



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

Issued by the Chief Inspector

Name of designated centre:	Mill House
Name of provider:	Bradbury House Ireland Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	11 March 2024
Centre ID:	OSV-0005742
Fieldwork ID:	MON-0043119

About the designated centre

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

Mill House is a designated centre operated by Branbury House Ireland Limited. The centre can provide residential care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre is located on a rural area of farm land, located in Co. Offaly, comprising of five individual apartments, various communal areas and staff offices. Staff are on duty both day and night to support the residents who live here.

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 (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
Monday 11 March 2024	10:15hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations. The day was facilitated by the person in charge, and the inspector also had the opportunity to meet with two staff members who were on duty. Two of the residents who lived in this centre were also present; however, when asked if they would like to meet with the inspector, they respectfully declined. The third resident had already left the centre for the day, by the time the inspector arrived.

At the time of inspection, there were two vacancies, and the three residents that resided in this centre primarily required care and support with their assessed social care and positive behavioural support needs. They had all lived together for quite a while, and staff reported that they got on well together. One of these residents was in the process of beginning a transition process to move towards supported living, and the provider had identified another resident for admission to this centre, and their transition was in the early stages of this process.

The centre comprised of four separate buildings, containing five single occupancy apartments, laundry facilities and offices. Each apartment provided residents with their own en-suite bedroom, kitchen and living area. At the request of residents, not all apartments were visited by the inspector. However, of the apartments that were visited, they were found to be well-maintained, comfortably decorated and provided a homely space for residents to live in. At times, residents liked to prepare and cook their own meals in the comfort of their own apartment, and sufficient facilities were available for them to do this. Some residents had a keen interest in films and gaming, and they had designed their living space in such a manner that they could display their selection of DVDs, action figures and gaming consoles. One of these buildings contained various communal rooms such as multiple living spaces and a kitchen and dining area, which the residents regularly used. Some of these living areas were used by residents for relaxation purposes. Upon the inspector's walk-around of the centre, one the residents was using one of these living areas to listen to their music, which staff reported, was something they frequently liked to do.

There was a large emphasis placed on the quality of social care that residents received in this centre. Each resident liked to live an active lifestyle, and this was very much promoted through the planning of residents' care. Sufficient staffing and transport arrangements were available to residents, which meant they frequently were able to get out and about. Some liked to go shopping, to the cinema, with one resident having recently celebrated their 21st birthday in a local pub. Positive risk-taking was also an aspect of care that was promoted, with some residents accessing the local town and services, independent of staff support. Many also had regular weekends away to visit family and friends, which had formed an integral part of their recreational routines. There was also a keen focus placed on developing residents' personal skills, and in recent months the provider set up separate day service facilities close to the designated centre, which all three residents attended.

Here, residents were learning about money management, baking, cooking and other various skills. Along with this, some residents were also involved with local training and learning centre. Key-workers also often carried out education sessions with residents in terms of fire safety and on how to promote and safeguard their own personal safety. In addition, at the time of this inspection, one resident was also being supported to move towards taking responsibility for their own medicines. Various control measures had been put in place to ensure that this was done in a safe manner, and was reported to be working well for this resident so far.

There was a consistent staff team in place, who knew the residents and their assessed needs very well, which had a positive impact on ensuring residents were familiar with the staff members that were supporting them. One staff member in particular, spoke at length with the inspector about the care and support needs of these residents, and confidently spoke about the various social supports that staff provided to them on daily basis. A key-working arrangement was in place, whereby, nominated staff members were assigned to support and oversee specific aspects of residents' care. This was reported to be working very well, and the person in charge met on a monthly basis with key-workers to oversee the on-going effectiveness of this arrangement.

Overall, this was a positive inspection that identified many good areas of practice. While there were some minor improvements found to aspects of risk management, fire safety and restrictive practices; however, these findings did not have any negative impact on the quality of care that these residents received.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-run and well-managed centre, that ensure residents received a good and safe quality of service. The provider had ensured suitable persons were appointed to oversee the running of the centre, and had put various systems in place that were effective in ensuring quality and safety was at all times promoted. Although the provider was found to be in compliance with many of the regulations inspected against, this inspection did identify where some improvements were required to aspects of risk management, fire safety and to restrictive practices.

The person in charge was based full-time at the centre and met with the residents and their staff team frequently. The operations manager also attended the centre on a regular basis, and maintained good contact with the person in charge in relation to operational matters. Regular staff meetings were happening, where residents' care and support was discussed and reviewed. Where additional resources for this centre were required from time to time, the provider had a system in place for the person in charge to request this, and to date, this was a system the person in charge said

was working well.

Many of the staff working in this centre had supported these residents for quite some time and knew the residents very well. The staffing arrangement was maintained under on-going review, with a suitable number of staff on duty both day and night to support the assessed needs of these residents. Staff training was also maintained updated, and supervision was also regularly occurring for each staff member.

