



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

## Issued by the Chief Inspector

Name of designated centre:	Millbrook
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	07 May 2024
Centre ID:	OSV-0002454
Fieldwork ID:	MON-0034666

## About the designated centre

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

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

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

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 7 May 2024	09:30hrs to 17:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This service comprised of a large detached house in Co. Monaghan (with an additional one-bedroom apartment on the grounds of the property). At the time of this inspection, there were seven residents living in the designated centre. The inspector met with four of them at various times over the course of the inspection and spoke with one of them for some time. Written feedback on the service provided from both residents and family representatives was viewed by the inspector as part of this inspection process. Additionally, on the day of this inspection the inspector spoke with one family member over the phone so as to get their feedback on the quality and safety of care provided to the residents.

On arrival to the centre the inspector observed that the house was spacious, clean, and welcoming. There was a private parking area to the front of the property and a very large private well maintained garden area to the rear. The garden had a number of picnic benches and a large sheltered pergola area for residents to relax in in times of good weather. Additionally, there was a swing and trampoline for residents to avail of and, a large poly-tunnel to grow fruit and vegetables.

One resident was in relaxing in the kitchen when the inspector arrived to the centre. They appeared happy and content in their home and told the inspector they were happy living there. They invited the inspector to view their apartment (on the grounds of the property) and it was observed to be decorated to their individual style and preference. For example, the resident was a keen artist and, a number of their paintings was on display in their home. They also had a love of horses and had pictures and paintings of them on view in their apartment. The inspector observed that the resident had a certificate of completion for entering a horse riding competition on display in their home and a college certificate for outstanding achievement in an arts and crafts competition. The resident said that they had everything that they needed in their home and the inspector observed that they had a lovely view of the grounds/gardens from their bedroom window.

While the inspector met with three other residents briefly over the course of the inspection, the opportunity to speak with them did not arise. However, all appeared happy, relaxed and contented in their home. For example, one resident liked to spend time relaxing in the multi-sensory room and the inspector observed staff checking in with the resident every now and again over the course of the inspection. This resident appeared comfortable in the presence of the staff team and, staff were observed to be kind and caring in their interactions with the resident.

From reviewing two residents files, the inspector observed that they were engaged in social activities of their interest, choosing and preference. For example, one resident that liked gardening, attended a horticultural programme from Monday to Friday each week. Residents also liked to go for drives, to hotels for dinner and/or lunch, the theatre, go to the pub and listen to traditional music, go for a coffee out

and go to a number of shopping centres to do personal shopping.

The inspector also observed that one resident liked to spend 1:1 time with staff and sit with them in the kitchen having a cup of tea. This resident also liked to have a beer at the weekend and was supported to keep in regular contact with their family.

From reviewing three staff files, the inspector observed that they had undertaken a four module course on human rights. When the inspector asked one of these staff how there were using that training to support the rights of the residents they responded by saying that it was important to treat people with dignity and respect and, make sure their individual choices were respected and promoted every day. They also said that it was important to listen to the voice of the residents and make sure that they were happy in their home. Additionally, they informed the inspector that they would have no issue advocating for any of the residents and bring any concern residents may have, to the attention of the person in charge.

Written feedback on the quality and safety of care from one relative and all seven of the residents was also positive and complimentary. For example, the relative reported that they happy as to how their family member was being cared for and staff were supportive in ensuring they had a fulfilled life. Additionally, they were also complimentary of the back garden/grounds of the property which provided residents with a private tranquil area to relax in and to do some gardening.

Staff supported all of the residents to complete questionnaires on the quality and safety of care provided in the centre. All seven reported that it was a nice place to live, they liked the food options available to them, they liked the company of staff, staff listened to them and knew what was important to them, staff provided support when it was needed, they made their own choices and decisions, they felt safe living there and that they liked to go on outings and trips.

Additionally, a family representative spoken with by the inspector over the phone on the day of this inspection was equally as positive about the quality and safety of care provided in the centre. The reported that they were happy with the care provided and that their relative seemed happy living in the centre. They also said that their relative had everything they needed and their room was comfortable and warm. They said that staff were very approachable and kept them informed about their relatives overall health and well-being. They were happy in the way that their relatives healthcare needs were being provided for and said that they were supported to go out and about on shopping trips and trips to the nearby town. They said that if they had an concerns about the quality or safety of care provided in the centre they would have no issues speaking with staff or management. However, they also said that they had no complaints about the service and their relative was settled and comfortable in their home.

