



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

## Issued by the Chief Inspector

Name of designated centre:	Millbrook
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	27 September 2022
Centre ID:	OSV-0002454
Fieldwork ID:	MON-0035837

## About the designated centre

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

Millbrook provides 24 hour care and support to seven adults (both male and female) with disabilities. The service is an accessible bungalow on the outskirts of a large town in Co. Monaghan comprising of a fully furnished sitting room, a relaxation room, a visitor's room and a large fully equipped kitchen/dining room and utility room. The house has two large communal bathrooms and seven bedrooms, two of which are ensuite. At the rear of the building there is a semi independent living unit where one resident resides. There are large garden areas to the rear of the premises and adequate parking facilities at the front of the building. The service has its own transport so as to support residents to avail of community based activities and take trips to nearby towns. It is staffed on a 24/7 basis by a full-time person in charge, a team of staff nurses and healthcare care assistants.

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

Number of residents on the date of inspection:	7
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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
Tuesday 27 September 2022	10:30hrs to 15:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation for the management of infection prevention and control. The centre comprised of a large detached and a self contained one-bedroom apartment to the rear of the main house. It was located in County Monaghan and provided care and support to seven residents.

The inspection was completed over one day. The inspector met briefly with two residents, spoke with one staff nurse, the person in charge, the director of nursing and the assistant director of nursing over the course of the inspection. A family member who was visiting the house on the day of this inspection was also spoken with. The two residents met with appeared happy and content in their home.

On arrival to the centre, a staff nurse met with the inspector. They explained that the person in charge was not in the centre at that time, but they would make contact with them. The staff member guided the inspector through the infection prevention and control measures necessary on entering the designated centre which included a symptom check form and invited the inspector to use a hand sanitiser which was in the hall.

The staff nurse (and all other staff members) were observed to be wearing appropriate PPE over the course of this inspection and showed the inspector around the centre. The house was observed to be clean, free from clutter, homely and welcoming. Each resident had their own bedroom (two were ensuite) and there were two additional communal bathrooms available. While the house appeared clean and tidy throughout, some redecorating, repairing and refurbishment was required. There was a plan of action in place to address these issues and, they are discussed in more detail in section 2 of this report: Quality and Safety. .

The staff nurse explained to the inspector that some residents were attending their various work placements to include horticulture and gardening programmes. While at day services others residents liked to engage in arts and crafts, table top activities and jewellery making.

Residents also liked to go for drives, coffee out, walks, day trips to the zoo, cinema and music festivals. Additionally, some residents went on hotel breaks this year and the inspector saw from pictures of those holidays, that they appeared to enjoy them very much.

Over the course of the inspection, the inspector observed one resident (who was not at day services) relaxing in their home. The resident appeared happy and content in the company and presence of staff and staff were observed to be kind, caring and considerate in their interactions with this resident. Later on in the day, another resident informed the inspector that they had a nice day in their day service and, they had an appointment to get their hair cut that evening. The resident also

indicated that they were happy in their home.

Written feedback on the quality and safety of care from two residents was viewed by the inspector. Both reported that they were happy in their home, happy with their room, satisfied with the menu options available, happy with the level of social activities provided and happy with the staff team.

A family member spoken with said that they were happy with the quality and safety of care provided to their relative and that overall, the service was excellent. They also said their relative had a very good social life and particularly liked horse riding. They had no complaints about the service and said that they knew the staff team well and that they were very approachable. They also said that on their visits to the centre they were always made to feel welcome and the house was always clean and tidy. More importantly, the family member informed the inspector that their relative was very settled in the house and happy living there.

While there were systems in place for the oversight and management of IPC in the centre, some issues were found with the upkeep of the premises.

The following two sections of the report will present the findings of the inspection in more detail with regard to the capacity and capability of the provider and the quality and safety of service provided

## Capacity and capability

The provider had in place a range of protocols, documents, guidelines and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement effective infection prevention and control (IPC) in this centre. Notwithstanding, some IPC related issues regarding the upkeep and maintenance of the centre were identified.

The person in charge was responsible for the implementation of the provider's guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, an IPC nurse specialist was available to provide support and advice to the person in charge and the centre. Additionally, the person in charge could link in with the Director and Assistant Director of Nursing to discuss any IPC related issue should one arise.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The contingency planning document was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-

19 in the centre.

