

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Millbrook Group Home
Centre ID:	OSV-0002454
Centre county:	Monaghan
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 April 2017 08:45 To: 12 April 2017 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the

Standards).

How we gathered our evidence:

During the inspection, the inspector met with six residents living at the centre either individually or in a group setting. The inspector met with three staff members and interviewed the centre's person in charge. The person in charge was full-time and a qualified nurse, who had many years experience working with adults with a disability. The inspector reviewed documentation such as residents' personal plans, health records, and risk assessments, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations; inspectors found that the service was being provided as it was described. The centre was part of services provided by the Health Service Executive (HSE) in Cavan and Monaghan. The centre comprised of an eight bedded bungalow and a further one bedded apartment located in the centre's grounds. The centre was located within a town with access to both local shops and amenities and provided full-time seven day a week residential services to adults with a disability.

Overall Findings:

Following the centre's previous inspection on 29 June 2015, the inspector found that all actions had been addressed within agreed timeframes. The inspector found that residents were supported to make daily choices and engaged in activities both in a one-to-one or group basis. The support provided by the centre to residents was appropriate to their assessed needs. In addition, the inspector found that the centre had been adapted since the previous inspection to meet residents' changing needs; for example, a one bedded apartment had been developed within the centre's grounds to meet one resident's need for personal space and a quiet environment. The resident told the inspector that the apartment had made a positive impact on their well-being and met their needs more appropriately, which was further reflected by staff and the person in charge.

Residents told the inspector that they enjoyed living at the centre and we supported by staff to meet their personal needs and goals. The inspector found staff were knowledgeable about residents' needs as well as the provider's policies such as the safeguarding of vulnerable adults.

Summary of regulatory compliance:

The centre was inspected against five outcomes. The inspector found compliance in two outcomes relating to the resident's social care needs and the centre's governance and management arrangements. Substantial compliance was found in three outcomes and related to staff training and the updating of safeguarding plans in-line with agreed timeframes.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that residents' assessed needs were regularly reviewed and reflected their personal plans.

The inspector looked at a sample of residents' personal plans, which included information on support needs such as communication, behaviour that challenges, independent living skills and emotional well-being. Staff knowledge, and observed practices, reflected the personal plans reviewed by the inspector. In addition, residents' personal plans were available in an accessible format.

Personal plans included residents' goals, which reflected their likes and preferences as well as the development of new skills such as swimming lessons and shopping for personal items. The inspector found that residents' goals included named staff support and timeframes for achievement. Records reviewed by the inspector showed regular monthly and quarterly updates on residents' progress towards achieving their goals.

The effectiveness of residents' personal plans was reviewed annually and more frequently in response to residents' changing needs. Records examined by the inspector showed that review meetings were attended by the resident, their family members, centre staff and multi-disciplinary professionals such as psychologists.

The inspector reviewed activity records maintained by the centre and found that they reflected both residents' personal goals and preferences. Residents were supported to access a wide range of community activities in addition to attendance at day services. Community activities accessed by residents at the centre included social dances, music

concerts, personal shopping, meals out, horse riding and swimming.

The inspector noted that a resident was supported to move into a one bedded apartment within the centre's grounds due to their assessed needs. Records reviewed by the inspector showed a planned transition to the apartment was completed in consultation with the resident. Furthermore, multi-disciplinary input from psychologists was accessed to ensure the transition plan met the resident's needs. The inspector found that the transition plan reflected both the resident's and staff knowledge. The resident further told the inspector that they liked their new apartment and it met their need for a quiet environment and personal space.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre's risk management arrangements ensured that residents and staff were kept safe, although the inspector found that some staff required up-to-date training.

The inspector observed that hand hygiene information was displayed in the centre's kitchen and bathrooms, along with the availability of hand sanitisers and segregated waste disposal facilities. However, training records showed that not all staff had received up-to-date hand hygiene and infection control training.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, emergency door release points, smoke detectors and emergency lighting. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

The centre's fire evacuation plan was prominently displayed and reflected staff knowledge. The inspector further observed that an accessible version of the evacuation plan was displayed and available to residents.

Residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and included the use of evacuation aids where required. The inspector found that residents' PEEPs reflected staff knowledge.

Fire drill records showed that regular simulated evacuations were carried out using

minimal staffing levels at the centre. In addition all staff had completed up-to-date fire safety training which included the use of evacuation aids.

The centre had an up-to-date risk management policy and safety statement. Risk assessments were up-to-date , reviewed regularly and reflected staff knowledge and observed practices. In addition, risks relating to each resident were assessed and regularly reviewed.

The inspector found that accident and incident records maintained at the centre were discussed at team meetings with staff, with learning from these events being incorporated into residents' personal and behaviour support plans examined.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents were protected from harm and supported with the management of behaviour that challenges. However, the inspector found that some safeguarding plans required updating and not all staff had accessed the required training.

The inspector looked at residents' behaviour support plans which were up-to-date, regularly reviewed and included both proactive and reactive support strategies. Plans were developed and reviewed by a senior psychologist and reflected staff knowledge. The inspector reviewed training records which showed that although all staff had completed positive behaviour management training , one staff member had not attended 'Professional Management of Violence and Aggression' training (PMVA), as required by the provider.

The inspector reviewed residents' safeguarding plans which were comprehensive and reflected staff knowledge. However, the inspector found that not all plans were consistently reviewed and updated in-line with agreed timeframes.

Behaviour interventions used at the centre such as distraction techniques and reinforcement strategies were reviewed regularly by the psychologist and discussed with residents' families.

The centre had an up-to-date policy on the prevention, detection and response to abuse which reflected staff knowledge. All staff had received safeguarding of vulnerable adults training and were able to tell the inspector what might constitute abuse and the actions they would take if suspected.

Information on the centre's safeguarding of vulnerable adults' policy including photographs of the named designated safeguarding officers was prominently displayed on the centre's communal notice board.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Governance and management arrangements at the centre ensured residents were supported in-line with their assessed needs.

The management structure reflected the centre's statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and regularly present at the centre.

The inspector reviewed team meeting minutes which showed they happened every three months and were chaired by the person in charge. Meeting minutes reviewed by the inspector evidenced discussions on all aspects of the centre - such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was approachable and responsive and they would have no reservations in raising concerns about the centre with them.

The person in charge conducted regular audits at the centre including infection control,

medication management, health and safety and residents' personal plans. Audit outcomes were discussed with staff and evidenced in team meeting minutes reviewed by the inspector.

The person in charge had accessed the provider's mandatory training as well as courses relevant to their role, such as leadership. In addition, the person in charge was supported through clinical supervision from their line manager and attended regular management team meetings.

The inspector found that the centre's annual review of care and support and unannounced provider six monthly visits were available on the day of inspection. In addition, actions highlighted in both the review and visit reports had been addressed within agreed timeframes such as commencement of management audits and roster reviews.

Furthermore, the inspector reviewed actions taken by the centre in relation to the previous inspection's findings, and found that all findings had been addressed by the provider and person in charge within the agreed timeframes.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the centre's staffing arrangements reflected residents' assessed needs. However, a review of records showed that not all staff had accessed required food safety training.

The centre had both an actual and planned roster in place which reflected residents' needs, staff knowledge and reviewed documents such as residents' personal, safeguarding and behaviour support plans. The staff team at the centre comprised of both nursing and care staff, with nursing staff being available at all times to meet residents' needs.

During the inspection, the inspector observed that residents received timely support from staff in a respectful manner, in line with their assessed needs. Residents told the inspector that they enjoyed living at the centre and that staff supported them to access a range of activities of their choice. One resident told the inspector that staff had supported them to move into their own apartment within the centre's grounds which they liked and gave them the personal space and a quieter environment they wanted. Where residents were unable to tell the inspector about the quality of care they received, the inspector observed that they appeared happy and relaxed with the support they received from staff.

The inspector reviewed staff training records which showed that staff had access to mandatory training such as fire safety, manual handling and the safeguarding of vulnerable adults. However, not all staff at the centre had received food safety training as required by the provider.

Staff told the inspector that they attended team meetings every three months, which were chaired by the person in charge and, was reflected in documents reviewed. Furthermore, staff stated that the person in charge was available in the centre daily and responsive to their support needs.

Staff were knowledgeable about the regulations proportionate to their roles and responsibilities and able to tell the inspector about incidents which would require notification to the Health Information and Quality Authority (HIQA).

The inspector reviewed a sample of five staff personnel files and found that they contained all documents required under schedule 2 of the regulations.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002454
Date of Inspection:	12 April 2017
Date of response:	28 April 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector found that not all staff had received up-to-date training in infection control and hand hygiene.

1. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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.

Please state the actions you have taken or are planning to take:

All staff identified during inspection as not having up to date hand hygiene and infection control training are now scheduled and will all have received this training by the below date.

Proposed Timescale: 08/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One staff member had not attended 'Professional Management of Violence and Aggression' training at the centre.

2. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:

The staff member identified during the inspection as not having up to date training in Professional Management of Violence and Aggression is now scheduled and will have this training completed by the below date.

Proposed Timescale: 02/05/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector found that not all safeguarding plans had been reviewed and updated in-line with agreed timeframes.

3. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:

All safe guarding plans have now been reviewed and updated in-line with agreed timeframes.

Proposed Timescale: 13/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff at the centre had accessed food safety training.

4. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

All staff at the centre are now scheduled will receive food safety training by the below.

Proposed Timescale: 08/06/2017