



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

Name of designated centre:	Mill House
Name of provider:	Bradbury House Ireland Limited
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	06 December 2018
Centre ID:	OSV-0005742
Fieldwork ID:	MON-0025511

About the designated centre

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

This centre provides residential services for up to five adults (both male and female) with disabilities. It is located in a quiet, peaceful rural in Co. Offaly but in close proximity to a number of large towns in the Midlands. Transport is provided to the residents so as they can access shops, shopping centres, hotels, restaurants, library and other community based facilities. The stated aim of the service is to support residents to live independently with staff support where required. The centre comprises of five individual apartments (each with their own front door), which are furnished to residents individual style and preference. Each apartment comprises of a spacious dining/living room area, a separate small but well equipped kitchen and a spacious double bedroom with an en suite facility. There is a large communal area provided and residents make their own if they wish to use this facility. This facility consists of a large well equipped kitchen/dining facility, a bathroom and 2 separate rooms that can be used for watching TV or therapeutic activities. There are also separate laundry facilities provided to all residents.

The centre is located on a 23 acres site, which contains private garden areas for residents to avail of. The centre is staffed by a full time skilled, experienced and qualified person in charge, who is supported in her role by the provider representative, a team of qualified social care professionals and health care assistants. Arrangements are also place so as to ensure residents have access to GP services, and a range of other allied healthcare professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
06 December 2018	10:30hrs to 15:30hrs	Raymond Lynch	Lead

Views of people who use the service

Residents had just moved into this centre 10 days prior to this inspection and it was observed that they were still settling in and getting used to their new living arrangements. However, the inspectors met and spoke with one resident who availed of this facility. The resident appeared well supported and was looking forward to going into town with a staff member later that day. They spoke briefly of their apartment and said that they liked it. The other resident living in this centre declined to meet with the inspectors

Capacity and capability

Residents appeared to be well supported in their home, and the registered provider had put supports and resources in place so as to meet their assessed needs. Generally, the centre demonstrated compliance with the regulations assessed in this inspection however, some issues were identified pertaining staff training requirements and staff files.

The centre had management structure which was responsive to residents' individual assessed needs. There was a clearly defined management structure in place which consisted of an experienced person in charge who was supported in her role by an experienced provider representative.

The person in charge (who was a qualified nurse) provided good leadership and support to her staff team. She, along with the provider representative ensured that resources were channelled appropriately and as required which meant that the individual and assessed needs of the residents were being provided for as required by the Regulations. Staff were also appropriately qualified, trained, supervised and supported so as they had the required skills to provide a responsive and effective service to the residents.

The inspectors spoke with one staff member over the course of this inspection and were assured they knew the needs of the residents very well and had the skills, experience and knowledge to support residents in a safe and effective way. From a small sample of files viewed, inspectors also observed that staff held relevant third level qualifications and had undertaken a suite of in-service training to include Safeguarding of Vulnerable Adults, Children's First, Fire Safety, Patient/Manual Handling and Safe Administration of medication. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

However, it was observed that one staff member required refresher training in Safeguarding of Vulnerable Adults and Manual/Patient Handling and some staff members (while vetted as required by the Regulations), did not have a copy of this vetting on file. Once this was brought to the attention of the provider representative, he assured the inspectors both issues would be addressed as a priority.

The registered provider representative and person in charge had systems in place to provide regular support to the governance and management of the centre. There were also systems in place to monitor and audit the service as required by the regulations. The inspectors noted that as the centre had just recently opened, six monthly audits and the annual review of the quality and safety of care had yet to be undertaken. However, there were multiple mechanisms in place to ensure adequate oversight, auditing and monitoring of the centre and management were kept informed on a daily basis of any issues and/or adverse incidents occurring and where required, took action to address such issues

The provider representative and person in charge were also found to be responsive to the regulatory and inspection process and were present in the centre on the day of this inspection and were available to address any questions or queries from the inspectors.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Resident were made aware of their rights and there were arrangements in place for residents to hold weekly meetings so as to ensure their input into the service.

Information on how to access independent advocacy services was available on each resident's file and residents were aware they had the right to make a complaint if they were dissatisfied about any aspect of the service. It was observed that one complaint had been made recently by a resident however, it had been logged, recorded and addressed to the satisfaction of the resident and in line with the centres policies and procedures on same

Overall, from speaking with one resident, one staff member, the person in charge and registered provider representative during the course of this inspection, the inspectors were assured that the service was being managed effectively so as to meet the assessed and complex needs of the residents.