Along with a number of internal audits, the provider was also monitoring the quality and safety of care through provider-led visits. Where improvements were identified, these were addressed, with these systems ensuring a wide scope of areas of practice were reviewed. A sample of these were reviewed by the inspector, which clearly demonstrated that where possible, the provider had also incorporated the feedback of residents, as part of their findings when implementing these monitoring systems.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was in the process of applying to the Chief Inspector of Social Services, to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and this was the only designated centre in which they were responsible for. They were based at the centre, which gave the opportunity to regularly meet with the residents and with their staff team. They were supported in their role by an operations manager, and current governance and management arrangements gave them the capacity to ensure the centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to regular review, to ensure a suitable skill-mix and number of staff were at all times on duty to meet the assessed needs of these residents. Where the centre required additional staffing resources

from time to time, the provider had arrangements in place for this. Based on the assessed needs of resident, two or three staff were rostered on duty each day, and two waking staff were on duty each night. Good continuity of care was provided to residents, with many staff members having worked in this centre for quite some time, which had a positive impact for these residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had effective staff training arrangements in place, and where refresher training was required, it was scheduled accordingly by the person in charge. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. Good internal communication systems were in place, with regular staff team meetings being conducted, to allow resident related care to be discussed. The person in charge also had frequent contact with the operations manager, to review operational matters. They also prepared a weekly report for senior management to review, which contained information pertaining to the operations of the centre, as well as, the care and welfare of residents.

The provider had monitoring systems in place to monitor for the quality and safety of care, and in recent months they had revised their provider-led audits to focus on specific aspects of this service. Although this covered a comprehensive number of areas relating to operational aspects of the service, at the time of this inspection, the provider was again reviewing this process to better enhance their oversight of fundamental aspects of care. Where improvements were identified through internal audits and provider-led visits, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, and it contained all

information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were recorded, reviewed and responded to. They had also ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a procedure in place for the receipt, review and management of complaints, with a nominated person appointed to oversee this process. The provider also had an appeals process in place, should the complainant not be satisfied with the outcome of how the provider handled their complaint. At the time of this inspection, there were no active complaints in this centre.

Judgment: Compliant

Quality and safety

This was a centre that strived to provide each resident with an individualised service, based on their assessed needs. They were consulted on an on-going basis about the care and support that they received, with staff recognising the individual interests, preferences and wishes of each resident and incorporating these into the planning of their daily care.

Effective arrangements were in place for residents' needs assessment and personal planning. This was regularly overseen by the person in charge, and key-workers were assigned the task of ensuring any changes to residents' care and support, was re-assessed for. Personal goal setting was completed with residents, with some aspiring to move towards supported living, while others wished to up-skill in money management. There was good oversight maintained of this process, which had resulted in residents making progress towards reaching their identified goals.

Where risk occurred, it was quickly identified through daily handover, staff team meetings and also through the centre's incident reporting system. Although the

provider was prompt in their response to any identified risks, improvement was found to some aspects of risk assessment, to ensure all identified risks had supporting risk assessments in place. Furthermore, the oversight of organisational risks also required some review to ensure it better supported the provider in their on-going monitoring of risk in this centre.

With respect to fire safety, the provider had ensured there was adequate detection and containment arrangements in place, that staff training in fire safety was maintained up-to-date, and that regular fire drills were also occurring. As each resident occupied their own apartment, much emphasis had been placed on educating them on good fire safety practices. Although staff did often carry out fire safety checks of these apartments, further review was required by the provider to attend to some fire hazards identified upon this inspection, particularly in relation to the use of electrical extension leads, where residents required multiple power sources to use their recreational appliances.

Some residents did require on-going positive behaviour support, and there were clear guidelines in place for staff to follow, so as to implement these in line with the recommendations from the behaviour support specialist. Staff who met with the inspector, confidently about this aspect of residents' care and of how they would respond, should a resident display behaviours that challenge. To maintain residents' safety, some environmental restrictions were in use in this centre. However, a review of these were required to ensure these had been assessed for and overseen, in line with the provider's own restrictive practice policy.

Overall, residents enjoyed a good quality of social care in this centre. They each had many interests and were supported by a consistent staff team to lead the lifestyles of their choice. Staff were respectful of residents' wishes for privacy and endeavoured to ensure that the centre was at all times operated in a manner that was led by the assessed needs and wishes of these three residents.

