



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

Issued by the Chief Inspector

Name of designated centre:	Millmount
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	27 November 2019
Centre ID:	OSV-0002480
Fieldwork ID:	MON-0028002

About the designated centre

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

This designated centre is operated by the HSE from a semidetached house in a small housing estate close to a small town. There are five bedrooms in the house, three bathrooms, and three communal living areas. There is also a small but nicely laid out back garden. The service is offered to residents with an intellectual disability over the age of 18, and there are no gender restrictions.

The centre is staffed by two staff during the day and one waking night staff, there is a nurse on duty most days, and access to a nurse at all times. Residents also have access to various members of the multi-disciplinary team as required. There is a vehicle for the use of residents, and residents have access to various activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
27 November 2019	11:00hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

There were five residents living in the centre at the time of the inspection, and the inspector met and had a chat with them all during the course of the day. Residents arrived home at different times from various activities, and made themselves a cup of tea, put on the tv or relaxed in other ways. There were various living areas, and each person chose their own spot to relax in. Both private rooms and communal areas were personalised and homely, for example the pottery of one of the residents was displayed in the living areas, and there were photos of residents celebrating achievements. Residents each had their own room, and had the key to their rooms and to the front door, and some residents showed the inspector their rooms. Each was furnished and decorated as the resident wished, and they were very personal and lived in rooms.

Residents had been at various activities, including jobs, leisure activities and day services, and some people told the inspector about the day, and the things they had enjoyed most. Some residents were quite independent, and came and went from the house as they wished. One resident told the inspector that they enjoyed having their own room to read and watch tv, but also enjoyed the company of others when they felt like it. They also said that while they were independent in many ways, they were glad to have staff to go to for help if they need it.

Several residents spoke highly of staff members and the person in charge, and described the relationship they had with them. Some residents told the inspector about recent or current health care needs, and described how supportive staff had been. One resident described their independent outings to the local pub in the evenings, or to the hotel for lunch, and said that they rang staff when they had arrived, to check in. All residents said they felt safe and happy in the centre, and could describe what they would do if the fire alarm went off, or if there was an incident or emergency. The inspector observed residents going about their evening, and there was a relaxed and pleasant atmosphere in the house.

Capacity and capability

The centre was effectively managed. There was a well defined management structure in place with clear lines of accountability. There were monitoring systems in place to ensure robust oversight of the centre.

The provider had ensured that key roles within the centre were appropriately filled. The person in charge was appropriately qualified and skilled, and demonstrated clear leadership and practice development which resulted in positive outcomes for

residents.

Systems were in place to ensure continual monitoring the support and care offered in the centre. There was an annual schedule of auditing in place including audits of person centred plans, health and safety, and medication management. A sample of audits reviewed were found to be effective in driving quality improvement.

Six monthly unannounced visits on behalf of the provider had taken place, and any required actions identified had been addressed in a timely manner. The provider had prepared an annual review of the quality and safety of care and support as required by the regulations.

Arrangements were in place to ensure a consistent and up to date staff team. The number and skills mix of staff was appropriate to meet the needs of residents. Nursing cover was available on a daily basis as required by the needs of residents. Continuity of care was managed by a core staff team together with agency and on call staff who were known to residents. Both planned and actual rosters were maintained as required, and a sample of staff files reviewed by the inspector indicated that all required documentation including garda vetting was in place.

Staff were in receipt of regular mandatory training, and additional training relating to specific support needs of residents. Staff were knowledgeable about the support needs of residents, and were observed to be implementing any guidance on the support requirements of residents. Staff supervision took place regularly and it was apparent that staff were supported to provide safe and quality care to residents in accordance with their needs and preferences.

Overall the provider had systems in place to ensure issues were addressed in a timely manner, and that the quality of life for residents was upheld.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and robust systems to monitor the quality of care delivered to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare.

The designated centre was a large five bedroom house, and each resident had their own room. There were various communal living areas, and these had been

decorated and furnished in a homely way. There was also a pleasant garden area which was enjoyed by residents. However, the paintwork and window frames to the outside of the house were not maintained to a good standard. The paint work was discoloured and chipped, and the plinths were scuffed and damaged. In addition, while most internal rooms were well decorated, the hall, landing and stairs required maintenance as the glosswork was scuffed and chipped and the ceilings and walls discoloured.