From speaking to one staff member over the course of this inspection, the inspector was assured that they were aware of the standard precautions to take in the event of a suspected and/or confirmed case of COVID-19 in the centre. For example, they spoke about the measures they would take to support a resident to self-isolate in their bedroom, how they would use PPE and clean down shared facilities such as bathrooms each time they were used.

From viewing a small sample of files, the inspector found that staff had training in infection prevention control, hand hygiene, donning and doffing of personal protective equipment (PPE), respiratory hygiene and cough etiquette.

The residents in this service were supported by a staffing ratio of three health care assistants and one staff nurse during the day and two waking night staff (a nurse and a health care assistant). The inspector found that on the day of this inspection, there were sufficient staff on duty to support the residents in line with their assessed needs. From a sample of rosters viewed, it was observed that there was adequate staffing levels in the centre which were in line with the statement of purpose. It was also observed that staff knew the residents well.

A number of audits to include six monthly unannounced visits and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice with regard to IPC and areas that needed addressing. Following such audits an action plan was drawn up so as to address any issues found. The last six monthly audit of the centre identified that some refurbishment works were required in the centre. This included upgrading to some bathrooms, some flooring needed replacing and some walls needed painting. Additionally, the laundry room required upgrading.

While a plan of action was in place to address these issues, some of them posed an IPC related risk in the centre and had not been addressed at the time of this inspection.

## Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plan. The provider had also developed a communications and health-related accident and emergency document for each resident so as to alert staff and other healthcare professionals to the residents assessed needs and how best to communicate with them and, support them.

Good practices were observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. The physical environment was found to be clean on the day of this unannounced inspection which helped to minimise the risk of acquiring a healthcare-associated

infection.

There were systems in place to promote and facilitate hand hygiene and antibacterial gel was available in multiple different locations in the centre. Staff were also observed to use these hand gels over the course of this inspection.

The provider had sufficient stock of PPE and staff were observed to wear it in line with their training and best practice. A staff member was able to describe to the inspector the importance of donning and doffing PPE as required, if there was a suspected or confirmed case COVID-19 in the house.

The inspector completed a walk-through of the centre. The premises was found to be generally clean, tidy and free from clutter. High touch areas were regularly cleaned such as light switches and remote controls and cleaning schedules were in place to ensure the overall hygiene of the centre. Staff were also observed to be adhering to cleaning schedules in place in the house. However, as detailed in section 1 of this report, some parts of the premises required painting, upgrading and/or refurbishment.

There was a colour-coded system regarding the use of mops for cleaning the centre so as to minimise the possibility of cross contamination. The person in charge informed the inspector that the a new systems for mops was soon to be introduced to further enhance IPC practices in this area. The person in charge said all residents had their own laundry baskets and where or if required, laundry was washed on a 60% cycle or higher.

Throughout the course of this inspection, the inspector observed staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed appropriately wearing PPE, engaging in hand hygiene practices and the centre was observed to be clean (in line with the enhanced cleaning schedules in place). IPC related notices and reminders were also on display in the centre.

## Regulation 27: Protection against infection

The provider had in place a range of guidelines and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement effective infection prevention and control (IPC) in this centre. Notwithstanding, some IPC related issues regarding the upkeep and maintenance of the centre were identified as follows:

- Some bathrooms required refurbishment/updating (to include small holes in some tiles and some bathroom cabinets required replacing)
- Some flooring in the centre required replacing
- The laundry room required updating
- Some walls and doors required painting



Judgment: Substantially 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>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Millbrook OSV-0002454

Inspection ID: MON-0035837

Date of inspection: 27/09/2022

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27: Protection against infection the following actions have been undertaken</p> <ul style="list-style-type: none"><li>• The Person in charge has obtained quote and planned for works with contractor for the refurbishment/updating of bathrooms in Millbrook. This includes full refurbishment of back bathroom, and the fixing of holes in front bathroom, cabinets will be replaced, all will be replaced with new P.V.C This is to be completed by 31.12.22</li><li>• The flooring will be replaced in main hallway and in one resident's bedroom. This will be completed by 31.12.22</li><li>• The Laundry room will be updated to include new work top counter. This will be completed by 03.12.22</li><li>• The person in charge has obtained quotes for Painting of the walls and doors in areas throughout the house. This will be completed once the above works is carried out. This will be completed by 30.01.23</li></ul>	

**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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/01/2023