



# 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:	11 February 2022
Centre ID:	OSV-0002480
Fieldwork ID:	MON-0034483

## 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:	4
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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 (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
Friday 11 February 2022	10:00hrs to 17:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the regulations. On the day of the inspection there were four people resident in the designated centre. The inspector had the opportunity to spend time and have a conversation with all four residents.

On arrival at the designated centre the inspector found a comfortable and pleasant home for residents, some of whom were preparing to go out for various activities, and some who were spending the morning in their home in accordance with their preferences.

The residents' home was nicely furnished and homely, and various personal items such as photographs and residents' artwork were displayed. All areas of the house were spotlessly clean and fresh, and a staff member was engaged in morning cleaning tasks.

Some residents were getting ready for a shopping trip in preparation for weekend visits to their families. This was a favourite weekly activity, and the residents involved enjoyed spending this time together. Another resident was having a lie in, and had a chosen routine which they were supported to enjoy. This resident chose the time slot in their day to have a chat with the inspector. They told the inspector about their activities and hobbies, and were keen to show their artwork, and have a chat about life in general. They appeared to be content and comfortable, and told the inspector that they were happy living in the house.

Some residents invited the inspector to see their rooms, each had their own keys to their rooms, and made their own decisions about who should go into them. Each person's room was furnished and decorated as they chose, and there was evidence of various activities and pastimes. Residents told the inspector about the impact of recent social restrictions, and explained that they had chosen some home-based activities because they felt safer. They discussed the goal setting process within the person centred planning, and explained how they had chosen different goals because they wished to remain safe. One resident had learnt to manage their own daily finances, and was now learning how to manage their bank account, and understand their bank statements. Another had learnt new skills in relation to health care, and was more involved in monitoring their own status.

One resident arrived home from work later in the afternoon, and told the inspector about their job, and how it had been managed and maintained during COVID restrictions. They told the inspector they were only popping back home for a few minutes to get ready for their evening outing, and were soon off out again, independently of staff.

All residents during the course of the inspection either told the inspector, or were observed, to leave the centre independently to meet friends, go for coffee or attend

personal appointments, and they appeared to enjoy discussing their excursions with staff.

Overall, the inspector found residents' choices and preferences were supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to choose how they wished to spend their time and that they were well supported by an effective staff team.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was a clear management structure with established lines of accountability. The person in charge was appropriately experienced and qualified had clear oversight of the centre. They were supported by an area manager, and a regular staff team including a staff nurse on each weekday.

Various monitoring processes were in place. Both an annual review and six monthly unannounced visits on behalf of the provider had been completed in accordance with the regulations. These were detailed reviews, and covered all aspects of the operation of the centre and support offered to residents. Any required actions which had been identified had been completed within the required timeframes,

A regular suite of audits was undertaken by the person in charge, including audits of person centred planning, health care plans and medication management. There were no current required actions, which was consistent with the findings of this inspector, and so the person in charge had outlined the next steps to be taken to ensure continued good standards of care.

Staff numbers and skills mix were appropriate to meet the needs of resident. Only familiar staff supported residents, and where agency staff were rostered, they were known to residents.

The person in charge had clear oversight of staff training, which was found to be up to date. A full review of the status of training of all staff had been undertaken, and all training was up to date.

Formal staff supervisions were undertaken regularly, and records maintained. Staff engaged by the inspector reported that they felt supported by this process and also that they knew the procedure to raise any concerns with management. They were knowledgeable about the support needs of residents, and could respond appropriately to all the queries raised by the inspector.

There was a formal complaints procedure in place, and a monthly review of any

complaints was in place. Residents know how to raise any concerns, and while there were no current complaints, any raised by residents had been addressed to the satisfaction of the complainant.

#### Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and were appropriately supervised.

Judgment: Compliant

#### Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

#### Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of

accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately. Residents knew how to make a complaint and who to approach for help with complaints.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on maintaining their independence.

Comprehensive assessments of residents' health and social care needs had been completed and regularly reviewed. The plans included sections on activities, communication, sensory needs as well as health care. Residents had been involved in the development of the plans, and each had personal goals aimed at maintaining their independence, and maximising their potential, for example residents were being taught new skills to increase their autonomy. Each of the personal plans was person centred and meaningful.

Healthcare needs were responded to appropriately, and plans of care had been developed for any assessed needs. Residents had access to various members of the multi-disciplinary team, and records of engagement with these professionals, together with their recommendations were maintained.

Various fire safety precautions were in place, including fire safety equipment and self-closing fire doors. Th. A detailed personal evacuation plan was in place for each



resident, which included guidance should the resident be self-isolating. Staff had all been in receipt of up-to-date training, and the person in charge attends all training sessions, so as to be aware of any issues raised during the training. Regular and effective fire drills had been undertaken, and residents could describe the actions they would take in the event of an emergency.

The provider had ensured that there were systems in place to respond to safeguarding concerns. All staff had received training in the protection of vulnerable adults, and demonstrated their learning from this training. There were no current safeguarding issues.

The layout of the premises was appropriate to meet the needs of residents. Each resident had their own room, and there were sufficient communal areas, and a pleasant outside area. The house was decorated in a homely manner, and each resident had chosen how to decorate and furnish their own room. However there were some outstanding maintenance issues which required attention.

Appropriate infection prevention and control measures in place. There was a current infection control policy in place, together with a contingency plan to be implemented in the event of an outbreak of an infectious disease. The inspector observed throughout the inspection that current public health guidelines were observed. Residents were all well informed about the recent public health crisis, and had been involved in decisions as to how to manage restrictions.

There was a risk register in place which included all identified risks, including risks individual to residents. All associated risk management plans had been recently reviewed, and there was a quarterly risk review report in each residents' individual personal plan.

Residents were all independent in managing their own medication, with minimal oversight from staff. There was a self-administration assessment in place for each person, and residents knew what their medications were for. An annual audit of the systems had been undertaken, and the residents' pharmacist had also undertaken and audit.

Residents were supported to have their rights upheld, in terms of personal autonomy and in having their voices heard. They each had the key to their own rooms, and were involved in all the decisions about their daily lives. There was a vacancy in the house at the time of the inspection, and the views of residents had been taken into account before inviting another person to move in. One of the residents told the inspector that the proposed new resident was a close friend of theirs that they had known for a long time through their day service, and that they were looking forward to them moving in.

Overall the provider had ensured that residents' needs were met, and while some improvements were required in the upkeep of the premises, residents were supported to have their rights met.

### Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences. They were each supported to have a meaningful day, and to be involved in daily activities and leisure pursuits of their choice.

Judgment: Compliant

### Regulation 17: Premises

The premises were appropriate to meet the needs of residents, and the house was homely and decorated as the residents preferred. However, there was significant damage to the wall and wallpaper in one area of one of the living rooms which had not been addressed.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements of the regulations. There was a risk assessment and management plan in place for all identified risks, including risk relating to COVID-19.

Judgment: Compliant

### Regulation 27: Protection against infection

Effective measures were in place to ensure protection against infection.

Judgment: Compliant

### Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of

an emergency.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Structures and procedures were in place to ensure the safe management of medications.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and residents had all been involved in setting goals for themselves.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Provision was made for appropriate healthcare.
Judgment: Compliant
<b>Regulation 8: Protection</b>
There were systems in place to ensure that residents were protected from all forms of abuse.
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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially 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	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Millmount OSV-0002480

Inspection ID: MON-0034483

Date of inspection: 11/02/2022

## 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: The damage to the wall in the living room area has been repaired and wallpaper has been replaced.	

## 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 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	18/02/2022