



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

Issued by the Chief Inspector

Name of designated centre:	The Mill
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	30 June 2022
Centre ID:	OSV-0002420
Fieldwork ID:	MON-0035831

About the designated centre

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

The Mill is a supported living accommodation complex which is situated near a village in Co. Meath. The Mill can support up to eight residents between seven apartments. All but one apartment is single occupancy, with one apartment suitable to meet the accommodation needs of two residents. Each resident has their own bedroom, kitchen-dinner and bathroom facilities. The Mill aims to provide a residential service for adults, both male and female, over the age of 18 years with intellectual disabilities, acquired brain injuries, mental health difficulties and/or medical difficulties. Residents are supported to engage in activities of daily living in a home like environment providing access to laundry, cooking and personal care facilities. Residents are supported by health and social care workers. Staff are allocated and resourced based on the individual assessed needs of the residents in the service. Residents living in The Mill are also encouraged and facilitated to avail of other facilities within the Talbot Group service and also within the local area and neighbouring communities. The aim of the centre is to provide care and support to maximise quality of life and well being through person centred principles within the framework of positive behaviour support. The centre is staffed by team leads, support workers and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 30 June 2022	10:00hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation for infection prevention and control. The inspection was completed over one day. The inspector met and spoke with two residents over the course of the day and observed their daily interactions with staff and lived experience in the centre. For the most part, residents appeared happy and content living in this service and staff were observed to be caring and professional in their interactions with them. The centre comprised of a seven apartments however, only six residents were living there at the time of this inspection.

On arrival to the centre, the person in charge met with the inspector. They were observed to be wearing appropriate PPE, showed the inspector around the facility and introduced them to some of the residents and the staff. The inspector observed that the premises were situated in a courtyard setting, modern and provided an individualised service and home for the residents to live in.

During this walk around the inspector noted staff engaging residents in different activities. For example, one resident liked to walk around the courtyard and briefly spoke to the inspector at various intervals over the course of the inspection. Another resident had gone shopping for the day with the support of staff. Some residents also attended a day services where they engaged in educational and learning activities of their choice. The inspector observed that staff were attentive to the residents needs and residents appeared relaxed and comfortable in the presence and company of the both the person in charge and staff team.

Later in the inspection process another resident requested to speak with the inspector. While the resident said they were happy with their apartment and got on well with the person in charge, there were aspects of the service they were not satisfied with. The person in charge was aware of these issues and met with the resident on a weekly basis to discuss and review their concerns. Their apartment was observed to be decorated to their individual style and preferences and the resident showed the inspector some of their artwork which was hanging on the wall. It was observed that the upkeep of the sitting room/dining room area required review. The resident in question however, did not always want or like staff help with tidying their apartment and told the inspector that they liked it as it was.

Prior to this inspection the person in charge had ongoing consultations with the resident explaining to them the importance of ensuring their living space was clean and tidy. After some time, the resident gave permission for staff to clean and tidy their apartment. The inspector saw pictures of the apartment after it has been deep cleaned by the staff team and observed that at that time it was clean, very neat and tidy and free from clutter. However, at the time of this inspection, the apartment was again in need of a deep clean and an audit of the centre on June 24, 2022 had also picked up on this issue. Again, the person in charge was aware of this on-going issue and said they would continue to work with and support the resident regarding

the upkeep and cleanliness of their apartment. This issue had also been escalated to the senior management team of the organisation.

The inspector viewed another residents apartment which was observed to be tidy and decorated to their individual style and preference. They showed the inspector pictures of their family and said that they were happy living in the service. The upkeep and maintenance of some areas of the apartment required review however, this issue was also picked up in the most recent audit of the centre and the person in charge had an action plan in place to address this issue (and all issues as identified in that audit) by the end of July 2022.

Capacity and capability

The provider had in place a range of policies, guidelines and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement effective infection prevention and control (IPC) in this centre. At the time of this inspection the organisations' policy on IPC was under review however, the provider ensured that practices which supported the implementation of IPC measures, were subject to audit and review.

Notwithstanding, some issues regarding the upkeep and maintenance of the centre were identified.

The person in charge of the centre was responsible for the implementation of the providers policies and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, an IPC specific group was in place to provide IPC related updates/guidelines to the service and to support the person in charge. Additionally, the person in charge reported that they link in with the Assistant Director of Services on a regular basis where any IPC related issue is discussed and/or reviewed.

The inspector reviewed a number of documents the provider had in place to support the effective of their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The inspector found that these documents were kept up-to-date and were subject to ongoing review.

From viewing a small sample of files, the inspector found that staff had training in infection prevention control, hand hygiene, donning and doffing of personal protective equipment (PPE), respiratory hygiene and cough etiquette. Additionally, on reviewing a sample of staff meeting records, it was found that IPC related issues and COVID-19 updates formed part of the standing agenda.

A staff nurse spoken with was able to inform the inspector on how to support a resident in managing their diabetes. They discussed all IPC related measures taken to include good hand hygiene precautions, sterilisation of equipment used and safe

disposal of sharps when supporting this resident. The staff member was also aware their was a spillage kit available if required and, where it was stored. Additionally, they were familiar with the services contingency plans and what actions to take should a resident have suspected or confirmed COVID-19.

