



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Millbrook
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	09 July 2026
Centre ID:	OSV-0002454
Fieldwork ID:	MON-0045269

About the designated centre

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

Millbrook provides 24 hour care and support to seven adults (both male and female) with disabilities. The service is an accessible bungalow on the outskirts of a large town in Co. Monaghan comprising of a fully furnished sitting room, a relaxation room, a visitor's room and a large fully equipped kitchen/dining room and utility room. The house has two large communal bathrooms and seven bedrooms, two of which are ensuite. At the rear of the building there is a semi independent living unit where one resident resides. There are large garden areas to the rear of the premises and adequate parking facilities at the front of the building. The service has its own transport so as to support residents to avail of community based activities and take trips to nearby towns. It is staffed on a 24/7 basis by a full-time person in charge, a team of staff nurses and healthcare care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 9 July 2026	10:00hrs to 16:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection, there were seven adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support. Eight regulations were reviewed, five were found to be compliant. Three regulations, were found sub-compliant, Regulation 5 individual assessment and personal plan, Regulation 7: Positive behavioural support and Regulation 26: Risk management procedures.

The inspector met with residents throughout the day as residents went about their daily routines. Residents in the centre participated in a variety of social and recreational activities. Three residents were attending day service and horticulture while other residents attended horse riding, helped staff complete the grocery shopping, completed puzzles, went for coffee out and or listened and watched their preferred programmes. Residents enjoyed spending time with staff when not engaged in a particular activity, engagements were seen to be thoughtful and engaging.

There had been a recent reconfiguration of rooms in the house in order to support some residents with opportunities to spend time on their own, this included the addition of a dining/living area. Each resident's bedroom had been personalised and personal photographs and belongings were on display. One resident had their own apartment adjacent to the house, their apartment had been decorated as per their tastes. The resident had flowers on display which recently purchased and horse pictures which reflected their interests. There was a large garden area which included a polytunnel, trampoline and garden room. On the day of inspection, an area of the patio area was under repair due to an identified trip hazard.

There was evidence of effective oversight of the centre. There was a full-time person in charge who was supported by an assistant director of nursing and director of nursing.

In summary, the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place.

Residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge was regularly present in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge of the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the roster for May and June and found that the designated centre was staffed with an appropriate number and skill-mix of staff to meet the

assessed needs of residents. While there is currently a vacancy in the centre this was filled using regular agency. There was 24 hour nursing support and three health care assistants during day time hours and one health care assistant at night time. The roster was regularly reviewed and additional staff was allocated to accommodate social engagements or at times of increased support needs. For example, additional staffing was provided at night for one resident following a change in their health.

During the inspection, the inspector met with three healthcare assistants and the staff nurse on duty. Staff demonstrated professionalism, were knowledgeable regarding their roles and responsibilities, and interacted with residents in a caring, respectful, and compassionate manner.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system.

For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of key areas to determine if the care and support provided were safe and effective for the residents at all times. This included meeting residents and staff, observing support practices and conducting a review of residents' care records and a review of management audits and risk documentation. The inspector found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

The inspector reviewed a sample of residents' personal files. While each resident had an up to date assessment of their personal, social and health needs, assessment information and personal support plans were found to require review to

ensure they suitably guided the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed the risk management arrangements and found the provider ensured that for the most part risks were appropriately managed. Some risks required review to ensure they were appropriately assessed and remained relevant.

Some improvements were also identified in Regulation 7: Positive behavioural support to ensure all restrictive practices were identified and reviewed to ensure they were proportionate and the least restrictive response.

Overall the inspector found that the centre provided a comfortable home and person-centred care to the residents.

Regulation 12: Personal possessions

There was adequate space for personal storage. Residents were able to access their possessions and property as required or requested.

