external scrutiny.

Systems in place at the centre to maintain and upgrade the premises was robust. The facilities manager outlined a system of planned maintenance, which would address ongoing maintenance concerns, and was capable of reacting to issues as they arose within each section of the building. A system of monitoring checks on the environment, as well as fire safety and premises audits was being completed by trained maintenance and staff at the centre. Overall management of these systems was ensuring that fire safety and maintenance processes and systems at the centre were being maintained and serviced up-to-date.

Staff at the centre were knowledgeable on the procedure to take in the event of a fire. Staff training had been completed for all staff with an induction programme in place for new staff to ensure that they were familiar with the procedures, and the layout of the centre. Staffing levels at the centre were reflected in the training scenarios completed to ensure safe evacuation of residents in appropriate times.

## Regulation 23: Governance and management

Governance and management reviewed at this inspection was in relation to fire safety, and premises.

There was a good system in place to identify maintenance concerns. Staff had access to maintenance staff by raising maintenance concerns with facilities management as they arose. The system in place identified raised items as being resolved satisfactorily. A rolling planned maintenance programme was also ensuring that ongoing wear and tear issues were being dealt with appropriately. However, the management of recognised risks required improvement for example:

- the heating system boilers were identified in a service as running a maximum capacity. The risk this posed to residents due to a potential loss of heat was not appropriately managed. A service record from April 2023 identified that these boilers were not working, and because of this, the heating system was at maximum capacity. The report also stated that "if one of the remaining boilers was to break down, there would not be enough heat". This would pose a risk to residents as the continuity of the heating within the centre could not be guaranteed.

There were appropriate systems in place to ensure oversight and management of fire safety systems at the centre. All fire safety systems were serviced and up-to-date, with a clear programme of audits on escape routes, fire alarm, fire detection and storage of fire risk items to mitigate the risk of fire at the centre. However.

improvement was required to ensure:

- auditing of fire doors was required to ensure that the escape route is adequately protected from rooms adjoining it, and that compartment doors effectively contain fires. A post remedial works audit to certify the doors as meeting the required fire safety rating would provide this assurance but was not in place.

Judgment: Substantially compliant

## Quality and safety

Overall, the provider had ensured that issues raised in the Fire safety risk assessment had been appropriately actioned. There was good practice visible in the centre in relation to maintenance, and staff were aware of their responsibilities in the event of a fire.

The inspector noted that the centre was generally in a good state of repair. While most areas of the centre were well maintained or improved, some areas of wear and tear persisted. The external furniture placed in a courtyard was in poor condition, and would not be safe to use. When this was highlighted to maintenance staff, they removed the furniture, and confirmed that the area is not used at that time of year due to weather. Management also confirmed that replacement furniture will be supplied to the area as soon as possible. These are discussed further under regulation 17 premises.

The inspector reviewed the maintenance records of the heating systems, and noted that some of the boilers on the heating system were not in working order. A service record from April 2023 identified that these boilers were not working, and because of this, the heating system was at maximum capacity. The report also stated that "if one of the remaining boilers was to break down, there would not be enough heat". This would pose a risk to residents as the continuity of the heating within the centre could not be guaranteed.

Staff training in relation to fire safety was up to date for all staff. Staff were knowledgeable on the steps that should be taken to safely evacuate residents in the event of a fire. Further information was available to guide staff through detailed personal evacuation plans for residents and a detailed evacuation procedure. Fire drills were being carried out monthly, and all staff were participating in these drills. While the drill record was available, improvement in the recording of scenarios trialled at fire drills was required to ensure that staff are recorded completing fire drills in the various compartments, and using various evacuation routes. This was evidenced by a lack of records to indicate that staff had completed a vertical evacuation at the centre. While it was acknowledged that horizontal evacuation to adjoining compartments is the primary means of escape, residents on the first floor may have to be vertically evacuated to the ground floor in some cases. There was



also a lack of detail on the use of evacuation aids available at the centre for example, the use of ski-sheet evacuation.

Improvement was required in relation to the containment of fire. The Inspector noted that fire sealing was not complete around service penetrations in some areas. Works had been completed to upgrade fire doors, however, no rating was available for these fire doors as they were not assessed by the external consultant. A gas boiler was in operation in the staff break room. This was not contained within appropriate fire resisting construction to contain a fire or protect the gas fuel line. These issues are discussed further under regulation 28 fire precautions.