Regulation 11: Visits

Residents were supported to welcome visitors to their home, and were equally supported to visit their own family and friends. Due to the nature of the layout of this centre, residents had ample space to meet with visitors in private, if they so wished.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that residents were provided with care and support, in accordance with their capacities, wishes and preferences. Suitable staffing and

transport arrangements, made it possible for these resident to have regular opportunities to get out and about to do the activities that they enjoyed. Residents' preferences for social care were well-recorded, and staff scheduled activities for residents which were meaningful to them. The provider had separate arrangements in place for residents to attain day care services, with a large focus on promoting various training and development courses, to include, life-skills, baking, gardening and many other activities. Residents were also encouraged to maintain close personal links with family and friends.

Judgment: Compliant

Regulation 17: Premises

The premises comprised of five single occupancy apartments, which were located on a courtyard style setting. Residents also had access to external laundry facilities, communal areas and staff offices. The layout and design of this designated centre, promoted residents' independence and privacy and each apartment was found to be well-maintained, warm and comfortable. On-site maintenance staff were available to attend to any maintenance works required, and at the time of this inspection, the provider was in the process of installing an upstairs fire door to one of the buildings, with further plans to complete bathroom upgrades in the weeks subsequent to this inspection.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in this centre, and it contained all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of any risk relation to the care of residents, aswell, as the operations of the service delivered to them. Where risk was identified, it was quickly responded to and all staff were made aware of any additional control measures that they were required to implement, in order to maintain residents safe from harm.

Although there were many good practices observed in relation to risk management, some improvement was required to aspects of the assessment of risk. For example, positive risk-taking was promoted, with some residents accessing the community, independent of staff support. Although there were effective control measures put in place for this, there was not always a clear risk assessment in place to support the on-going review of this process. Furthermore, although a risk register was maintained by the provider to oversee organisational risks, this register would also benefit from further review, to ensure it better support the provider and person in charge, in their on-going review and monitoring of specific risks, particularly in relation to the premises, transitioning, staffing and fire safety.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety arrangements in place, to include, fire detection and containment arrangements, emergency lighting was installed throughout the centre, all staff had received fire safety training and residents had also completed sessions with their key-worker around fire safety. Regular fire drills were also occurring, and records of these demonstrated that staff could support these residents to evacuate the centre in a timely manner. At the time of this inspection, the provider was also installing a new upstairs fire exit, to further aid evacuation.

Although staff were conducting regular fire safety checks of residents' apartments, the inspector observed these checks required review to ensure these were effective in identifying some specific fire hazards that were observed by the inspector, during their own walk-around of the centre. For example, where residents used multiple electrical appliances in their apartment, these had not been switched off, prior to the resident leaving their apartment for the day. Furthermore, the use of electrical extension leads had not been reviewed by the provider, to identify if increased electrical sockets were required to some apartments, to alleviate potential fire safety risks, posed by using these extension leads.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed for on a regular basis, and clear personal plans were put in place to guide staff on how best to support residents with the various aspects of their care. Personal goal setting was also carried out each residents, whereby, the chose which goals they wanted to work towards. Key-workers were assigned to support residents to work towards these, and clear records were

maintained of the progress that residents had made. At the time of this inspection, the provider was intending to admit another resident to this service, and had begun the transition process to support them.

Judgment: Compliant

Regulation 6: Health care

Although these residents had minimal assessed health care needs, the provider regularly reviewed this aspect of their care. The service was supported by a variety of allied health care professionals, and residents were supported to attend GP visits and any other appointments that were scheduled.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, the provider had adequate arrangements in place for this. Staff were very familiar with the behaviours that some residents exhibited and were aware of the reactive and proactive strategies to implement, in response to these. Where behavioural related incidents occurred, these were reviewed in conjunction with the behaviour support specialist, as and when required.

There were some environmental restrictive practices in place in this centre, and the person in charge had regular oversight of their intended use. However, some improvement was required to ensure these restrictions were being assessed and reviewed, in line with the provider's own policies and procedures.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had procedures in place to guide staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding, and key-workers also supported residents to understand how to promote their own personal safety. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured residents' rights were very much promoted in this centre. Residents had their own apartment, and often spent time alone in the privacy of the living space, independent of staff, which was respected. Staff were respectful of resident's personal space and private time. Staff also endeavoured to involve residents in decisions surrounding their care, and resident's were supported to chose how they wished to spend their time. Regular residents' meetings were occurring, which facilitated resident to be involved in the running of, and give feedback on, the service that they received.

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
Capacity and capability	
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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mill House OSV-0005742

Inspection ID: MON-0043119

Date of inspection: 11/03/2024

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Review and Update Risk Register.</p> <p>Review all Residents Risk Assessments to have clearer management and support plans in place.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All Extension leads to be taken out of apartments and be replaced with more electrical sockets.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Restrictive Practice Meetings to be held each quarter</p> <p>Restrictive Practice Register to be put in place. To be reviewed and updated each quarter or as the need arises</p>	

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 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	30/04/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/04/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Substantially Compliant	Yellow	30/04/2024

	national policy and evidence based practice.			
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