Where a resident needed support to manage their financial affairs, a financial capacity assessment was completed so as to determine the level of support residents needed to manage their finances independently and safely. Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on managing residents' finances. There had been a recent review in relation to residents finances which led to increased auditing and oversight of residents funds. A sample balance check was completed with the person in charge and found to be reflective of the recorded balance.

As a result residents were safeguarded from financial risk and were supported to manage their personal possessions in line with their will and preference

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Incidents and accidents were being logged and reported. The inspector reviewed the risk management arrangements and found the provider ensured that for the most part risks were appropriately managed. Some risks required review to ensure they were appropriately assessed, for example a risk had been identified in relation to a diagnosis of Dementia, however it was unclear what the specific hazards were and if the risk rating was accurate given the control measures in place. In addition, there was a risk assessment in relation to burns from

2015, however this risk had been mitigated against with the installation of thermostats however remained.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need in place, however review was required to ensure they were reflective of the residents' health, social and personal support needs and informed individualised personal plans. In addition, some personal plans required review in response to changing needs. For example, while there was a progress note which included a recent dental review, the plan had not been updated to reflect the change in assessment and care plan now required. In addition, intimate care plans required review to ensure they contained detail to guide practice, the inspector reviewed a plan which did not include individual preferences or support needs in sufficient detail in order to guide practice.

Overall, documentation required review to ensure staff were appropriately guided to ensure positive outcomes for residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. Each plan was specific to the residents' individual needs. Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

On a walk through of the property, the inspector observed a bathroom door to be locked, the inspector was informed by the person in charge that this was in error and the door should remain open to residents. The inspector found that not all practices in the centre had been reviewed as restrictive for example, an office door was locked to prevent a resident taking items which did not belong to them, in addition the impact of locking the external doors for another resident on the remaining residents in the house had not been considered or assessed as restrictive.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable about their responsibilities should there be a suspicion or allegation of abuse.

Safeguarding concerns had been reported to the national safeguarding team and the Office of the Chief Inspector, and residents had access to a team of multidisciplinary supports as required. Systems were also in place to manage and mitigate risk and support residents' safety in the centre. A recent reconfiguration of rooms had been implemented in response and review of safeguarding events in the centre. While it was recently implemented, it had so far been effective in supporting residents and maintaining their safety.

Judgment: 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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Millbrook OSV-0002454

Inspection ID: MON-0045269

Date of inspection: 09/07/2026

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: To ensure compliance with Regulation 26: Risk management procedures the following actions have been undertaken; • The Person in Charge has reviewed all residents individual risk assessments and management plans. • Each residual risk rating has been reviewed to ensure the rating accurately reflects the actual potential likelihood and impact and/or whether additional controls may be required. • Residents individual risk assessment will be reviewed on a monthly basis or sooner to reflect a change in circumstance.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: To ensure compliance with Regulation 5: Individual Assessment and Personal Plan procedures the following actions have been undertaken; • The Person in Charge has reviewed and updated the personal plans to ensure they are reflective of the residents' current health, social and personal support needs and inform individualised assessment of need and care plans.	

- All individualised support and care plan documentation has been reviewed to ensure staff are appropriately guided to ensure positive outcomes for residents.

The Person in Charge has reviewed Intimate Care Plans to ensure they contain sufficient detail to guide practice including individual preferences and current support needs.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

To ensure compliance with Regulation 7: Positive Behavioural Support the following actions have been undertaken;

- The Person in Charge and Behaviour Clinical Nurse Specialist have reviewed all restrictive practices.
- The Person in Charge and Behaviour Clinical Nurse Specialist have reviewed the impact of locking office doors in the house.
- An interim Restrictive Practice Protocol has been developed and implemented within the centre in relation to the impact of locking the external doors for another resident until Environmental Accommodations can be completed to remove the impact of this restriction on the remaining residents in the house.
- The Person in Charge will ensure that all Restrictive Practices in the centre will be notified to the Authority appropriately and are kept under regular review.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/07/2026
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	17/07/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical,	Substantially Compliant	Yellow	17/07/2026

	chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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