



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

Issued by the Chief Inspector

Name of designated centre:	The Mill
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	01 March 2021
Centre ID:	OSV-0002420
Fieldwork ID:	MON-0031741

About the designated centre

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

The Mill is a supported living accommodation complex which is situated near a village in Co. Meath. The Mill can support up to eight residents between seven apartments. All but one apartment is single occupancy, with one apartment suitable to meet the accommodation needs of two residents. Each resident has their own bedroom, kitchen-dinner and bathroom facilities. The Mill aims to provide a residential service for adults, both male and female, over the age of 18 years with intellectual disabilities, acquired brain injuries, mental health difficulties and/or medical difficulties. Residents are supported to engage in activities of daily living in a home like environment providing access to laundry, cooking and personal care facilities. Residents are supported by health and social care workers. Staff are allocated and resourced based on the individual assessed needs of the residents in the service. Residents living in The Mill are also encouraged and facilitated to avail of other facilities within the Talbot Group service and also within the local area and neighbouring communities. The aim of the centre is to provide care and support to maximise quality of life and well being through person centred principles within the framework of positive behaviour support. The centre is staffed by team leads, support workers and a person in charge.

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 - 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
Monday 1 March 2021	10:00hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of one double occupancy and five single occupancy apartments in a large private courtyard setting. On arrival to the centre the inspector observed that each apartment had their own small garden/patio area and each garden was maintained and decorated to the individual style and preference of each resident. Some residents were growing flowers and shrubs whereas others, had decorated their patios with garden ornaments and features of their choosing.

The inspector met with three residents and spoke directly with two of them so as to get their feedback on the service provided. Written feedback on the service from one family representative was also reviewed by the inspector.

One resident spoken with reported that they loved living in the service, loved their home and got on very well with all staff members. They also reported that they chose their own social and educational activities and goals, chose their own menus, the food was lovely and staff were very nice. The resident liked to keep in regular contact with their family via telephone and video calls and reported that staff were very good in supporting this. They also liked poetry and creative writing and told the inspector that they were currently in college studying these subjects as part of a wider course. They said that they loved attending college and were hoping to continue on with their educational studies into the future. They also reported that they liked to go for walks and engage in other forms of exercise such as yoga, they liked arts and crafts and watching television.

The resident invited the inspector to see their apartment (social distancing was maintained and both the resident and inspector wore a face mask). The apartment was decorated to take into account their individual style and preference and observed to be maintained to a high standard, warm and homely. The resident also showed the inspector some of their art work which they were currently working on. The resident informed the inspector that they had no complaints whatsoever about any aspect of the service and if they had any concerns about anything, they would speak with any staff member.

Another resident spoken with reported that while they liked the current staff team and their apartment, they were dissatisfied with aspects of the service provided, to include the level of staff turnover. The resident had previously raised this issue with the service in early 2020 and the inspector observed that at that time, it was addressed through the complaints process. The resident had signed off that they were satisfied with the outcome of the complaint and an independent advocate was also made available to them. However, on the day of this inspection the resident informed the inspector that they were not satisfied with the staffing and transport arrangements in place.

Throughout the course of this inspection, residents were observed to be comfortable and relaxed in the company and presence of staff and staff were observed to be

kind, caring and professional in their interactions with the residents. Written feedback on the service from one family representative viewed by the inspector was also positive and complimentary. They reported that their relative has a wonderful time in the service and that the staff team were fantastic.

Overall, at the time of this inspection and for the most part, residents appeared happy and content in their home. Written feedback on the service from one family member was complimentary and positive. However, one resident expressed dissatisfaction with aspects of the service and this issue is further discussed in section 1 of this report: Capacity and Capability. A minor issue was also identified with risk management which is discussed in section 2: Quality and Safety.

Capacity and capability

For the most part, residents appeared happy and content in their home and at the time of this inspection, the provider had resources and supports in place to meet their assessed needs. This was reflected in the high levels of compliance found across the regulations assessed as part of this inspection process. However, an issue was identified with the complaints process.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation. The person in charge was a qualified nurse with an additional management qualification and was supported in their role by two full time team leads.

The person in charge provided good leadership and support to their team. They ensured that resources were channelled as required so as to meet the assessed needs of the residents. They also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a responsive service to the residents. The person in charge was also aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by 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).

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to meet the needs of the residents. A sample of staff files viewed also informed that they had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire training, manual handling, infection control, hand hygiene, basic first aid, medication management and positive behavioural support. This meant they had the knowledge necessary to respond to the needs of the residents in a consistent manner. The inspector also reviewed the last three months staffing rosters and found that the staff team were consistent over this time period.

The management team ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020, along with six-monthly unannounced visits. This process was ensuring the service was meeting their requirements of the regulations and was bringing about positive changes to the operational management of the centre. For example, the annual review identified that some documentation in the centre required review so as to ensure it was available to residents in an easy to read format. This issue had been addressed at the time of this inspection. The last six monthly unannounced visit carried out in December 2020, identified that some staff required refresher training in positive behavioural support. Again, this had been addressed by the time of this inspection.

