



# 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:	Announced
Date of inspection:	30 May 2023
Centre ID:	OSV-0002480
Fieldwork ID:	MON-0031079

## 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 (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 30 May 2023	10:30hrs to 16:45hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection conducted in order to monitor on-going compliance with the regulations and standards and to inform the decision to renew the registration of the designated centre.

This designated centre provides a full time residential service for up to five residents. The inspector met all five residents, and some people chose to have a chat with the inspector and to talk about what it was like to live in this designated centre. Some people were having their breakfast when the inspection began, or were engaged in morning routine activities. All residents went out on various activities during the course of the day, and were coming and going throughout.

On arrival at the house the inspector noted immediately that it had been recently painted and decorated, and that there was an airy and homely feel to the house. The hallway was painted in pleasant colours, and was nicely furnished. There were various pieces of information displayed in the hallway, including the certificate of registration and the complaints procedure. It was clear that not only were public health guidelines in relation to infection prevention and control being adhered to, but also that hand hygiene facilities were readily available.

The inspector conducted a 'walk-around' of the centre, and observed that all the outstanding maintenance issues identified during the previous inspection had been addressed. There were two living areas, and both were nicely decorated and furnished. The kitchen/dining area had also been refurbished, as had the utility room. The garden area was small, but had been laid out to make the most of the space, with seating areas and planting. One of the residents had been involved in doing up one of the small garden areas, including painting and planting.

Staff members had all complete rights training, and in decision making in a social care setting and could discuss how they supported residents to have their rights respected. They spoke about the autonomy of residents, for example in having keys to their own rooms, and in making decisions about their daily activities. Some residents had decided to change the focus of their activities, for example, one person had chosen not to attend day service, but to engage in preferred activities in their home and community.

Some residents had jobs in the community, and spoke to the inspector about the importance of these jobs. One resident told the inspector that they attend their job three days each week, and enjoys doing gardening and painting in their free time. They said that they have the right to make their own decisions about all of these things.

Some residents invited the inspector to see their bedrooms, all of which were individualised, and were furnished and decorated as the residents chose. Some people had their own items of furniture, and had TVs and devices such as phones

and tablets. Some people showed the inspector their medication cabinets, as all residents managed their own medication.

Residents were observed to return from activities, and to be obviously comfortable and at home. They chatted to staff about their activities and their day, and spoke about their future plans. One of the residents told the inspector about her keyworker, and how supportive she found them. The keyworker had supported her to plan a weekend away, and kept in touch with her by text messaging.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences, and in maintaining independence.

The next two sections of this report will discuss the governance and management of the centre and how this impacted on the quality and safety of the service being delivered to residents.

## Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed.

There was an appropriately qualified and experienced person in charge and lines of accountability were clear.

There was knowledgeable and caring staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and of upholding the rights of residents.

There was a clear and transparent complaints procedure which was displayed in the centre, and was made available to residents in an accessible version. Residents knew about the procedure and had recently followed the procedure and had a compliant upheld.

## Registration Regulation 5: Application for registration or renewal of registration

All the required documentation had been submitted in support of the application to renew the registration of the centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of the resident and had clear oversight of the centre. They had responsibility for two designated centres, and were a regular presence in this centre.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and immediate access to a nurse if required. A planned and actual staffing roster was maintained as required by the regulations.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, and were observed to be offering care and support in a kind and respectful manner, and to be supporting residents to make their own decisions.

A sample of staff files was reviewed by the inspector and found to contain all the required information.

Judgment: Compliant

## Regulation 16: Training and staff development

All mandatory training was up-to-date, In addition, staff had received training relating to supporting the rights of residents, and in decision making in social care settings.

Staff spoke about their training and the learning they had taken from courses, and the observed practice in the centre was consistent with a knowledgeable and competent staff team.

There was a schedule in place for formal staff supervision conversations, and supervisions were up-to-date in accordance with the organisation's policy.

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 clearly defined management structure including lines of accountability, and staff were aware of this structure. The staff team was led by an appropriately qualified and experienced person in charge.

Various monitoring processes were in place, including the required six-monthly visits on behalf of the provider. An annual review had been developed as required by the regulations. These processes identified required actions, and the implementation of these actions was monitored. In addition a monthly schedule of audits was undertaken, including audits of restrictive practices, finances and personal planning. This personal planning audit was detailed and looked at all aspects of person centred plans and care plans. This audit identified no required actions, and this was consistent with the findings of the inspection.

However, there had not been regular staff meetings, and the last documented meeting had been held in February. There was therefore insufficient evidence of team collaboration and information sharing. In addition, until a complaint was made by residents, there had been a practice whereby the night manager had based themselves in the house. This is further discussed under regulation 34.

Judgment: Substantially compliant

## Regulation 24: Admissions and contract for the provision of services

Each resident had a clear contract of care which outlined the services offered by the designated centre, and identified any charges which might be incurred. These had been available to residents in easy-read versions, and each resident had signed their own contract of care.

A review of the admission process of the person most recently admitted to the centre showed that the admissions process was conducted in liaison with both the new resident and their family, and the current residents, to ensure that all residents were comfortable with the living arrangements. Residents who spoke to the inspector about this matter all indicated that they were happy with the



arrangements, and all got on well together.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose included all the required information and described the service offered in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure which was displayed in the hall of the house, and was available in an easy read version in the form of a social story for residents. Residents could explain to the inspector exactly what they would do if they had a complaint, and indeed they had recently made a complaint to the person in charge.

The complaint related to the practice of the person who was on duty as the night manager spending a significant amount of time in the house in the evenings. The residents' complaint was that this practice, and the chatting between staff, disturbed their evening. The person in charge escalated the complaint and the practice was discontinued.