The contingency planning document was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre. From speaking with the person in charge the inspector was also assured they had a good knowledge of this document and how to implement it.

Five of the residents in this service were supported at all times by a staffing ratio of 1:1. The inspector found that on the day of this inspection, there were sufficient staff on duty to support the residents in line with their assessed needs and from a sample of rosters viewed from May and June 2022, it was observed that there was adequate staffing levels in the centre which were in line with the statement of purpose.

A number of audits to include IPC related audits had been conducted in the centre over the last few months. In June 2022 (one week prior to this inspection), an management assessment audit of regulation 27: protection against infection had been completed. This audit was a rigorous and thorough assessment of all IPC related guidelines and practices in the centre, which also included an audit of the premises. A number of areas of good practice were identified in this audit (such as staff training and staff knowledge on IPC) as were a number of areas that required attention. For example, a review of the storage area for PPE was required, some COVID-19 related documentation and guidelines required updating and, issues related to the maintenance and upkeep of some of the apartments was identified.

Immediately after this audit, the person in charge had developed a robust, time-bound action plan to address these issues by the end of July 2022 and, at the time of this inspection, some of them had already been addressed. For example, all COVID-19 related guidelines had been updated where required. While a number of actions related to this audit remained outstanding, the person in charge had escalated them to the management and maintenance team

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plan. The provider had also developed a health-related hospital passport so as to alert staff and other healthcare professionals to the residents assessed needs and how best to communicate with them and, support them.

An IPC/cross contamination risk assessment was in place for each resident living in the centre. At the time of this inspection, the inspector observed they all had their own individual apartment and five of the six residents had 1:1 staff support

throughout the day. This meant that in the event of a resident having suspected and/or confirmed COVID-19, they could remain in their own home and not have to use an isolation facility, unless clinically indicated.

It was also observed that in March 2022 a staff member had been confirmed with COVID-19 however, the person in charge reported that contingency plans were put in place and this issue did not impact on the residents at that time.

However, aspects of the risk management process as it related to specific IPC related issues required review. For example (and as already identified above), some residents were not receptive to staff supporting them with cleaning their apartments. While a number of cleaning schedules were in place for all apartments, the upkeep and maintenance of some of them required review (as identified in the most recent audit of the centre). The person in charge was aware of this and, while striving to support the rights of the residents to make their own decisions while living in their own homes, was also trying to address the issues as highlighted in the audit.

A number of control measures were in place however to reduce the level of risk associated with this issue. For example, the person in charge (while cognisant of the rights of the residents) had on-going consultations with them about the importance of keeping their living space clean and tidy. Additionally, there were no shared or communal spaces provided in this centre and all residents had their own individual apartments with their own bedrooms and bathrooms. The person in charge had also provided direct training to the residents on good hand hygiene practices. However, this issue had not been adequately risk assessed and, some of the control measures in place were not adequately documented in individual risk management plans.

Notwithstanding, these issues were identified in the most recent audit of the centre and the person in charge has put together a robust and timed-bound action plan so as to address them. Additionally, the person in charge had also escalated the issues to the senior management team of the organisation. The inspector also brought these issues to the attention of the assistant director of services at the feedback session at the end of the inspection process.

By reviewing a number of key documents, the inspector was able to see how staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. Examples of these were noted throughout the course of the inspection and included staff being observed appropriately wearing PPE in accordance with public health guidance and staff engaging in hand hygiene practices. IPC related notices were also on display in the centre.

As already identified, residents had been educated on the importance of good hand hygiene practices and when speaking with one resident over the course of this inspection, the inspector observed that they ensured to social distance and wear a face mask while conversing with the inspector in their apartment.

A number of checklists and audits were in place to promote regular hygiene practices the centre. The inspector reviewed a sample of these documents and found them to provide an account of the cleaning activities being undertaken by

staff. These covered routine cleaning tasks such as regular cleaning of the floors, kitchens and bathrooms and also included schedules for regular cleaning of high touch points such as door handles/computers.

Regulation 27: Protection against infection

The provider had in place a range of policies, guidelines and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement infection prevention and control (IPC) measures in this centre. However, a number of issues regarding the upkeep and maintenance of the centre were identified over the course of this inspection.

- Furnishings in some apartments required repair and/or replacing
- Some areas required painting
- The storage of PPE required review
- Risks and relevant control measures associated with some residents declining support to clean and tidy their apartments had not been adequately documented
- A number of actions arising from a recent IPC audit of the centre had yet to be addressed

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 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for The Mill OSV-0002420

Inspection ID: MON-0035831

Date of inspection: 30/06/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A full review of the governance and management arrangements in this service has been completed to ensure that infection prevention and control standards are being adhered to in the service and to ensure arrangements are in place to meet the legal requirements of regulation 27: protection against infection and, the National Standards for infection prevention and control in community services.</p> <p>The following action has been undertaken to address the concerns noted on inspection.</p> <ol style="list-style-type: none">1: An Order has been placed to replace some of the furnishings items2: Maintenance service is currently working on the areas which required paintings3: All PPE was removed from an external storage facility to one of the storage room4: Potential Risks identified and discussed with a resident, who declining support to maintain his apartment clean. Control measures implemented and agreed with resident and his NOK5: Post IPC audit and Regulation 27 inspection meeting was held with PPIM and Household Manager all actions were discussed, addressed, and documented	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022