Residents appeared happy and content in the service and one informed the inspector they loved living there and had no complaints whatsoever. Written feedback on the service from one family member was also complimentary and positive. However, one resident spoken with reported that while they liked the current staff team and their apartment, they were dissatisfied with aspects of the service to include the staffing arrangements in place. The resident had previously raised this issue with the service in early 2020 and the inspector observed that at that time, it was addressed through the complaints process. The resident had signed off that they were satisfied with the outcome of the complaint and an independent advocate was also made available to them. However, the resident informed the inspector that they were still not satisfied with the staffing and transport arrangements in place. The inspector also observed that there was insufficient information available on the day of this inspection, on how the service informed the resident of the complaints appeals process and their right to appeal the outcome of their complaint.

Regulation 14: Persons in charge

There was a person in charge in the centre, who was a qualified nursing professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the Regulations and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Where required, residents were provided with one-to-one or two-to-one staff support. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire safety, manual handling and

infection control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in their role by two team-leads. The centre was also monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020 along with six-monthly auditing reports/unannounced visits.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

On the day of this inspection one resident informed the inspector that they were not satisfied with the staffing and transport arrangements in place. The inspector also observed that there was insufficient information available on the day of this inspection, on how the service informed the resident of the complaints appeals process and their right to appeal the outcome of their complaint.

Judgment: Substantially compliant

Quality and safety

Residents were supported to have meaningful and active lives and systems were in place to meet their assessed health, emotional and social care needs. However, a

minor issue was found with the process of risk management.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files and from speaking directly to one resident, the inspector saw that they were being supported to achieve personal and social goals and to maintain links with their families. For example, one resident was being supported to achieve educational goals and at the time of this inspection, was studying in college. The resident reported that they were enjoying their college work and their goal was to continue with their third level studies. The resident in particular, enjoyed poetry and creative writing. Residents were also being supported to maintain links with their families and one told the inspector they made regular video calls to their relatives. Prior to the lockdown the inspector observed that residents were being supported to visit community-based amenities such as shops, restaurants, shopping centres and cinema. However, residents continued to avail of drives, walks and exercise programmes.

From a small sample of files viewed the inspector observed that residents were also being supported with their emotional and healthcare-related needs. As required, access to a range of allied healthcare professionals, to include GP services, optician, chiropody, occupational therapy, physiotherapy, dietitian and a dentist formed part of the service provided. Hospital appointments were also provided for and residents also had access to psychology and behavioural support as and when required.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. The inspector observed that there were some recent safeguarding issues in the centre however, they were being recorded, reported and responded to by the person in charge. Where required, residents were provided with high levels of staff support and access to independent advocacy formed part of the service provided. From a small sample of files viewed, staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured they had the knowledge and confidence to report any issue or concern if they so had one.

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file to support their overall safety and wellbeing. For example, where a resident was at risk of falling, they had a falls risk assessment in place which informed that they had anti-slip mats in their home and had access to allied healthcare professionals if required. Where required, residents were also provided with one-to-one or two-to-one staff support. However, an aspect of the risk management process required review. For example, at night time the staffing ratio was reduced to two waking night staff for the six apartments in this centre. While a staff member spoken with was able to inform the inspector of the control measures in place to keep residents safe during this time (to include a resident with epilepsy), some of these control measures were not documented in the residents individual risk assessment.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from a small sample of files viewed, staff had training in

infection control, personal protective equipment (PPE) and hand hygiene. The person in charge also informed the inspector that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. They also reported that in the event of a suspected case of COVID-19 among the residents, they would be able to self-isolate in own apartments. The inspector observed both staff and residents staff wearing PPE throughout the course of this inspection and also noted there were adequate hand-washing facilities and hand sanitising gels available.

Overall, residents were supported to achieve personal goals, have meaningful lives and systems were in place to meet their assessed health, emotional and social care needs. However, a minor issue was found with the process of risk management on this inspection.

Regulation 26: Risk management procedures

An aspect of the risk management process required review. At night time the staffing ratio was reduced to two waking night staff for the six apartments in this centre. While a staff member spoken with, was able to inform the inspector of the control measures in place to keep residents safe during this time (to include a resident with epilepsy), some of these control measures were not documented in the residents individual risk assessment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

From a small sample of files viewed the inspector observed that residents were also being supported with their emotional and healthcare-related needs. As required, access to a range of allied healthcare professionals, to include GP services, optician, chiropody, occupational therapy, physiotherapy, dietitian and a dentist formed part of the service provided. Hospital appointments were also provided for and residents also had access to psychology and behavioural support as and when required.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. The inspector observed that there were some recent safeguarding issues in the centre however, they were being recorded, reported and responded to by the person in charge.

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 - 2015 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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Mill OSV-0002420

Inspection ID: MON-0031741

Date of inspection: 01/03/2021

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Management have met with the resident and provided them with an accessible version of the complaint’s appeals process. This is recorded. The resident will be offered an opportunity to appeal the outcome of the complaints. Should the resident choose to appeal the PPIM will complete the appeals review process. All outcomes will be documented clearly to include the residents view of the outcome.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The resident’s epilepsy risk assessment has been amended on EPICCARE to include the additional control measures in place during the night to manage risk.</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	19/03/2021
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	31/03/2021