Regulation 14: Persons in charge

The person in charge was a qualified and experienced nurse with extensive experience of working in and managing services for people with disabilities.

The person in charge was met with as part of this inspection and was found to be

aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services. There were systems in place so as to ensure staff were supported and supervised on a regular basis. However, some staff members (while vetted as required by the Regulations), did not have a copy of this vetting on file as required by Schedule 2 of the Regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. From a sample of files viewed the inspectors saw that staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support, Fire Safety and Patient Manual Handling. There were also systems in place to ensure that refresher training was provided to staff as required. However, it was observed that one staff member required refresher training in Safeguarding and Patient/Manual Handling.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors were satisfied that the quality of care and experience of the residents was being monitored and evaluated on an on-going basis and effective management systems were in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There were also systems in place to undertake audits, six monthly audits and an annual review of the quality and safety of care. Management were also responding

to any issues/adverse incidents occurring in the centre and where required were taking corrective action in a timely manner or deploying additional resources as required.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a contract of care on their file which was completed and signed. However, the actual costs for the service being provided to the residents were not clearly stated on the contracts. When this was to the attention of management they addressed the issue within 24 hours of this inspection

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors were satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspectors that it will be kept under regular review

A minor issue was identified with regard to the staffing arrangements recorded on the statement of purpose however, once brought to the attention of management they addressed the issue within 24 hours of this inspection

Judgment: Compliant

Regulation 31: Notification of incidents

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge and provider representative demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints process found that it met the requirements of the Regulations. In addition the complaints procedures were available to residents in the centre (and in an easy to read format if required).

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. One complaint had recently been made by a resident. It had been addressed in line with policy and procedure and to the resident's satisfaction.

It was also observed that residents had access to advocacy services if required.

Judgment: Compliant

Quality and safety

The quality and safety of care provided was being monitored, it was found to be of a good standard and residents' health, emotional and social care needs were being supported and provided for. However, some issues were identified with regard to the medication management and the management of risk.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that the process of supporting residents to achieve personal health and social goals had commenced. Residents were being supported to use nearby community based facilities such as shops, restaurants and library. However, as residents had just recently transitioned into the centre, the process of individual planning and identification of social care goals had just commenced.

Residents were being supported with their health care needs. As required access to a range of allied health care professionals formed part of the service provided to be provided to the residents include GP services and social worker support

Systems were in place so as to ensure hospital appointments would be facilitated as required and the process of compiling comprehensive care plans for each resident had commenced. These plans helped to ensure that staff provided consistent care in

line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and if required had access to a range of mental health professionals such as a behavioural support specialist and psychiatrist. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional, low arousal and calm manner if required.

Staff also had training in safeguarding of vulnerable adults so as to ensure they had the knowledge to respond to any safeguarding issue should one occur. From speaking with one staff member the inspectors were assured they had the knowledge and support required to raise any concern with the person in charge should they have one.

There were some systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may present with a risk in the community, additional staffing support was being provided. This ensured that the resident remained connected to their community and engage in regular social activities in a safe and dignified manner.

However, the overall process of risk management required review as some hazards/issues had not been adequately identified through the process of risk assessment. This meant that the mitigating factors to address certain risks had not been identified or documented at the time of this inspection

There were systems in place to ensure all fire fighting equipment was serviced as required. A sample of documentation informed the inspectors that staff undertook as required check on all fire fighting equipment and where required, reported any issues or faults. There were systems in place to facilitate fire evacuation drills and each resident had a personal emergency evacuation plan in place.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. It was also observed that p.r.n. (as required) medicines, where in use were kept under review. However, the inspectors found that there was insufficient information on individual p.r.n. protocols to guide staff in the safe administration of p.r.n. medicines.

The centre had systems in place to manage, escalate and address a drug error should one occur in the centre.

Overall, while some issues were found with the management of risk and medication management, the inspectors found that there were systems in place to effectively support the residents and provide for their health and social care needs.

Regulation 17: Premises

The premises consisted of five individual own door apartments which were suitably furnished and decorated to a high standard. Each apartment consisted of a double en-suite spacious bedroom and a large sitting room/dining room area with a separate kitchen facility. There was also a large communal areas that resident could avail of to include a kitchen/dining area and additional rooms that could be used for recreational activities or watching TV. There were also separate laundry facilities made available to the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The process of risk management required review as some hazards/issues had not been adequately identified through the process of risk assessment. This meant that the mitigating factors to address certain risks had not been identified or documented at the time of this inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

There were adequate fire precautions systems in place in the centre to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting. All fire fighting equipment was serviced as required and staff undertook regular checks on all fire fighting equipment and reported any issues where required. It was observed that where any issues were being reported, the were being addressed in a timely and prompt manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication management policies was satisfactory and and gave clear guidance to staff on areas such as general medication administration, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage and respond to medication errors should one occur.

