



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

## Issued by the Chief Inspector

|                            |                                 |
|----------------------------|---------------------------------|
| Name of designated centre: | Millview House                  |
| Name of provider:          | Nua Healthcare Services Limited |
| Address of centre:         | Tipperary                       |
| Type of inspection:        | Short Notice Announced          |
| Date of inspection:        | 05 August 2020                  |
| Centre ID:                 | OSV-0004261                     |
| Fieldwork ID:              | MON-0030103                     |

## About the designated centre

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

Millview House is a dormer-style detached house, set on its own grounds in a rural area. The designated centre currently provides residential care for up to four residents, both male and female, with autism and/or intellectual disabilities between the ages of 12 and 17. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, a sitting room, a sunroom, a utility room, staff facilities and bathrooms. A sensory room is also available for residents. Staff support is provided by social care workers and support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

3

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 5<br>August 2020 | 10:35hrs to<br>16:35hrs | Carol Maricle | Lead |

## What residents told us and what inspectors observed

The inspector met with two children on the day of this inspection. A third child was not at the centre during the inspection as they were out for the day with staff

One of the children was supported by their staff member to communicate with the inspector verbally. This child told the inspector how they liked to spend time with their family, they played with their favourite toys and they stated their planned activities for the year ahead which involved a trip to a leisure/adventure park and possibly a trip abroad with their family. During this interaction they appeared familiar with words associated with COVID-19 pandemic and how this may restrict some of these planned activities.

A second child met with the inspector briefly having returned from an outing and was busy engaging with staff. This child chose not to fully communicate verbally. They preferred to use body language, utterances, pictures/objects of reference and some sign to communicate. The inspector therefore based their observations of this child by meeting them, reviewing written documents, speaking with staff and observing staff as they interacted with them.

Both children appeared content and comfortable throughout the day. One was observed to enjoy resting in their room and spending time around the house during the inspection while another had a busy morning being out and returned later that day. Both children were dressed appropriately for their age and were observed to be involved in activities matching their age profile.

## Capacity and capability

This was the eight inspection of this designated centre and this took place to inform the registration renewal of the centre. This inspection took place during the COVID-19 pandemic. This service was registered to provide residential services for up to four children. There were three children living at the centre at the time of this inspection and one vacancy.

Overall, the findings of this inspection showed that the registered provider had ensured that appropriate structures were in place to support the running of this designated centre.

The local management team consisted of the person in charge, a team leader and two deputy team leaders, all of whom were met with by this inspector. The person in

charge carried responsibilities to a second centre and was supported by the team leaders in the discharge of her duties. She had been in position since 2015. She presented with a strong knowledge of the Regulations, Standards and the legal framework regarding children in the care of the State. The team leaders all had leadership duties assigned to them such as the delivery of supervision and Covid-19 responsibilities and all presented as competent on the day in how they described their duties.

The registered provider had put in place systems so that the quality and safety of care and support provided to children was monitored. For example, a weekly report on the running of the designated centre was compiled by the person in charge and sent to their director of operations while regular contact was also maintained between these individuals. The annual review of the service and unannounced visits were also carried out to oversee the service that was provided to residents. An on-call system was also in place. This inspection took place during the COVID-19 pandemic and some of the management systems were adjusted using online formats. A sample of minutes from team meetings was reviewed and it was noted that issues which impacted on the running of the designated centre, especially in relation to COVID-19 were discussed. Key-workers presented a report on each child at these meetings which was found to be comprehensive.

The most recent annual review of the centre was conducted for the year 2019. Since the previous inspection, this now reflected the views of residents and their representatives. The provider is required to carry out unannounced visits every 6 months and a recent inspection of the service had taken place prior to this inspection. This was a detailed report that contained clear findings and associated actions with timelines for same. The person in charge could expand on all actions identified in this report.

The registered provider had ensured that appropriate resources and staffing levels were in place for this designated centre. It was noted at the previous inspection that there was a high number of staff working at the centre which may impact the consistency of care at the centre. At this inspection, the person in charge set out to the inspector how she had addressed this matter since the inspection while acknowledging the usual turnaround in staffing. Arrangements were in place for staff to receive supervision. The inspector viewed a sample supervision record and this was found to be of a high standard with ample time given to the staff member to reflect on their practice with children and time to reflect on their own continuing professional development. Transport was available to the designated centre to facilitate external activities.

The registered provider had met a condition of their registration by having discharged in an appropriate manner a resident to adult residential services prior to this inspection.

The inspector viewed a number of complaints and compliments received over the previous six months and found that these had been resolved in a timely fashion and the satisfaction of the complainant had been recorded.