Any complaints were followed up and recorded, and the satisfaction of the complainant was documented.

Judgment: Compliant

## Quality and safety

Overall residents were supported to have a comfortable and meaningful life, and to have their needs met and their choices respected. There was a detailed system of personal planning which included all aspects of care and support for residents, and healthcare was effectively monitored and managed. There were safe practices in relation to medication management, and independence in this area was supported.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety equipment and practices were in place to

ensure the protection of residents from the risks associated with fire.

Both risk management and infection prevention and control were appropriate, other than some revision of the risk register being required and it was clear that all efforts were in place to ensure the safety and comfort of residents.

### Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were sufficient private and communal areas including a nicely laid out small garden with several different seating areas. Residents chose how their house was decorated and furnished.

There were laundry facilities and kitchen facilities available to residents, who used these on a daily basis.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk register in place in which all identified risks were listed and risk rated. There were risk assessment and management plans in relation to all of the risks which were individual to residents, including the maintenance of independent activities, and the management of their own finances, and it was clear that there was an ethos of supporting positive risk taking with appropriate control measures.

The risk register included various environmental and more generalised risks, all of which had been risk rated, and included control measures. However, these were generic in nature, and not all the information was relevant to this designated centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The house was visibly clean, and cleaning records were maintained.

There was a contingency plan in place to provide direction should there be an outbreak of an infectious disease, which had been recently updated.

There was a detailed self-assessment in place and staff were all knowledgeable about IPC best practice, and were observed to be complying with the current public health guidelines. Hand sanitisation facilities were available throughout.

Where there had been an outbreak of an infectious disease, a post-outbreak review had been documented which provided a report of the sequence of events, an analysis and recommendations for any future outbreak.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. There was a very brief unexpected electricity outage during the course of the inspection, and all equipment was activated appropriately by the alarm system. All equipment had been maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that residents could be evacuated in a timely manner in the event of an emergency. There was a detailed personal evacuation plan in place for each resident which had been regularly reviewed. Staff had all received training in fire safety, and all had been involved in a fire drill. Residents described to the inspector the steps they would take if there was a fire drill, or a real emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents all managed their own medication with minimal support from staff, such as a reminder or check in. Most people manage their own prescriptions and collect their own medication from their chosen pharmacy. Others are supported with their prescriptions and have their medication delivered to the staff team, who check the delivery, and then hand over the further management of the medication to the residents.

There is one exception to this which is a rescue medication for a resident with a diagnosis of epilepsy. This medication has not been used in recent times, although all staff members have received training in its administration.

Medication self-assessments had been completed with all residents to support the decisions to self-medicate, and audits of medication management included an audit undertaken by the pharmacist, which did not identify any required actions.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a detailed personal plans in place for the resident, based on an assessment of need, and reviewed annually as required by the regulations. The assessments included information about both healthcare and social care needs, and referred to the choice and preferences of the resident.

One of the residents went through their person centred plan with the inspector, and pointed out various aspects that they found useful. Person centred planning meetings were held regularly, and goals were set with the resident at these meetings in accordance with the preferences and abilities of the resident. Goals were relevant to each resident's abilities and preferences. For example, one of the goals for a resident who had fairly recently moved into the centre was to find paid employment, and this goal had been achieved.

It was clear from a review of the care plans and person centred plans that they were individual to each resident, and that residents had ownership of their own person centred plans.

Judgment: Compliant

### Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were healthcare plans in place to guide staff, and the resident who showed the inspector their personal plan, also went through their healthcare plan with them

Residents had been offered appropriate healthcare screening, and some people had availed of the screening available to them.

Staff were familiar with the healthcare needs of each resident, and could describe any required interventions in detail.

Judgment: Compliant

### Regulation 8: Protection

There was a clear safeguarding policy in place, and all staff were in receipt of

training in the protection of vulnerable adults. Staff were knowledgeable about the content of this training, and about their role in safeguarding. There were no current safeguarding plans in place.

Residents who spoke to the inspector explained the steps they would take if they felt unsafe in any way. For example, each person had responsibility for their own day to day finances, and knew how to identify the safekeeping of their money, and who to go to for support if needed.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a clear ethos of supporting the rights of residents in all aspects of their daily lives, including choice making, independence and positive risk taking.

Each resident had the keys to their home and to their own rooms, and determined who came into their rooms. As previously mentioned, their views were respected in relation to visitors to their home in the evenings.

Each person had their own individualised personal space, and also an input into how the rest of the house was decorated and furnished, including the garden area. People chose the colours for their own rooms, and their choices were not questioned.

Recent changes in the activities of residents reflected the support the person in charge and the staff offered to residents in making their own choices. Some residents chose to have a leisurely start to the day, and engage in activities later, others were out and about earlier.

There were multiple different activities on-going for residents, all individually chosen, from having jobs to preferring art or aromatherapy. Residents frequently headed out into the local community on their own, to go shopping or for coffee, or to meet their friends.

At the close of the inspection, the inspector observed in passing the door of the kitchen, a group of residents and staff enjoying banter around the kitchen table, and teasing each other about their favourite foods in a relaxed and friendly manner.

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>	
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 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Millmount OSV-0002480

Inspection ID: MON-0031079

Date of inspection: 30/05/2023

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A staff team meeting has taken place on the 10th June 2023. Staff team meetings have now been scheduled to take place on a monthly basis.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A review of the risk register has been carried out, Risks that were generic and not applicable to the Centre have been updated and changed to reflect the individual needs of the Centre.	



## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	10/06/2023
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they	Substantially Compliant	Yellow	10/06/2023

	are delivering.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	06/06/2023