



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

## Issued by the Chief Inspector

Name of designated centre:	Millbrook House
Name of provider:	RehabCare
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	02 September 2021
Centre ID:	OSV-0002665
Fieldwork ID:	MON-0026099

## About the designated centre

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

Millbrook House is a designated centre operated by RehabCare. It provides a community residential service to up to three adults with a disability. The designated centre is a bungalow which comprises of three individualised resident bedrooms, an office, a sitting room, lounge, living room, kitchen/dining area and a shared bathroom. The designated centre is located in a rural location near a village in County Offaly with access to local amenities and facilities. The staff team consists of residential care workers. The staff team are supported by the person in charge.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 2 September 2021	10:15 am to 5:00 pm	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an area in the lounge of the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet with two of the three residents of the designated centre, albeit this time was limited. On arrival to the centre, one resident was in the centre and was being supported in preparing for the day in line with their personal plan. The resident greeted the inspector and was observed having a late breakfast. After breakfast the resident was supported to attend their day service.

In the afternoon, two residents returned from day services while another resident was supported to access the community. One resident spoke about their activities during the day including a woodwork project they were working on. The residents were observed to appear comfortable in their home. Residents were seen using the computer and accessing all areas of the centre including the garden. The inspector observed positive interactions between residents and members of the staff team throughout the inspection.

In addition, the three residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a level of satisfaction with the service.

The inspector carried out a walk through of the designated centre accompanied by the person in charge. The designated centre is a bungalow which comprises of three individualised resident bedrooms, an office, a sitting room, lounge, living room, kitchen/dining area and a shared bathroom. There was a well-maintained garden to the rear of the centre. Overall, the centre was well-maintained and decorated in a homely manner with residents' personal possessions and pictures throughout the centre.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, there was two areas for improvement which included the assessment of need and the long term living arrangements due to ongoing concerns regarding the compatibility of the resident group.

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

## Capacity and capability

Overall, there were management systems in place to ensure that the service provided was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centres and were supported in their role by team leaders. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. At the time of the inspection, the centre was operating with three whole time equivalent vacancies. The person in charge informed the inspector that one vacancy had been filled and due to begin shortly and that the provider was actively in the process of recruiting to fill the vacancies. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users. All staff had supervision with the person in charge and team leaders. The inspector reviewed a sample of the supervision records which demonstrated that the staff team were appropriately supervised.

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

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge worked in a full-time role and was suitably qualified and experienced. The person in charge also had responsibility for one other designated centres and was supported in their role by team leaders.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. There was a core staff team in place which ensured continuity of care and support to residents. At the time of the inspection, the centre was operating with three whole time equivalent vacancies. The provider was actively in the process of recruiting to fill the vacancies.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the residents.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centres and were supported in their role by team leaders. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider prepared a statement of purpose which accurately described the service provided by the designated centre and contained all of the information as required by Schedule 1.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, some improvement was required in the assessment of need and the long term living arrangements due to concerns regarding the compatibility of the resident group.

The inspector reviewed a sample of residents' personal files and found that an up-to-date assessment of need had been completed for each resident. However, the



inspector found that the assessment of need required improvement as it did not comprehensively assess all of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the residents with their needs.

There were positive behaviour supports in place to support the residents to manage their behaviour. The inspector reviewed the positive behaviour support plans and found that they appropriately guided the staff team. The residents were supported to access health and social care professionals as appropriate including psychology and psychiatry.

There were systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. Safeguarding plans were in place for identified safeguarding concerns. On the day of the inspection, the residents were observed to appear comfortable in their home.

However, the previous inspection identified concerns regarding the compatibility of the resident group due to the frequency and number of unpleasant exchanges which at times had a negative impact on the lived experience of residents. There was evidence that the provider had identified the underlying cause of the increased expression of behaviours and there was evidence of a reduction in the frequency of incidents. The safeguarding plans in place noted an action to explore the future living arrangements for the resident group. This remained ongoing at the time of the inspection.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the resident to evacuate.

## Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre is a bungalow located in a rural location near a village in County Offaly with access to local amenities and facilities. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through an up to date centre-specific risk register. The residents had number of individual risk assessments on file These risk assessments were up-to-date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

## Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The premises were observed to be clean and the inspector observed a cleaning schedule in place. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required. The centre had access to support from Public Health.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and the residents had a personal emergency evacuation plan (PEEP) in place.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place. The personal plans were found to be up-to-date, person-centred and appropriately guided the staff team. However, the assessment of need required review as it was not comprehensive in assessing the residents needs. The inspector was informed that a new assessment was in the

process of being developed.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

There were some restrictive practices in use in the centre on the day of the inspection. From a review of records, it was evident that it was appropriately identified and reviewed on a regular basis by the registered provider.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The residents were observed to appear comfortable in their home. There was evidence that incidents were appropriately managed and responded to. Formal safeguarding plans were in place for identified safeguarding concerns. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse.

However, the long term living arrangements due to concerns regarding the compatibility of the resident group required review.

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 - 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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Millbrook House OSV-0002665

Inspection ID: MON-0026099

Date of inspection: 02/09/2021

## 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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"><li>• The Provider is currently reviewing the Assessment of Need process to ensure a robust annual assessment of need can be facilitated for residents. This will be completed by 30/11/2021.</li></ul>	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: <ul style="list-style-type: none"><li>• PIC is considering long term options to reconfigure the service. In order to facilitate this an alternative property will need to be sourced. Once a suitable property has been sourced a new business case will be submitted to the HSE.</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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/11/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2022