



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:	30 January 2023
Centre ID:	OSV-0005742
Fieldwork ID:	MON-0036932

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
--	---

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 30 January 2023	11:45hrs to 16:00hrs	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, and was facilitated by the person in charge and operations manager. Over the course of the inspection, the inspector also had the opportunity to briefly meet with some staff members and two residents who lived in this centre.

Upon the inspector's arrival, they were met by the operations manager and brought to a designated area for temperature checking and hand hygiene. One resident was just returning from being out and about with staff and over the course of the afternoon, were observed to come and go from the laundry room to attend to their laundry. Another resident, who met briefly with the inspector, was getting ready to head out with the support of staff. This resident told the inspector they had lived in the centre for almost a year, and really liked it there. The inspector did not have the opportunity to meet with the third resident, as they had already left to go to a local learning centre for the day.

There were three residents who lived in this centre at the time of inspection, each living independent of each other and they all got on well together. The centre was located on farm land, in a rural setting, a few kilometres from a town in Co. Offaly. On the grounds were five individual apartments, staff offices, a medication room, laundry facilities, a day care area, and a communally-used building, containing a kitchen, two recreational rooms and a relaxation and therapy room. Each apartment provided residents with their own bedroom, bathroom and kitchen and living space. Of the apartments visited by the inspector, each were well-maintained, clean and furnished to the personal taste of the resident occupying the apartment. For example, one particular resident had a keen interest in lego and DVDs, and their collection of these was proudly displayed. Where residents wished to prepare their own meals in their apartment, they had the staff support, amenities and space to do so. The grounds of this designated centre also comprised of various garden spaces, to include a pond and seating areas, and some animals and livestock was also kept in a barn area, which residents were supported to help out with, if they so wished.

Over the course of this inspection, both the operations manager and the person in charge spoke at length with the inspector about the social interests of these residents. The individual interests and wishes of residents was very much considered in all aspects of the daily running of this centre, and a significant emphasis was placed on supporting residents, who wished to engage in education programmes, with facilities provided on site and off site to facilitate this. For example, one resident attended a local learning centre on a weekly basis, where they engaged in various types of education. Another resident, was availing of the day care area located on the grounds of this centre, where staff supported them to increase their engagement in education programmes, and they had recently finished a jewellery making course. Some of these residents had hopes to progress towards independent living and they were supported by staff to expand their learning of various life skills, in areas such as, cooking and laundry tasks. Each resident had

their own preferences for how they wished to spend their recreational time, with some regularly availing of local leisure facilities, independent of staff support and the provider had put arrangements in place to support them to safely do so. Residents also regularly availed of a communal building, where they could sit in the recreational areas to watch television or avail of various crafts available to them in the relaxation and therapy room. These residents were also encouraged to maintain personal relationships, with some being supported to regularly have overnight stays with their family and friends.

There was also a large emphasis placed on the promotion of residents' rights and individuality in this centre. These residents were young adults, who each had their own aspirations and personal preferences for how they wished to spend their time. Staff and management were respectful of this and ensured that the running of this centre reflected residents' wishes. There was good continuity of staff, meaning that these residents were continually cared for by staff who knew them and their assessed needs. Along with this, the person in charge and operations manager were regularly based at the centre, which had a positive impact on the oversight of the quality and safety of service delivered to these residents. Due to the adequacy of resources, this meant that along with a sufficient number of staff and transport arrangements, it was possible for these residents to get out and about, as much as they wished.

The findings of this inspection will now be discussed in the subsequent sections of this report.

Capacity and capability

Following the outcome of the last inspection of this centre in June 2021, the provider had made significant improvements to the arrangements in place for staff supervision, governance and management, notification of incidents, risk management and fire safety, resulting in the provider being found fully compliant with the regulations inspected against, upon this inspection.

Overall, the inspector found that this was a well run and well-managed centre that ensured residents received a good quality and safe service. The person in charge held the overall responsibility for the running and management of this centre and was supported in their role by their staff team and operations manager. They were based full-time at the centre, allowing them to frequently meet with the residents and also with their staff team, whom they held regular meetings with, to discuss and review residents' care. The person in charge worked closely with the operations manager, who was also regularly based at this centre, and their regular engagement had positive impact on the consistent review of any operational matters. This was the only designated centre in which the person in charge was responsible for, and the effectiveness of provider's governance and management arrangements, gave them the capacity to effectively manage this service.

