



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

Issued by the Chief Inspector

Name of designated centre:	Mill House
Name of provider:	Bradbury House Ireland Limited
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2021
Centre ID:	OSV-0005742
Fieldwork ID:	MON-0033060

About the designated centre

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

Mill House is located in a rural area of farm land in Co. Offaly. The centre consists of three separate buildings containing five individual apartments, communal areas and staff facilities. The designated centre provides 24 hour residential support for those with autism and/or intellectual disabilities, both male and female, aged 18 years of age and over. The centre has a maximum capacity of five residents. Care and support of the residents is provided by social care works and assistant support workers. The centre can provide for emergency admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 23 June 2021	09:30hrs to 16:30hrs	Sinead Whitely	Lead
Wednesday 23 June 2021	09:30hrs to 16:30hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

The inspectors had the opportunity to meet both residents living in the centre on the day of inspection. Both residents were young adults. One resident chose to engage with the inspectors and the other resident chose not to. This decision was respected, and the inspectors observed them from a distance as they appeared happy and content going about their daily activities. There were three vacancies in the centre on the day of inspection.

The inspection took place during the COVID-19 lockdown period and therefore measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. These included wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The centre comprised of five individual apartments and was set on a large farmland site. Residents had their own bedrooms, bathrooms and kitchen/living areas. There was also a main house where residents had access to a large kitchen, dining area, living area and games room. A number of farm buildings and sheds were located on the site where residents liked keeping pet animals including pet rats, chickens and a goat.

Residents both had individual daily planners in place. Residents preferred activities included, tending to the animals, online gaming, online courses, walks, drives, meals out, baking, attending work placements, lego, yoga, pottery, arts and crafts and knitting. Residents had individual goals and aspirations and these were discussed and planned for in their personal plans. Both residents appeared to be compatible living together and there had been no peer to peer safeguarding incidents since they had begun sharing their living environment.

Residents had individual meal planners in place and healthy eating and a healthy lifestyle was being promoted in the centre. Residents were supported to cook their own meals and residents' apartments had cooking facilities. Further cooking facilities were available to residents in the main house. Residents had access to supplies of fresh food of their choice and there was clean and appropriate food storage spaces in the centre.

The staff team consisted of a full time person in charge and deputy team leader and a mix of social care workers and assistant support workers. In general, the inspectors found that the residents were well supported and happy. High levels of staff support were noted in the centre. There was a regular management presence and staff support was appropriate to meet the needs of the residents.

The next two sections of this report detail the inspectors findings regarding the governance and management of the centre, and how this affected the quality and safety of the service being delivered to the residents. Overall, it was noted that

some improvements were required to ensure higher levels of compliance with the regulations and a safe service.

Capacity and capability

This inspection was short term announced and the purpose of the inspection was to monitor the centre's levels of compliance with the regulations and to inform a registration renewal decision. The inspectors looked at a number of areas which impacted the care and support provided to residents including staffing, training, governance and management, fire safety, risk management, behavioural support, infection control, personal plans and safeguarding. In general inspectors found that while residents appeared happy and well supported, some improvements were required to ensure higher levels of compliance with the regulations.

There was a clear management structure in place and a regular management presence in the designated centre with a full time person in charge and a deputy team leader. There was a consistent staff team in place providing care and support and this was clearly identified on the centre's staff rota. However, improvements were required to promote more consistent auditing and review of the service provided. The six monthly unannounced visit and report had not been completed by the provider and checks and audits completed in the centre were not highlighting all area in need of improvements, as detailed in other sections of this report. Furthermore, not all notifications required to be submitted to the chief inspector had been submitted by the person in charge within the required time lines. The registration renewal application pack had not been submitted by the provider correctly and within the required time lines.

Mandatory training was provided to staff to meet the residents needs. However, a number of training needs and refresher training needs were identified as outstanding on the day of inspection and formal one to one staff supervision had not been completed during the previous year in line with company policy.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to monitor ongoing levels of compliance and to inform a registration renewal decision. The prescribed information was not submitted by the provider, in the correct format, within the required time lines to renew registration. This meant that the centre did not have section 48(3) protection.

Judgment: Not compliant

Regulation 15: Staffing

The staff team comprised of social care workers and support workers. There were appropriate staffing levels in place to meet the assessed needs of the residents and a clear staff rota in place which reflected this. The centre had identified the staffing whole time equivalent on their statement of purpose and full numbers were in place in line with this.

A sample of personnel files were reviewed and all schedule 2 documents were in place. However, the inspectors noted that there was no clear policy in place for the recruitment of staff with a record of criminal offences, following completion of Garda vetting. This posed potential safeguarding risks.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training matrix and records were reviewed and mandatory training was not up to date and provided in line with the services' policy. For instance not all staff completed training or refresher training on hand hygiene, donning and doffing PPE and manual handling. It was noted that some of the training for new staff and some of the refresher training courses were delayed because of the HSE cyber attack.

Supervision of staff was also not provided in line with the service policy. However, staff communicated with inspector that there was a regular management presence and regular on the floor supervision.

Judgment: Not compliant

Regulation 23: Governance and management

The management team in the centre had a full time person in charge and a deputy team leader in place. The registered provider was based in the United Kingdom and a representative of the provider had not attended the centre in over a year due to travel restrictions secondary to COVID-19.

Inspectors observed a regular staff presence and clarity of roles. However, the six monthly unannounced visits and subsequent reports had not been completed by the provider. This had also been highlighted during the centres most previous inspection. While COVID-19 had contributed to this, there was no evidence to suggest that the provider had endeavoured to complete these online or via phone, or by a person nominated by the provider in Ireland. The designated centre's own

audits did not identify actions highlighted by the inspectors on the day of inspection including issues in regulations 15, 16, 26, 28, and 31 as discussed in other sections of this report.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider was working towards admitting another resident to the centre. Both residents living in the centre on the day of inspection had signed contracts of care in place and there was evidence that initial needs assessments were completed prior to admissions.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors reviewed the statement of purpose in line with schedule 1 and found that there was no floor plan for one aspect of the designated centre which included laundry services that the residents use. The inspectors also found that there was no information in relation to arrangements made for residents to access education, training and employment on the statement of purpose. The inspectors observed that specific care practices were taking place to encourage the residents to access education and training.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors reviewed incident and accident records and the personal care plans for the residents and found that there were a number of notifications that had not been submitted to HIQA as required. These were in relation to minor injuries and a safeguarding retrospective abuse disclosure.

No quarterly notifications in relation to restrictive practices had been submitted to the Chief inspector. However, upon review of the residents files and a walkaround the premises, the inspectors noted that there was window restrictions in one of the apartments and sharp items such as knives were locked away and provided to the resident when the resident required for preparing meals.

Judgment: Not compliant

Quality and safety

The inspectors reviewed a number of key areas to determine the quality and safety of the care provided. This included observing care practices and a review of resident personal plans, behaviour support documentation, risk management documentation, and fire safety documentation. The inspectors found that improvements were required to consistently monitor the quality of care and to provide a safe service at all times.

Residents' documentation reflected their most current plan of care. Plans incorporated all aspects of supporting residents and included behavioural support and risk management measures. The residents appeared to have regular input into their plan of care and their choice and preferences appeared to be considered and respected. The premises was designed and laid out to meet the assessed needs of the residents and was well maintained. The residents had personalised aspects of their home to suit their preferences and the centre was visibly clean. COVID-19 had been a risk in recent months and the centre had implemented procedures and plans to manage this.

Improvements were needed to promote fire safety in the designated centre. The residents' personal emergency evacuation plan (PEEP) had not been reviewed and updated for one resident since 2019 and it did not include details of the resident's mobility levels. This posed a risk for in the event of an evacuation. Furthermore, following a walk around the centre, the inspectors observed that appropriate containment systems were not in place in all aspects of the centre. Fire evacuation drills had not taken place in line with company policy in 2020 and all staff had not taken part in a fire drill and some staff required refresher fire safety training.

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the residents and was well maintained internally and externally. The centre was located on a large farmland site and residents both had their own apartments with a bedroom, bathroom and kitchen/living area. Residents also had access to other buildings and sheds around the site where animals were kept and recreational activities like yoga and arts and crafts were completed.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents were supported to buy and prepare their own food and to do their grocery shopping. A healthy diet was encouraged and there was appropriate access to fresh food and vegetables and storage and cooking facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place in the designated centre for assessment, management and ongoing review of risks in the designated centre. There was a centre risk register and individual risk assessments in place for each resident which included risk assessments for self injurious behaviours, absconson, and online vulnerabilities. A risk assessment had also been completed for risks associated with staff lone working.

There was no evidence of a review of the falls risk assessment and manual handling assessment since 2018 for one resident. This resident had an unsteady gait and regularly walked on uneven surfaces which posed a risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19 in residential care facilities. A cleaning schedule was in place and the centre appeared visibly clean. Regular temperature checks were being completed by staff and residents. Hand washing facilities and alcohol gels were noted around the designated centre. There was COVID-19 preparedness and a service planning response plan in place which was in line with the national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were needed to promote fire safety in the designated centre. Measures were noted around the designated centre including fire fighting

equipment, emergency lighting, and detection systems. There was evidence that the staff were doing regular checks on the alarm systems. However, the personal emergency evacuation plan (PEEP) had not been reviewed and updated for one resident since 2019 and it did not include details of the resident's mobility levels. This posed a risk for in the event of an evacuation. Furthermore, following a walk around the centre, the inspectors observed that appropriate containment systems were not in place in all aspects of the centre.

There was a schedule in place for the completion of fire evacuation drills, however following a review of fire drill records, it was observed that these had not taken place in line with company policy in 2020. All staff had not taken part in a fire drill and some staff required refresher fire safety training training.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had a comprehensive individual assessment of need and personal plan in place and these were subject to regular review. There was a key working system in place and evidence of regular key working sessions taking place. The residents had individualised goals and individual activation schedules.

Personal plans guided staff to support residents in areas including their physical health, personal care, dressing, sleep, continence, dental care, mental health, social needs, occupations and challenging behaviours. One to one key working sessions were completed with residents and these were used as educational sessions and to discuss residents individual goals. One resident had a goal in place to learn Japanese and to care for cats.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appear well supported and they have access to multi-disciplinary support and therapeutic interventions. One resident was attending a behavioural therapy appointment on the day of inspection. All staff were trained in Management of Actual and Potential Aggression (MAPA). There was also evidence of reactive response strategies in place in the event of challenging behaviour. It was also noted that there was a decrease in incidents of challenging behaviour for one resident since moving to this designated centre. The use of some restrictive practices had not been notified as required to the chief inspector as detailed in regulation 31.

Judgment: Compliant

Regulation 8: Protection

Residents appeared to be safeguarded when living in the centre. Staff had completed training in the safeguarding and protection of vulnerable adults. The residents appeared to be compatible living together and there were no peer to peer incidents. Staff had completed one to one sessions with resident regarding Internet safety and had risk assessed potential online risks. Residents both had intimate care plans in place. One retrospective allegation of abuse had not been notified to the Chief inspector as highlighted under regulation 31. However, inspectors found that this had been appropriately managed in line with national guidance and service policy.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre demonstrated that they operated in a manner that respects the age, gender, sexual orientation, disability and family status of each of the residents. The inspectors observed that that the residents had choice and control over their daily lives and in relation to decisions that impacted their care and support. This was evident in the positive and respectful interactions with staff and the individualized personal plans and daily activity schedules. The residents were supported in personalising their space and there was evidence of regular one to one meetings with residents. The residents also had access to advocacy services.

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	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mill House OSV-0005742

Inspection ID: MON-0033060

Date of inspection: 23/06/2021

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: PIC to submit all hard copies upon receipt by end of August 2021.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: PIC to consult with Human Resources in amending the recruitment policy by the 31.08.2021.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC to amend the Staff support and Performance Management policy by 31.08.2021. All Out of date trainings to be completed by 30.09.2021. The Training matrix will be updated by the 30.09.2021.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Directors visiting Millhouse, Bradbury House, Ireland will be recommencing September 2021.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: PIC to amend the Statement of Purposes to include the Laundry Floor plan by end of August 2021. PIC to add to the Statement of Purpose the education and training Millhouse, Bradbury House complete with Residents by end of August 2021.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Going Forward as per regulation PIC to submit all Quarterly Notification within the time frame and to include all restrictive practices deemed in Millhouse.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p>	

PIC to update Residents Falls assessment and Manual handling assessment by the 31.08.2021.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
PIC to review PEEPs by 31.08.2021.

A full Fire Assessment to be carried out as per HIQA Fire Regulations and all necessary changes will be made by Dec 31st 2021.

PIC to ensure going forward all required Fire Drills will be completed.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	31/08/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Not Compliant	Orange	30/09/2021

	as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	30/09/2021

Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Not Compliant	Orange	30/09/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021
Regulation 28(4)(a)	The registered provider shall make	Substantially Compliant	Yellow	30/09/2021

	arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/08/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated	Substantially Compliant	Yellow	31/07/2021

	centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/07/2021
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Substantially Compliant	Yellow	31/07/2021