### Regulation 17: Premises

The premises was suitable for the needs of the residents living there. Improvements since the last inspection were noted in relation to ventilation, ceilings, fully serviced bedpan washers, and building maintenance.

Although there was a planned maintenance programme being put in place at the centre, improvement was required, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example

- External furniture was in poor condition in one of the courtyards
- Assurances were required that the boilers providing heat to the centre were replaced or serviced as outlined in the service report, to ensure that continuity of heating to the centre.
- Some doors required maintenance attention, and needed to be prioritized on the planned maintenance list such as the compartment door near the physio room.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had generally taken adequate precautions against the risk of fire, and had put in place robust management systems to maintain the fire safety systems at the centre.

Improvements were required to ensure that adequate arrangements were in place for containing fires for example:

- There were penetrations through the plant room wall adjoining the laundry.

This area was adjacent to the main building, and was not fire sealed from it. There was also issues relating to the sealing of the cavity in the electrical services room in this area. An unsealed cavity is a conduit for fire, smoke and fumes, and would allow these to spread to adjoining rooms in the event of a fire.

- Fire doors throughout the centre had been modified to close gaps around the perimeter of the doors in order to improve the protection to the escape corridor. The inspector could not be assured that these doors were rated to the appropriate level, as no external validation of the remedial works was available.
- A gas boiler was in place in the staff kitchen. There was no fire containment measures in place around the boiler to contain fire smoke or fumes in the event of a fire.
- There was a fire seal missing from a cross corridor compartment door near room 24.

The registered provider had ensured by means of fire safety management and fire drills at suitable intervals, that the persons working in the centre are aware of the procedure to be followed in the event of a fire. Evidence of numerous fire drills was available on the day, which was supported by a robust fire safety culture in the centre. However, improvements were required to ensure that various fire scenarios were being trialled by staff, for example:

- Detail recorded on fire drill did not indicate various scenarios, or where residents were evacuated into during the trial. This information would illustrate that staff had trained in various routes so that in a fire event, there would be no confusion
- There was insufficient information available to assess the ability of staff to manage ski-sheet evacuation. For example, the movement of beds in advance of moving the ski-sheet, to allow staff to access the straps on the ski-sheet.
- There was no evidence available to show that staff had trialled vertical evacuation of residents on the first floor.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

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

Inspection ID: MON-0042267

Date of inspection: 20/12/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>By 31/05/2024 all boilers will be reviewed and any remedial actions will be completed by our Facilities Manager with oversight by the Director of Nursing.</p> <p>By 31/05/2024 an external provider will have assessed remedial works completed by in-house competent person. This will be completed by our Facilities Manager with oversight by the Director of Nursing.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All garden furniture will be replaced by the 31/03/2024.</p> <p>By 31/05/2024 an external provider will have assessed remedial works completed by in-house competent person. This will be completed by our Facilities Manager with oversight by the Director of Nursing.</p> <p>All doors are on a planned maintenance schedule and remedial works will be completed by 31/05/2024. This will be completed by our in-house facilities team and overseen by the Director of Nursing.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Boiler room will have remedial fire seal works completed by our Facilities Manager by 30/06/2024 with oversight by the Director of Nursing.</p> <p>By 31/05/2024 an external provider will have assessed remedial works completed by in-house competent person. This will be completed by our Facilities Manager with oversight by the Director of Nursing.</p> <p>Gas boiler is placed as per manufacturer's guidelines and no guidelines in place for extra fire proofing. The Director of Nursing has reminded staff that there is a smoke alarm and a gas shut off valve close by should concerns be raised in kitchen.</p> <p>A fire seal will be inserted in the fire door outside room 24 by the 07/02/2024. This will be completed by our in-house facilities team with oversight by the Director of Nursing.</p> <p>A more detailed record will be captured with fire drills commencing immediately. This will be completed by local management team and fire trainer with oversight by the Director of Nursing.</p> <p>A vertical evacuation drill will be completed every six months by local management team and fire trainer with oversight by the Director of Nursing.</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/05/2024
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.	Substantially Compliant	Yellow	31/05/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Substantially Compliant	Yellow	30/06/2024

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07/02/2024