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| <b>Registration Regulation 5: Application for registration or renewal of registration</b>  |
| The registered provider had submitted a complete application for the renewal of the registration of the centre.  |
| Judgment: Compliant  |
| <b>Regulation 14: Persons in charge</b>  |
| The registered provider had appointed a person in charge of the centre. This post-holder had the required qualifications and experience. They had responsibilities for two centres and were supported by team leaders in this regard.                                    |
| Judgment: Compliant  |
| <b>Regulation 15: Staffing</b>   |
| The registered provider had ensured that there was a planned and actual staff rota, to include the day and night. The person in charge had ensured that they had obtained in respect of staff the information and documents as set out in Schedule 2 of the Regulations. |
| Judgment: Compliant  |
| <b>Regulation 16: Training and staff development</b>   |
| The person in charge had ensured that staff had appropriate access to training as part of a continuous professional development programme. Staff were appropriately supervised.  |
| Judgment: Compliant  |
| <b>Regulation 19: Directory of residents</b>   |
|  |

The registered provider had established and maintained a directory of residents.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had submitted confirmation of their insurance to the chief inspector as part of their application to renew their registration.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management structure in the designated centre. There was an annual review of the centre and this referenced the views of the residents. The registered provider had appointed a person to inspect the centre in an unannounced capacity every six months. A copy of this report was made available to the inspector.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider maintained a statement of purpose and this was reviewed at regular intervals.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had given notice to the chief inspector of adverse incidents occurring in the centre.

Judgment: Compliant



## Regulation 34: Complaints procedure

The registered provider had provided a complaints procedure for residents which was accessible and included an appeals procedure.

Judgment: Compliant

## Quality and safety

Overall, the children living at this home received a high quality and safe service. They had their needs met, their education prioritised and they lived a life that reflected their age profile and ability. There was evidence that the findings of the compliance plan arising from the previous inspection were acted upon.

The children lived in a suitable home that had a garden to the rear. This garden had outdoor recreational equipment. There was plenty of space within their home for when the children wanted to be alone. This was important given that some of the children liked to vocalise. The condition of the premises was good. The centre was homely and there were photographs of the children displayed throughout the centre. The centre contained notice boards that contained key information on the running of the centre. These were displayed in easy read versions for the children to understand.

There was evidence that the staff team, under the leadership of the person in charge and director of operations were following the guidance of the health service executive and the health protection and surveillance centre in addressing all matters relating to the COVID-19 pandemic. Appropriate systems were in place for protection against infection and the management of same. Local and individual risk assessments relating to the prevention of COVID-19 had been carried out.

On arrival to the centre, there was a designated station located inside the office to facilitate temperature checks, screening of staff and visitors, hand hygiene and access to personal protective equipment. Staff were observed adhering to standard infection control precautions. There was adequate hand washing facilities and ample stocks of personal protective equipment available and overall there was an adequate standard of cleanliness noted throughout the centre. Staff were using personal protective equipment and maintaining physical distancing where appropriate in line with national guidance.

There were systems in place for personal planning. The inspector viewed a sample of these personal plans. These plans identified the needs of residents and were based on both formal assessments from various multidisciplinary professionals and the formal assessment of need conducted by the person in charge. Based on the

sample of personal plans reviewed the inspector found that the information met the requirements of the Regulations. Each child had one or more key-workers assigned to them and these keyworkers carried out monthly meetings with each child around themes such as their satisfaction, concerns/complaints, their rights and their goals for the months ahead. Families were involved in the lives of the children. Where required, personal plans reflected clearly the involvement of statutory professionals such as Tusla social workers. Children had their healthcare needs identified prior to and after their arrival at the centre. They each had a healthcare management plan developed based on these needs. They were supported by staff to attend their healthcare appointments.

Since the previous inspection, there had been a discharge of two residents. The inspector viewed the discharge plans and found that the documents demonstrated a good level of planning had taken place.

There was an appropriate emphasis placed on education. Staff supported the children to attend school. The staff team were actively sourcing a place for a newly admitted child. As this inspection took place during the COVID-19 pandemic, staff spoken with confirmed that working relationships were maintained over the past number of months with school staff to ensure a level of continuity in the children's educational development. Staff present on the day of this inspection demonstrated a good awareness of the communication needs of all residents present and staff were observed using signs to communicate with a child.

Prior to the COVID-19 pandemic, the children were facilitated to maintain contact with their families. Since the pandemic the inspector saw evidence that the staff team were following national guidance issued by the health service executive in this regard. Staff had supported children to use technology in keeping in contact with their families. The person in charge was aware of updated guidance in this area and had since adjusted the visiting arrangements in order that children and families were once again seeing each other, albeit with some restrictions.