All medicines were securely stored in a secured unit in the centre and any staff

member who administered medication was trained to do so.

However, the inspectors found that there was insufficient information on prescribed individual p.r.n. (as required) protocols to guide staff in the safe administration of p.r.n. medicines to the residents in which they were prescribed for.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The process of supporting residents to achieve personal and social goals had commenced and it was observed that there was both family and multi-disciplinary input into resident's person plans as required.

Residents were also being supported to enjoy a meaningful day engaging in community based activities of their choosing

There centre was also in the process of providing on-site day services to the residents once some technical/building issues had been addressed.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents had access to regular GP services, their medication requirements had been reviewed by a psychiatrist and hospital appointments where required, were provided for

As required, residents were supported to experience best possible mental health and access to a to mental health professionals/a behavioural support specialist formed part of the service offered.

Judgment: Compliant

Regulation 7: Positive behavioural support

The process of functional assessment (where required) had commenced for residents and it was found there were systems in place to develop positive behavioral support plans with the input and support of a behavioural support specialist and other allied health care professionals.

Judgment: Compliant

Regulation 8: Protection

Staff had training in Safeguarding of Vulnerable Adults and access to independent advocacy services was also provided for if required, From speaking with one staff member the inspectors were assured that they would raise any safeguarding concern they may have with management of the service

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Mill House OSV-0005742

Inspection ID: MON-0025511

Date of inspection: 06/12/2018

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff files were reviewed and updated to include all information and documents specified in Schedule 2. This was completed on 07/12/18. Staff files are reviewed regularly in line with the auditing process.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Outstanding refresher training regarding Safeguarding of Vulnerable Adults and Manual Handling completed by relevant staff on 11/12/18. Staff supervision is carried out every 6-8 weeks to support the staff in their role and identify any areas that they feel they may require further support in. Any identified training or supports needed will be provided to ensure that the staff have the capacity and capability to fulfil their role. Policy on Induction, Staff Training and Development in place.	
Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 Individual risk assessments were updated in line with hazards identified on 06/12/18. Risk Register was updated to reflect risks identified. Review of Risk Management Policy. Review of Health and Safety Statement and relevant risk assessments reviewed and updated on 02/01/19. Training was provided to all staff in relation to Risk Assessment to be completed by 31/01/19. Risk management is a standing agenda item at each monthly team meeting.

Risk Management:

- In order to manage risk within the centre the HSE risk matrix is used in order to identify and assess risk using an evidence-based tool and best practise. The risks are categorised as follows:

Red Risks: Risks classified as more highly likely to occur and with higher impact are classified as red risks. Such risks might be unacceptable requiring immediate response.

All red risks are immediately escalated through the PIC or on-call system, immediate resources will be put in place to ensure the safety and well-being of residents and staff.

Amber Risks: Risks classified as amber risks by virtue of their lower likelihood and/or less impact is less critical than red risks, but are none the less in need of attention. Such risks might be described as acceptable with mitigation

Green Risks/ acceptable risks: A risk is called "acceptable" if it is not going to be treated. Accepting a risk does not imply that the risk is insignificant. Risks in a service may be accepted for a number of reasons. They may be accepted if; the level of risk is so low that specific treatment is not appropriate within available resources; No treatment option is available; or the opportunities presented outweigh the threats to such a degree that the risk is justified.

Following an incident, any relevant risk assessments in place will be reviewed and updated as necessary. This is to ensure that the current control measures in place are effective, adequate, identify if additional control measures are required and ascertain, if we as a service can continue to provide a safe and effective service to the individual.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

PRN protocols were reviewed and updated to include more specific information to guide staff in the administration of PRN medication, this was reviewed and signed by GP. This was completed on 07/12/18.

All staff trained in Safe Administration of Medication (Nov 18). Policy and Procedure on

the Safe Administration and Management of Medication in place. All medicines are stored securely in a locked medication press within the center.

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(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	17/12/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	11/12/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the	Not Compliant	Orange	31/01/2019

	measures and actions in place to control the risks identified.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, 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.	Substantially Compliant	Yellow	14/12/2018