There were, however, no infection control issues, as the inside of the house was visibly clean, cleaning checklists were maintained and cleaning equipment was stored appropriately. The fridge temperature was monitored and recorded, and the opening dates were recorded on food items. Hand hygiene training had been provided, and there were adequate hand hygiene facilities.

Each resident had a personal plan in place based on an assessment of needs and abilities, each of which were regularly reviewed and clearly implemented. Detailed assessments were in place in relation to all aspects of daily living, including communication needs and healthcare needs. Sections in the plans included sufficient guidance for staff to ensure the safety and quality of care and support. Healthcare plans, where required, were detailed and current, and any changing healthcare needs were responded to in a timely way.

Goals were set for residents in relation to maximising their personal potential, and while these were effective for some residents, and demonstrated a clear improvement in quality of life, for others the goals were either not current, too vague to be meaningful, or did not indicate progress in areas identified.

Residents were supported in having a meaningful day, and in being independent with the support of staff in accordance with their needs. Some residents had jobs, some attended day services and various activities, and some residents enjoyed a social life independently. Others engaged in a variety of activities with staff support, and all had a substantial community presence.

There was further evidence of the rights of residents being upheld. Residents were regularly consulted in relation to the running of the home, and in their choices and preferences both in the home and of activities. Each resident had their own room, and held the keys to their rooms. Residents came and went as they chose, and enjoyed their home as they preferred. Residents were aware of their rights and responsibilities.

Where resident required positive behaviour support there were clear behaviour support plans in place, based on detailed and on-going assessments. A record was kept of any behaviours of concern, and these records were analysed monthly. There was clear guidance in place in relation to preventing or reducing occurrences of behaviours of concern, and the strategies were clearly in place and implemented. Any restrictive practices were managed in accordance with best practice and were assessed and recorded appropriately. Staff demonstrated detailed knowledge of the support needs of residents in this area.

There was clear oversight of risk in the centre, and risk assessments in relation to

individual needs of residents were detailed and regularly reviewed. Environmental risk assessments including a range of risk assessments relating to fire safety were in place. The person in charge had oversight of all risks in the centre, and escalation, if required was to regional management. Additionally there was an ethos of supporting residents in positive risk taking as part of maintaining their independence.

Fire safety practices and equipment were in place in the designated centre. Fire safety equipment including fire doors, extinguishers, fire blankets and emergency lighting were in place and were regularly maintained. Each resident had an up to date personal evacuation plan, and residents and staff had all received fire safety training. Regular fire drills had been undertaken, and there was evidence changing practice as a result of the learning from some of these drills. Residents were aware of the actions required in the event of an emergency. The provider had ensured that the risk associated with fire was mitigated.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. There were no current issues relating to safeguarding of residents. Staff and the person in charge were aware of their roles in relation to safeguarding of residents. Residents knew who should talk to about any safeguarding issues.

There were safe practices in relation to the ordering, storage and administration of medications. Some residents were independent in managing their own medication, and all had self medication assessments in place. Where medications were managed by staff, they were securely stored, and stock control was robust. All documentation was in place as required, and staff were knowledgeable in relation to both practice and each resident's medications.

Overall residents had a good quality of life in this designated centre, and were supported in their choices and in their independence.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were sufficient communal and personal spaces. However the internal hall landing and stairs, and the external paintwork was not adequately maintained.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was adequate food and nutrition in accordance with the needs and preferences of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were processes in place to ensure that risks were identified and mitigated, and that there was oversight of risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated quickly in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were safely managed and administered.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents. There was insufficient detail in some of the plans to ensure that the potential of residents was maximised.

Judgment: Substantially compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was

respected.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Millmount OSV-0002480

Inspection ID: MON-0028002

Date of inspection: 27/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Interior painting will be complete of the hall, stairs and landing at the centre. 30/06/2020 Exterior painting will be complete of walls, plinth and windows at the centre. 30/06/2020	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A full review of all personal plans of all residents has been conducted at the centre by the PIC and the staff team. 15/12/2019 All personal goals for residents have been reviewed, actioned and progressed to be meaningful for the residents involved. 15/12/2019	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2020
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	15/12/2019