While an issue was identified with the staffing arrangements on the day of this inspection, residents appeared happy and content in their home. Staff were observed to be kind and caring in their interactions with the residents and residents appeared comfortable and relaxed in their home.

The next two sections of the report outline the findings of this inspection in relation

to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge who was a clinical nurse manager II (CNM II).

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from reviewing training records of three staff members, the inspector found that they were provided with both mandatory and bespoke training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector observed that staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

However, having reviewed a sample of rosters from March 04, 2024 to March 31, 2024 the inspector observed that the staffing arrangements required review so as to ensure they were at all times adequate in meeting the complex and changing needs of some of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in December 04, 2023.

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

The provider had submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified nursing professional with an additional qualification in leadership and management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

### Regulation 15: Staffing

On review of a sample of rosters from March 04, 2024 to March 31, 2024 the inspector observed that the staffing arrangements required review so as to ensure they were at all times adequate in meeting the complex and changing needs of some of the residents

For example,

- one staff nurse and three health care assistants were on duty each day
- one staff nurse and one health care assistant were on live night duty each night

However, two residents were on 1:1 staff support each day and a third resident had recently been placed on a higher level of staff supervision due to a recent diagnosis. It was also observed that some residents could present with behaviours of concern which needed to be managed by the staff team.

In turn, the staffing arrangements required review so as to ensure they were at all times adequate in meeting the complex needs of the residents and in meeting the recent changing needs of one resident.

The person in charge maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night.

The documents as specified under Schedule 2 of the Regulations were reviewed prior to this inspection and found to meet the requirements of the regulations.

Judgment: Substantially compliant



## Regulation 16: Training and staff development

From reviewing the training records of three staff members, the inspector found that they were provided with both mandatory and bespoke training to ensure they had the necessary skills to respond to the needs of the residents.

For example, these staff had undertaken training in the following:

- fire safety (theory and practical)
- manual handling (theory and practical)
- health, safety and welfare in healthcare
- safeguarding of vulnerable adults
- national standards in adult safeguarding
- children's first
- open disclosure
- dignity at work
- medication management (nursing personnel only)
- basic life saving
- managing behaviour of concern
- hand hygiene
- standard precautions
- infection prevention and control (IPC)
- respiratory hygiene
- donning and doffing of personal protective equipment (PPE)
- anti microbial stewardship
- management of spills
- aseptic techniques
- food hygiene
- national consent policy
- supported decision making principles
- supporting decision making
- feeding eating drinking and swallowing difficulties (FEDs)
- international dysphagia diet standardisation initiative (IDDSI)
- positive behavioural support
- dementia training
- sexuality awareness training

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

From speaking to the person in charge and one staff member the inspector was assured that they had the required knowledge to meet the assessed needs of the residents.

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced and qualified director of nursing, an assistant director of nursing and clinical nurse manager III.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre in December 04, 2024

Additionally, local audits of the centre were also being facilitated by the person in charge.

A quality improvement plan had been developed based on the findings of the auditing process and this identified any issues along with a plan of action to address those issues in a timely manner.

For example, the auditing processes and quality improvement plan identified the following:

- a simulated night time fire drill was to be carried out
- staff were to receive person centre planning training
- a system of archiving was required
- clinical supervision was to be carried out by some staff
- residents meetings required review

These issues had been identified, actioned and addressed by the time of this inspection.

It was observed that some works were required to the kitchen, some of the fixtures and fittings required attention in the bathroom of the apartment and some staff required training in sexuality awareness however, the person in charge was aware of these issues and, a plan of action was in place to address them.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were checked prior to this inspection and found to be maintained in the centre as required by the regulations.

Judgment: Compliant

## Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and, systems were in place to meet their assessed health and social care needs.

Residents' assessed needs were detailed in their individual plans and from two files

viewed, the inspector observed that they were being supported to live lives of their choosing and frequent community-based activities. Their preferred style of communication was also stated in their care plans.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services. Access to mental health services was also provided for where required.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. Additionally, adequate fire-fighting equipment was provided for and was being serviced as required by the regulations.

The house was found to be spacious, clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

### Regulation 10: Communication

Residents were assisted to communicate in accordance with their needs and wishes. Their communication needs and preferences were also detailed in their personal plans.

Residents had access to a telephone and other media such as television and radio.