Children were protected at this centre. The registered provider had put in place systems at an organisational level. Staff had completed relevant training. Where applicable, staff worked closely with Tusla in ensuring that children were provided care in accordance with their care plans. Concerns of a child protection nature were appropriately notified to Tusla. The person in charge had an up-to-date knowledge of the status of all notifications made.

There were systems put in place to ensure a positive response to behaviour was demonstrated. Each child had, where required a behaviour support plan in place to guide staff on how to encourage positive behaviour amongst residents. There was reportedly a good working relationship between staff and the behavioural support therapist employed by the provider. Each child had a set of pro-active and active strategies set out in their plan for staff to follow before reactionary strategies were used. The person in charge had submitted information, in accordance with the Regulations, to the chief inspector of the use of restrictive practices at the centre for the first six months of the year and this set out use of window restrictors, a locked front door, sharps locked away and some restrictions put in place while children

were travelling in centre vehicles. The person in charge also reported to HIQA the use of physical interventions with children by staff as a reactionary response to escalated behaviours. The inspector reviewed the documentation around a number of these physical interventions. For two occasions, the person in charge was asked by this inspector to submit further information confirming that a full review of same had taken place. Following this inspection, an internal training instructor employed by the provider confirmed to the person in charge that in their review of same they considered the use of the physical intervention at that time to be necessary, appropriate and carried out in line with training.

There were risk management processes and policies in place at the centre. There was a generic centre risk register in place. Matters related to risks and any adverse incidents were discussed at staff team meetings. The risk of an outbreak of COVID-19 was assessed and mitigating controls were set out to prevent same. Each child had a set of individualised risk assessments and this informed staff of the risk(s) associated with each child and how they could support the child in this regard.

The registered provider had ensured that appropriate fire safety systems were in place. These included a fire alarm, fire extinguishers and emergency lighting. Arrangements were in place for these to be serviced at regular intervals to ensure that they were in proper working order. Fire drills were taking place frequently to help the children to know how to leave the centre in the event of a fire. Records reviewed indicated that all staff had received relevant fire safety training.

### Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate. Residents had access to telephones, televisions and the internet. Some restrictions were placed on the use of same, in line with the wishes of family and Tusla social workers, where applicable.

Judgment: Compliant

### Regulation 11: Visits

The person in charge had ensured that residents could receive visitors at the centre. Where there were restrictions placed as part of the guidance issued by the health service executive in response to the COVID-19 pandemic this was communicated to the families of the children in writing by the registered provider.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider supported the children to attend school and actively advocated for and sought out school placements where this was not in place upon admission.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the aims and objectives of the service. It was of sound construction and kept in a good state of repair externally and internally. It was clean and suitably decorated. The garden contained outdoor recreational facilities for the children.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider prepared a guide in respect of the centre and this guide contained the information set out in the Regulations.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transitioned between residential services.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with guidance from the health service executive and health protection and surveillance centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had provided for appropriate healthcare for each child having regard to the child's personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour considered challenging, including de-escalation and intervention techniques. The inspector did not find that on two occasions that the documentation of the use of an intervention technique had considered all aspects of the intervention. This was corrected following the inspection.

Judgment: Substantially compliant

## Regulation 8: Protection

The registered provider had ensured that systems were in place to protect children from abuse. They had put in place investigations in relation to incidents, allegations or suspicion of abuse. The person in charge had ensured that staff received training in relevant government guidance for the protection and welfare of children.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 19: Directory of residents  | Compliant               |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| Regulation 3: Statement of purpose   | Compliant               |
| Regulation 31: Notification of incidents   | Compliant               |
| Regulation 34: Complaints procedure  | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 11: Visits  | Compliant               |
| Regulation 13: General welfare and development                                     | Compliant               |
| Regulation 17: Premises  | Compliant               |
| Regulation 20: Information for residents   | Compliant               |
| Regulation 25: Temporary absence, transition and discharge of residents            | Compliant               |
| Regulation 26: Risk management procedures  | Compliant               |
| Regulation 27: Protection against infection  | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Positive behavioural support   | Substantially compliant |
| Regulation 8: Protection   | Compliant               |

# Compliance Plan for Millview House OSV-0004261

Inspection ID: MON-0030103

Date of inspection: 05/08/2020

## 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 7: Positive behavioural support   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br>PIC will ensure to review all incidents of challenging behaviour to ensure that the documentation of the use of an intervention technique has considered all aspects of the intervention and follow up appropriately any inconcistencies in this area. |                         |

## 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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 07(5)(c) | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used. | Substantially Compliant | Yellow             | 30/09/2020                      |