This centre's staffing arrangement was subject to regular review, ensuring that residents consistently had access to the staff support that they were assessed as requiring. Most of these residents required a certain level of staff support to engage in activities of their choice and to access local services and amenities, and the provider had ensured a suitable number of staff were always on duty to allow for this. Many of the staff who worked in this centre, had supported these residents for a number of years, and were well-known to the residents. From time to time, where additional staffing resources were required, the provider had ensured relief staff, who were familiar with the centre, were available to provide this additional support. Since the last inspection, the provider had made improvements to staff supervision arrangements, whereby, all staff now received regular supervision from their line manager.

Following on from the last inspection, significant improvements were also made to the provider's arrangements for the monitoring of the quality and safety of care. Six-monthly provider-led visits were now consistently occurring, which looked extensively at all aspects of this service, and where improvements were identified, the provider had put time bound action plans in place to address these. Furthermore, following a health and safety review of this centre, the provider identified that improvement was required to the evacuation route available in one of the vacant apartments. At the time of this inspection, the provider was putting measures in place to rectify this and in the interim, had made the decision to cease admission to this particular apartment, until such a time as this issue was addressed. Along with this, the person in charge was also conducting a variety of internal audits, regularly reviewing areas such as, medication management and residents' assessment and personal planning arrangements. They also prepared regular reports for the provider to review, outlining various information pertaining any incidents which had occurred and various other matters relating to resource and risk management. Also supporting the effective oversight of this centre was an on-call management system, which was available during out-of-hours, providing additional managerial support to staff, during these times.

Better arrangements were also found in relation to the timely notification of incidents, whereby, the provider had ensured that all incidents were now notified to the Chief Inspector of Social Services, as and when required by the regulations.

Regulation 14: Persons in charge

The person in charge held a full-time position and was based at the centre. They had strong knowledge of the residents' assessed needs and of the operational needs of the service delivered to them. They were supported in their role by the operations manager and staff team and this was the only designated centre in which they were responsible for, giving them the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing compliment for this centre was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty. A well-maintained staff roster was in place, which clearly outlined staff who worked in this centre and their start and finish times. Where additional staffing resources were required from time to time, the provider had ensured relief staff, who were familiar with the service, were available to provide this additional support.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staff training arrangements were in place, ensuring all staff had access to the training they required, appropriate to their role. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Regular staff meetings were occurring, which gave opportunity for regular discussions about residents' care. The person in charge also met regularly with the operations manager to review operational matters. Along with internal audits, six-monthly provider-led visits were also occurring and where improvements were identified, the provider had put time bound action plans in place to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that a system was in place for the identification, reporting and monitoring of any incidents. They also ensured that all incidents were notified to the Chief Inspector, as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in these centre all had varying social interests and led very active lifestyles. The provider had ensured that suitable arrangements were in place to support them to engage in their activities of choice, and to also ensure that they were supported to work towards their own personal aspirations, in areas such as, further education and progressing towards having the skills required for future independent living.

The re-assessment of residents' needs was mainly overseen by the person in charge, who ensured that residents' assessments and personal plans were updated, where any changes to residents' assessed needs were identified. Personal goal setting was an important aspect of the care delivered to these residents and suitable arrangements were in place to ensure these residents had access to the supports they required to work towards their goals. For example, some residents wished to progress in the future to live independently and they were being supported to learn basic life skills in preparation for this. Others wished to increase their involvement in education programmes and staff were working closely with these residents to achieve this.

Where some residents were identified as requiring low-level interventions with regards to the promotion of positive behavioural support, clear and concise guidelines were in place to support staff on how to do so. Where behavioural related incidents had occurred, the person in charge had reviewed these and where learning from these incidents was identified, they discussed this with staff. Furthermore, in light of more recent incidents that had occurred, the person in charge was reviewing these incidents to establish additional controls that may be required to ensure similar behavioural related incidents didn't occur. Minimal restrictive practices were in use in this centre and these were maintained under regular review to ensure the least restrictive practice was at all times used.

There was one safeguarding plan in place in this centre and the specific arrangements in place to maintain residents' safety was clearly documented. The person in charge had ensured the resident for whom these safeguarding arrangements were in place for, was communicated to regularly about the safety measures that were in place for them. Furthermore, along with an identified designated safeguarding officer for this service, clear arrangements were in place to support staff on how to identify, respond to and monitor for any concerns to the safety and welfare of residents.