Where required, easy to read information was provided to the residents.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to facilities and supports to engage in recreational and social activities of their interest, choosing and preference.

For example, some residents attended day service placements through the week where they engaged in horticultural programmes, arts and crafts to include jewellery making and avail of social outings. Some residents were also members of a club.

Residents also liked to go to a local pub and listen to traditional music, have coffee and lunch out, go for drives, go shopping, go to concerts/theatre and go to the cinema.

Some residents also had goals/plans in place for 2024 to include hotel breaks and to go on a boat trip.

Residents were also supported to maintain regular contact with their family members and to maintain links with their community in accordance with their wishes.

Judgment:

### Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom (two being ensuite) which were decorated to their individual style and preference. One resident had their own apartment situated to the back of the house on the grounds of the property.

Communal space included a sitting room, visitors room, a large dining room cum kitchen, a utility room and a sensory room. A number of communal bathrooms were also available in the centre.

The house and the apartment were found to be clean, warm, spacious, generally well maintained and homely.

There was a very large well maintained garden to the rear of the property which provided a quiet and private space for residents to amble around and relax in during times of good weather. The garden also had a large pergola for residents to use at their leisure. There was also a poly-tunnel available to those residents that had an interest in horticulture/growing their own fruit and vegetable and a trampoline and swinging chair was also available.

It was observed that the kitchen could do with a makeover and, some of the fixtures and fittings in the bathroom in the apartment required attention. However, the person in charge was aware of this, a plan was in place to address it and, it wasn't impacting on the quality of care provided to the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file so as to support their overall

safety and well being.

For example:

- where a resident was at risk of choking, staff had training in basic life saving and dysphagia. They were also reviewed by a speech and language therapist and staff supervised meal times.
- where there was a risk of behaviour of concerns, staff had training in positive behavioural support and residents had access to mental health professionals.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the emergency lighting system and fire alarm system was being serviced quarterly as required by the Regulations. They had been serviced on July 03, 2023, September 15, 2023 and January 22, 2024. Additionally, the fire extinguishers had been serviced on January 10, 2024.

Staff also completed as required checks on all fire equipment in the centre and from reviewing three staff files viewed, they had training in fire safety.

Fire drills were being conducted as required and each resident where required, had an up-to-date personal emergency evacuation plan in place.

A fire drill was facilitated on January 12, 2024 informed that it took 1 minute and 50 seconds to evacuate the centre. It was observed that at times, one resident may refuse to leave the centre during a fire drill however, in order to mitigate this risk, staff had training in transfer, moving and handling, a ski sheet was available to the resident as was a wheelchair.

Judgment: Compliant

### Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- occupational therapy
- speech and language therapy
- dentist
- optician
- podiatry
- dietitian

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice. One staff spoken with was aware of the healthcare needs of the residents.

It was also found that where or if required, residents had access to mental health support services and a clinical nurse specialist in behavioural support.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding plans active in the centre.

The inspector also noted the following:

- some residents had attended a self-advocacy day
- a family member spoken with over the phone was positive and complimentary about the quality and safety of care provided
- there were no complaints open about the service at the time of this inspection
- one staff member spoken with said they would have no issue reporting a safeguarding concern to the person in charge or director of nursing if they had one
- an independent advocate had spoken to some of the residents about the concept of advocacy in the centre
- the confidential recipient had also visited the centre to explain their role to the residents
- the concept of safeguarding was discussed at residents meetings

The person in charge also reported that all safeguarding concerns/allegations were investigated as required, reported to the national safeguarding team where required, interim safeguarding plan were developed, reported to the Health Information and Quality Authority and where or/if required, to the Gardaí.

Additionally, from three staff files viewed, staff had the following training

- safeguarding of vulnerable adults

- children's first
- open disclosure
- national standards in adult safeguarding

Judgment: Compliant

### Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Staff were also observed to be respectful of the individual communication style and preferences of the residents and ensured supports were in place so as the residents voice was heard and respected.

From a small sample of files viewed, staff also had training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Millbrook OSV-0002454

Inspection ID: MON-0034666

Date of inspection: 07/05/2024

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to meet compliance with Regulation 15:Staffing, the following action have been undertaken</p> <ul style="list-style-type: none"><li>• The Person in Charge and the Director of Nursing has reviewed the current staffing arrangement for this centre. They will continue to review the staffing arrangement to ensure level of staffing is adequate to meet the changing needs of the residents.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	27/05/2024