



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

Name of designated centre:	Millbrook
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	29 March 2018
Centre ID:	OSV-0002454
Fieldwork ID:	MON-0021193

About the designated centre

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

Millbrook provides 24 hour nursing care and currently accommodates eight adults with an intellectual disability. Millbrook is a wheelchair accessible bungalow on the outskirts of a large town in Co. Monaghan. On entering Millbrook there is a sitting room, a relaxation room, a visitor's room and a large kitchen dining room and utility room. The house has two large bathrooms and seven bedrooms, two of which are ensuite.

At the rear of the building there is a semi independent living unit where one resident resides. Millbrook has a large garden to the rear of the premises and adequate parking facilities at the front of the building. Millbrook has its own transport.

The following information outlines some additional data on this centre.

Current registration end date:	22/10/2018
Number of residents on the date of inspection:	8

How we inspect

To prepare for this inspection the inspector or 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
29 March 2018	09:00hrs to 17:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with four of the residents on the morning of the inspection and observed elements of their daily lives. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from HIQA questionnaires, residents' weekly meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the resident's opinion.

The residents were enabled and assisted to communicate their needs, wishes and choices which supported active decision making in their lives including their care. Resident feedback questionnaires noted that residents were very happy with the amount of choice and control they had in their daily life and listed a number of activities which they enjoyed.

Residents were supported to choose goals that encouraged their independence and personal development. One resident commented in a questionnaire that they received a lot of support from staff in reaching their goals. On the day of the inspection one of the residents showed the inspector photographs of her smiling and appearing relaxed on a recent holiday.

One of the residents showed the inspector around her semi-independent apartment and demonstrated her involvement in the design and layout of it. The resident appeared happy and proud when showing it off.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each resident's needs, wishes and intrinsic value were taken into account. Improvements that were required from the previous inspection in 2017 had been implemented.

The inspector found that staff had the necessary competencies and skills to support the specific residents that live in the centre and had developed therapeutic relationships with the residents. The inspectors observed kind, caring and respectful interactions between staff and residents throughout the day. Family members, who

supported residents complete HIOA questionnaires, noted that they were happy with how staff engaged with the residents and how they supported their family members.

The service used the necessary tools to assess and ensure that appropriate staffing levels and skill mix were in place so that each of the resident's needs were met. The inspector saw that staffing arrangements included extra hours on Thursday evenings to support the residents attend an evening activity that promoted community inclusion, independence and the well-being of residents.

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A high cohort of the workforce had worked in the centre over four years. The person in charge informed the inspector that if agency staff was required, only those who had previously worked with the residents were employed.

The inspector found evidence that all staff had received mandatory training and complementary to this other training was provided to staff around behaviour support, nutrition and leadership skills to enable staff provide care that reflected up to date evidence-based practice. Staff who spoke with the inspector demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

There were governance and management systems in place to assure the delivery of quality person centred care. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents. Furthermore, there was a newly designed quality improvement self-assessment tool in place to assist the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery. The inspector was informed that senior management monitored the outcomes of this tool on a weekly basis.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. A new form of staff supervision had commenced in the centre with staff informing the inspector that they found it to be very beneficial to their practice. The person in charge was committed to continuous professional development. The inspector was informed by the person in charge that she had completed a course in leadership, management and quality initiatives in intellectual disability services and had just commenced a course on quality initiatives in community care.

Registration Regulation 5: Application for registration or renewal of registration

Complete registration renewal submitted.

Judgment: Compliant

Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflects up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 22: Insurance

The centre is insured against accidents or injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service.

Judgment: Compliant

Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose .

Judgment: Compliant

Quality and safety

Overall, the inspector found the centre was well run and provided a warm and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of each resident's needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality however, the inspector found that in relation to residents' personal plans some improvements were required.

The inspector looked at a sample of personal plans and found them to be up-to-date and reviewed on a regular basis. However, the inspector found that consultation with the residents surrounding the progression of their goals was not fully captured in the documentation. Further to this, where appropriate, the residents were not provided with an accessible format of their plans.

The residents' personal plans reflected the residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected.

Residents were supported to be involved in their local community through attendance of activation services but also through other community activities such as horse riding, community dances, gardening, keep-fit classes and dining out in local restaurants and cafés.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. One of the residents who enjoyed horse-riding was supported to build skills in animal welfare through horse grooming techniques.

Residents were involved in the running of their house through meaningful household roles and tasks such as cooking, shopping, laundry, which in turn promoted their independence. One resident recently had his room redecorated and was involved and consulted around the makeover of the room.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. The inspector saw evidence that there was clear, correct and positive communications which helped residents understand their own behaviour and how to behave in a manner that respects the rights of others and supports their development. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented

and reviewed by the appropriate professionals.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. The residents were protected by practices that promoted their safety. Residents were supported to develop their knowledge, self-awareness understanding and skills required for self care and protection through accessible information and weekly residents' meetings that promoted safeguarding information.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. The physical environment of the house was clean and in good decorative and structural repair and where there was structural upgrading required, the person in charge had included them on the centre's quality improvement plan.

The environment provided appropriate stimulation and opportunity for the residents to rest, relax and engage in recreational activities. There was a sensory room with sensory equipment, objects and lighting provided for the residents. Furthermore, a part of the building had been transformed in to a semi-independent living unit to support a resident's enjoyment of personal space alongside supporting their autonomy and independence.

The inspector found that there were good systems in place for the prevention and detection of fire. The audit and inspection requirements set out in the safety statement included monthly and weekly checks ensuring precautions implemented reflected current best practice. The inspector found that all staff had received suitable training in fire prevention and emergency procedures and arrangements were in place for ensuring residents were aware of the procedure to follow.

Each of the resident's medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve residents' health and well-being. Medication was reviewed at regular specified intervals as documented in residents' personal plans.

Regulation 17: Premises

The premises met the needs of the residents and the design and layout promoted residents' safety, dignity, independence and well-being.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured precautions implemented reflected current best practice.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe medical management practices were in place and were appropriately reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Consultation with the residents surrounding the progression of goals was not fully captured in a number of the residents' personal plans.

Where appropriate, residents were not provided with an accessible format of their personal plans.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The plans in place for positive behaviour support included clear guidance for staff. Where restrictive procedures were in place, they were based on centre and national policies with the least restrictive approach applied.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Millbrook Group Home OSV-0002454

Inspection ID: MON-0021193

Date of inspection: 29/03/2018

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge ensures that;</p> <ul style="list-style-type: none"> • All residents have a comprehensive assessment of need completed and a personal plan developed with the maximum participation of the resident and his/her representative where appropriate. • The personal plan reflects the resident's needs and outlines the supports required to maximize the residents' personal development in accordance with the residents' wishes. • Personal plans are made available to residents in an accessible format. • Personal plans are subject to annual multidisciplinary review or more frequently if there is a change in need of circumstances. • The review is conducted with the maximum participation of the resident and where appropriate his/her representative. • The review assesses the effectiveness of the plan, takes into account changes in circumstances and new developments. • Recommendations from the review are recorded and include: <ul style="list-style-type: none"> ➤ any proposed changes to the personal plan ➤ the rationale for any such proposal changes ➤ and the names of those responsible for pursuing objectives in the plan within agreed timescales • The personal plan is amended in accordance with any changes recommended following the review. <p>In response to the area of non-compliance found under regulation 05(5); The person in charge shall make the personal plan available in an accessible format to the resident and, where appropriate, his or her representative. The person in charge has reviewed the overall plan to include goal setting and progress</p>	

on goals achieved in an accessible format.

Please see section 2 for compliance dates.

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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 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30.06.2018