Regular fire drills were occurring and records of these demonstrated that staff could effectively and promptly support these residents to evacuate. Staff had up-to-date training in fire safety and a waking night staffing arrangement was in place, ensuring that should a fire occur at night, staff were available to quickly respond.

Following the outcome of the last inspection, the provider had improved fire containment arrangements, ensuring better containment throughout the centre, such a fire occur. Effective risk management systems were also in place, that supported the timely identification, response, assessment and monitoring of risk in this centre. Where specific risks to residents were identified, clear risk assessments were put in place, outlining the control measures to be implemented by staff to mitigate against the risk. Furthermore, where residents wished to take part in positive risk-taking, such as accessing the local amenities independent of staff, the provider had ensured adequate safety measures were put in place to support these residents to safely do so.

Overall, the improvements that this provider had made to this centre since the last inspection, had resulted in these residents experiencing positive outcomes in terms of the quality and safety of service delivered to them.

Regulation 11: Visits

The layout and design of this centre gave residents multiple areas where they could meet with visitors in private. Equally, residents were supported by staff to have regular visits to family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that this centre operated in a manner that was considerate to residents' assessed needs, personal preferences and wishes. Residents had multiple opportunities to participate in activities of their choice and were supported to maintain personal relationships and links with their local community.

Judgment: Compliant

Regulation 17: Premises

The centre was located on farm land, located a few kilometres from a town in Co. Offaly. Here, residents had their own apartment, comprising of a kitchen and living area, bathroom and bedroom. The apartments were tastefully decorated, warm and provided residents with a comfortable living environment. On the grounds of this centre were external laundry facilities, offices, communal recreational areas, a day care and barn area, along with outdoor garden spaces were also available to

residents, to use as they wished. Where maintenance works were required, the provider had arrangements in place to ensure these works were attended to in a timely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an effective system in place for the identification, response, assessment and monitoring of risk in this centre. Where risk was identified, it was quickly responded to. The provider had a risk register in place for the oversight of organisational risk and this was in the process of being reviewed by the person in charge and operations manager to ensure it fully supported them in their on-going monitoring of specific risks

Judgment: Compliant

Regulation 28: Fire precautions

Since the last inspection, the provider had improved fire containment systems in this centre. The provider had also ensured that regular fire safety checks were occurring, that emergency lighting in place and ensured that all staff had received up-to-date fire safety training. Regular fire drills were occurring and records of these demonstrated that staff could effectively support all residents to evacuate the centre in a timely manner. A waking staffing arrangement was also in place, meaning, that should a fire occur at night, staff were available to quickly respond.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured safe systems were in place for the prescribing, administration and storage of medicines. Of the medication records reviewed by the inspector, these were found to be legible and well-maintained. Regular medication audits were also occurring, ensuring the timely identification and response to any medication errors that may occur.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured effective systems were in place for the re-assessment of residents' needs and updating of personal plans, as and when required. This was regularly overseen by the person in charge, who audited this process on quarterly basis, and ensured timely follow-up where improvements were required to residents' assessment and personal planning arrangements.

Judgment: Compliant

Regulation 6: Health care

Although no resident currently residing in this centre had assessed health care needs, the provider had arrangements in place to ensure that, should residents require the involvement of a health care professional, this would be facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had ensured that these residents had access to the care and support that they required. These residents were cared for by staff who knew them well and who were familiar with the proactive and reactive strategies that were effective in responding to behavioural related incidents. Staff were also fully supported by a behavioural specialist, in the review of residents' positive behaviour support interventions.

Judgment: Compliant

Regulation 8: Protection

Where safeguarding concerns were identified, the provider had adequate arrangements in place to ensure residents were maintained safe from harm. All staff had received up-to-date safeguarding training and there was an identified designated officer to review any concerns relating to the safety and welfare of residents. Furthermore, clear procedures were in place to guide staff on the identification, response and monitoring of any concerns relating to the safety and welfare of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with residents' individual preferences, wishes and aspirations, being at the forefront of how this centre operated. Staff respected residents' privacy and many areas were available in this centre for residents to spend time on their own, independent of the company of others. Residents had the freedom to exercise choice and control over how they wished to spend their time and were supported to make decisions about the care and support 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant