



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

Issued by the Chief Inspector

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| Name of designated centre: | Millbrook |
| Name of provider: | Health Service Executive |
| Address of centre: | Monaghan |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 14 July 2021 |
| Centre ID: | OSV-0002454 |
| Fieldwork ID: | MON-0033721 |

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 eight 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.

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| Number of residents on the date of inspection: | 7 |
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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 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 - 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 14 July 2021 | 12:00hrs to 17:00hrs | Raymond Lynch | Lead |

What residents told us and what inspectors observed

Residents told the inspector that they were very happy living in this service and the provider ensured that adequate resources were in place to meet their assessed needs.

The inspector met and spoke briefly with five residents and spoke with one family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from two family representatives and one residents was also reviewed as part of this inspection.

All five residents met with, appeared happy and content in their home and were happy to meet and speak briefly with the inspector. The inspector observed that they were relaxed and comfortable in the presence of staff and, staff were observed to be professional, kind and caring in their interactions with the residents.

Residents enjoyed social outings, walks and drives and some of them went out for the day, on the day of this inspection. One resident informed the inspector that they had gone for a drive and long walk on the beach and, that they had really enjoyed this activity. They also informed the inspector they were looking forward to going out later that evening. Another resident had been to their local hairdressers and said that they really enjoyed going into town to get their hair done.

Residents were also involved in local clubs and community groups, where they pursued hobbies and pastimes of their choosing. For example, some residents were very interested in ceramics and arts and crafts and were members of a club where they made their own jewellery and participated in pottery classes. One resident was happy to show the inspector some of their jewellery and said that they really liked participating this activity.

Another resident was a gifted artist and had a particular interest in painting horses. The inspector observed a number of pictures of horses on display throughout the house and, the resident was happy for the inspector to view their art. Other activities the residents liked to participate in included shopping, beauty therapies, meals out, horse riding and gardening.

The staff team also ensured that during COVID-19 and the lockdown period, special occasions such as landmark birthdays were celebrated. For example, the team supported one resident to celebrate a landmark birthday earlier in the year and, pictures of this event were on view in their home. The resident appeared to have enjoyed their day and feedback from one of their relatives was very positive. The family member said that staff had had made sure that their loved ones birthday party a really special and personal occasion.

The house was observed to be welcoming, warm and homely on the day of this inspection and, residents informed the inspector that they were very happy living

there. It was spacious, very well maintained and all residents had their own individual bedrooms. Some residents invited the inspector to see their rooms, which they had decorated to suit their own individual style and preference.

The family member spoken with over the phone was positive about the quality and safety care provided to their relative. They said they were happy with the service provided and, had no issues with any aspect of the house. They also said that if they had any complaints, they would be happy to raise them with the person in charge however, they had no issues with any aspect of the service provided. They informed the inspector that there were lots of activities and social outings provided for the residents, the staff team were very obliging and flexible and, their love one was happy living there.

Written feedback on the service from family members and one resident was equally as positive. For example, the resident reported that they were happy in their home, happy with their bedroom, happy with the menu options available and happy with the staff team. Family members reported that they were very happy with the care and support provided to their loved ones, the staff team were dedicated and professional and that the care was excellent.

While residents were generally very happy with their home, one of them made an informal complaint about the premises earlier this year, saying they were not happy with the floor covering in the hallway. Management and staff were found to be supportive of, and responsive to this feedback and, steps were taken to address the issue in a timely manner. The resident was also satisfied with the way in which their informal complaint was addressed.

A minor issue with the process of risk management was identified in this inspection however, the governance and management arrangements in place were found to be responsive in supporting and promoting a person centred service. Residents lived lives of their choosing (with support as required) and appeared happy and content in their home. Staff were observed to be professional, warm and caring in their interactions with the residents and residents, appeared relaxed and comfortable in the presence and company of staff members. Feedback on the service from both residents and family representatives was also found to be positive and complimentary.

The following two sections of this report, outlines how the providers capacity and capability to operate a responsive service, impacts positively on the quality and safety of care provided to the residents.

Capacity and capability

On the day of this inspection, residents informed the inspector that they were happy in their home and, the provider ensured that supports and resources were in place

to meet their assessed needs.

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a team of staff nurses and healthcare assistants. The person in charge was an experienced, qualified nursing professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, from a small sample of files viewed by the inspector, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, basic life skills, positive behavioural support, manual handling and infection control. One staff member was spoken with as part of this inspection process and, the inspector was assured that they had the experience and knowledge required to meet the assessed needs of the residents.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and senior management team also ensured the service was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre in June 2021, highlighted that all restrictive practices and safeguarding plans required review. At the time of this inspection, the person in charge had actioned and addressed these issues in a timely and comprehensive manner.

Regulation 14: Persons in charge

The inspector found that there was a person in charge of the house, who was a

qualified nurse with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. One staff spoken was spoken with as part of this inspection process and, the inspector was assured that they had the experience and knowledge required to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a team of staff nurses and healthcare assistants. The person in charge was an experienced, qualified nursing professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families. Residents were supported to enjoy social outings of their choosing, such as walks on the beach, drives, trips to the shops, hairdressers and coffee out. Some residents also attended local clubs where they pursued hobbies of interest such as ceramics, pottery, jewellery making, arts and crafts, gardening and horse riding. Resident reported that they were happy with the level of social outings and recreational activities provided in the service.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include general practitioner (GP) services formed part of the service provided. If required, residents had access to a speech and language therapy, physiotherapy, dietitian, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health services and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

The inspector also observed that the service had recently secured input and support from an independent advocate for one of the residents, who was due to undergo a medical intervention later in 2021. This was to ensure the resident had independent support and advice on the intervention proposed. The resident also had input, support and advice from their family and a team of multi-disciplinary professionals with regard to their overall healthcare related needs.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, there were no safeguarding plans open at the time of this inspection. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the skills, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and Children's First and information on how to contact the safeguarding officer and an independent advocate was available in the centre. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety

and well being. Nonetheless, aspects of the risk management process required review. For example, one resident lived in an apartment to the back of the main house and, there were a number of control measures in place to ensure the resident's safety. While staff were able to verbalise these controls to the inspector, they were not adequately documented in the residents individual risk assessments.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the house, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents were involved in the running of their home and staff were supportive of their individual autonomy. Residents held weekly meetings where they agreed on social outings and meal plans for the week. Staff also had training in rights promotion, and discussed issues such as the complaints process and 'how to raise an issue' with the residents.

Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, one resident lived in an apartment to the back of the main house and, there were a number of controls in place to ensure the resident's safety. However, they were not adequately documented in the residents individual risk assessments.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available on how to access to an independent advocate and safeguarding officer, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents were involved in the running of their home and staff were supportive of their individual autonomy.

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 - 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 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Millbrook OSV-0002454

Inspection ID: MON-0033721

Date of inspection: 14/07/2021

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 |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to meet compliance with Regulation 31: Notification of incidents the following action has been undertaken:</p> <p>Residents risk assessment has been updated on the 15/7/21 which now clarifies the controls that are currently in place in ensure the resident's safety.</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).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 26(1)(b) | The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified. | Substantially Compliant | Yellow | 15/07/2021 |