Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	The Mill
Name of provider:	Dundas Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	26 February 2019
Centre ID:	OSV-0002420
Fieldwork ID:	MON-0023330

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 with is situated near a village in Co. Meath. The Mill can support up to eight residents. 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 though person centred principles within the framework of positive behaviour support.

The following information outlines some additional data on this centre.

Current registration end date:	03/10/2020
Number of residents on the date of inspection:	7

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 - 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
26 February 2019	10:00hrs to 19:30hrs	Sarah Mockler	Lead
26 February 2019	10:00hrs to 19:30hrs	Andrew Mooney	Support

Views of people who use the service

The inspectors met and spent some time with five of the residents across the day. Two of the residents proudly showed the inspectors around their apartments and pointed out many of their favourite items which were on display in their home. One resident spent time with the inspectors telling them about the activities they were taking part in across the day which included, preferred actives both at home and in their local community. One resident recently had a person move in with them. This resident spoke about how they were consulted in this process. They stated they were happy sharing the apartment and enjoyed the company of the other resident. Both residents spoken with stated they were very happy living in the centre and were very happy with the support provided by staff. The inspectors briefly met with two other residents later on the day, due to the assessed needs of one resident the inspectors only spent a brief time observing them. The resident appeared comfortable in the centre. Another resident was on their way out to lunch but did take the time discuss their favourite item in the apartment. Inspectors spoke with with a resident that was dissatisfied with some areas of the service provided. The provider was aware of this and was working with the resident to resolve this.

Residents' views were also taken from observations, complaints, compliments, and various other records that endeavoured to voice the residents' opinion.There were compliments from both residents and their representative in terms of the quality of care provided in the centre. A recent post transition meeting that had occurred in relation to a resident that had recently moved into the centre.This had captured the residents very positive experience of this transition and the positive impact it was having on the resident. The meeting notes had recorded that the resident stated were very happy living in the centre.

Capacity and capability

Overall the inspectors found that capacity and capability of the service was negatively effected by lack of staff continuity. However a safe service was being delivered as there were appropriate numbers of staff available and appropriate governance and management systems in place.

The management systems that were in place ensured that the service provided was safe appropriate to residents' needs, consistent and effectively monitored. The registered provider visited the centre at least once every six months and provided a report on the quality of care and support provided in the centre. The provider used the regulations to guide their approach to this visit and clearly identified actions that needed to be completed, who was responsible and an achievable time-line. The

actions identified in the most recent report had been addressed by the relevant people within the stated time-lines. A suite of audits were in place in line with regulations and an associated schedule to complete these audits was in place for the coming year. Again these audits had clearly defined actions and time-lines. Supervision of staff and person in charge occurred as per organisational policy and relevant notes of these meetings were reviewed by inspectors.

There were enough staff to meet the assessed needs of residents but due to the high level of staff turn over, residents had not received appropriate continuity of care. The impact of the staff turnover was voiced by residents, their families and staff members. A resident spoke to both inspectors and stated they were very unhappy when staff changed and that is was effecting their quality of life. Inspectors reviewed complaints documentation and observed complaints being made by residents and their family members. Furthermore staff shortages had been documented in staff team meetings. From a review of the staff rosters inspectors identified a large staff turnover within a six month period. There was an actual and planned roster in place, however the actual roster did not accurately reflect the staff that were on duty on certain days.

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence based practice. Staff had also completed additional area specific training in line with residents' assessed needs. Refresher training was in place and was being scheduled where appropriate. Staff had access to the Health Act 2007, the regulations and the standards. Staff were receiving supervision appropriate to their role.

There was a compliments and complaints register made available to inspectors. The complaints process was user friendly and accessible versions were available to residents that required them. The process was displayed prominently in each residents' apartment. There was a suitable nominated person to deal with all complaints. Residents stated that they were familiar with the complaints process and who they would speak to if they had a complaint. The majority of complaints were resolved in a proactive and timely manner. However, a resident had made a formal complaint, the documentation did not indicate if all elements of the complaint had been satisfactorily resolved.

Regulation 15: Staffing

There were enough staff to meet the assessed needs of residents but due to the high level of staff turn over residents have not received appropriate continuity of care and support. The actual roster did not show all staff that were on duty.

Judgment: Not compliant

Regulation 16: Training and staff development

The education and training that was available to staff enabled them to provide care that reflected up-to-date evidence based practice.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe appropriate to residents needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

It was not evident that all elements of a complaint had been satisfactorily resolved despite being recorded as such.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the provider and person in charge were endeavouring to ensure that the quality of the service provided for residents was good. There were systems in place to keep the residents safe.
However improvements were required in the management of medication.

The inspectors noted on review of complaints documentation that the centres policy on medication management had not been adhered too. This complaint outlined that staff who were not trained in the safe administration of medication had administered medication and had not administered it in line with the prescribed dose. This was not recorded as a drug error and therefore no learning was evident from this incident. Additionally there were 18 omissions of medication documented in the medication error sheets across a period of year. These findings indicate that the provider has not ensured that there is a safe medication management systems in place in the centre.

The premises consisted of five single apartments and one double apartment. The inspectors were invited to look around some of the residents' apartments. Two residents indicated that they did not want the inspectors to visit their apartments. The apartments were evidently decorated to each individuals taste and had many of their favourite possessions were on display and were proudly shown to inspectors. Some residents choose to collect different types of items and keep or display them in their apartments. It was evident that the provider was balancing the risk management element of a residents who liked to collect items with the homeliness of the centre and residents' wishes for their own homely environment. There was adequate private and communal accommodation. The premises met the needs of all residents and the design and layout promoted residents' safety, dignity, independence and well being. Each resident had there own front door to their apartment and it was noted that all staff members knocked on each residents door before entering.

Recently a resident had transitioned into the centre from within the organisation. There was a comprehensive transition plan and the wishes and needs of what the resident wanted in terms of the transition were noted and taken into consideration. The resident had expressed some concern in relation to the move in terms of their ability to continue to access the same day services. This was documented and also a plan was completed in order to reassure the resident that their day service would not be effected. There was a post transition meeting following the resident's move. The resident took part in this meeting and it was documented that they stated they were very happy in their new home.

The inspectors found that residents were protected by appropriate risk management procedures and practices. There was a risk register in place and evidence that general and individual risk assessments were developed and reviewed as necessary.There had been a significant amount of accidents and incidents recorded across the previous year due to different factors including the compatibility of the residents. However there was evidence of learning following incidents and accidents. Following suitable plans being designed and implemented there had been a reduction in the number of incidents and accidents in the latter months of 2018 up to the present time.

All staff had received suitable training in fire prevention and emergency procedures. The registered provider had ensured that all fire equipment was maintained and serviced at regular intervals. There was adequate means of escape, including emergency lighting. All escape routes were clear from obstruction. The mobility and cognitive understanding of residents had been considered and appropriate emergency plans had been developed. Fire drills occurred at regular intervals across the centre and where residents did not engage appropriate action plans were put in place. One resident spoke about fire drills and could describe what they needed to do in the event of the alarm being activated.

There was a comprehensive assessment of health, personal and social care and support needs in place for residents. The resident that had recently transitioned into the centre, had an updated personal plan within the time frame specified in the regulations. The residents' assessment of needs were reflected in their personal

plans and residents and their representative were consulted in the process.

Residents' healthcare needs were appropriately assessed. They had the appropriate healthcare assessments and support plans in place. Each resident had access to appropriate allied health professionals in line with their assessed needs. Residents with complex health needs were being supported appropriately. Resources such as staffing were being put in place to ensure the resident continued receive support in out patient hospital settings where his health care needs were being met . Residents' who are eligible, by means of gender, age or condition, are made aware of and supported, if they so wish, the National Screening process. Each resident had an accessible copy of the National screening process in their apartments.

Where required behaviour support plans were in place and the effectiveness of the plans was reviewed through reviews of accidents and incidents in the centre. It was evident that learning was identified through these reviews and the positive behaviour support plans were adapted as required following this. The person in charge discussed the rationale in place for a behaviour support plans and was able to identify the proactive and reactive strategies associated with the plan. Behaviour support plans were reflected in the residents' personal plan.

The centre had notified the relevant agencies in terms of a number of alleged safeguarding issues that had occurred in the previous year. It was evident that the provider and person in charge were taking appropriate actions to keep all residents safe. Where required safeguarding plans had been put in place. All staff had received appropriate training in relation to safeguarding residents and the prevention detection and response to abuse.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place when residents transfer or move to a new service. Residents were consulted when moved between services.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified. Arrangements were in place for identifying, recording, investigating and learning from incidents.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. Residents were involved in fire drills whenever possible and were aware of what to do in a the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, including medicinal refrigeration, disposal and administration of medicines was not appropriate.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment was used and was clearly recognisable, it identified the individual health, personal and social cared needs of each resident. The outcome of the assessment was used to inform an associated plan of care for the resident and this was recorded in the residents personal plam.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was made available for each resident, having regard to that residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviour that challenge or residents at risk from their own behaviour. Where required therapeutic interventions were implemented with informed consent of the resident and their representative.

Judgment: Compliant

Regulation 8: Protection

The person in charge initiated and put in place an investigation in relation to incidents, allegations or suspicion of abuse and took appropriate action. All staff had received safeguarding training.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Mill OSV-0002420

Inspection ID: MON-0023330

Date of inspection: 26/02/2019

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff have been recruited and in line with the SOP staff supervision and support has been put into practice which will help towards staff retention, There have been additional incentives for staff put into practice since January 2019 The employee assistance programme is in place to help support staff. Clock in system has been reviewed and the organization will look at having the planned and worked rosters readily available through the Time Management System.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A resident feedback form for complaints has been developed and implemented to ensure the resident is satisfied with the outcome of their complaint	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: New competency assessments have been developed and is being implemented to ensure that staff are competent to administer medications.	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/03/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/05/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt,	Not Compliant	Orange	30/03/2019

	prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/03/2019