



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

## Issued by the Chief Inspector

Name of designated centre:	Millview House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0004261
Fieldwork ID:	MON-0031142

## About the designated centre

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

Millview House is a dormer-style detached house, set on its own grounds in a rural area. The designated centre currently provides residential care for up to four residents, both male and female, with autism and/or intellectual disabilities between the ages of 14 and 18. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, a sitting room, a sunroom, a utility room, staff facilities and bathrooms. A sensory room is also available for residents. Staff support is provided by social care workers and support workers.

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

Number of residents on the date of inspection:

4

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
Thursday 10 February 2022	10:50hrs to 18:45hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with the four residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

This designated centre was registered to support children up to the age of 18, with the exception of those that were in their final year of school education. Overall, the inspector found that the residents were supported to engage in education, play and to develop life skills in line with their interests. On arrival to the centre, three of the residents were in school. One resident was being supported to attend school on a reduced-basis, and was present in the centre. The inspector met the other three residents on their return from school.

One resident lived in a self-contained apartment area in the designated centre, while the other three residents were supported in the main house. It was evident that on a weekly basis, this resident was supported to have dinner with the residents in the main house, if they so wished. This resident was also offered opportunities to be alone, and this was evidenced in their personal plan.

During the inspection, residents were supported to go for walks in the local community and to visit a local sensory park. If residents declined activities, this choice was respected. In-house activities such as karaoke, relaxation and massage in the sensory room, television and videos were provided in line with residents' interests. Where residents required prior knowledge of activities, a 'first and then' board was used to communicate their plan. Opportunities for residents to develop life skills were also provided. For example, one resident showed the inspector how they prepared their dessert of fruit and yogurt after they had eaten their dinner.

Three of the residents could not verbally communicate their views about living in their home. These residents communicated using gestures, physical prompts and body language. Residents were observed interacting with staff members, other residents and their environment. Residents were observed to be comfortable at all times, with respectful and caring interactions being observed with staff members. One of the residents who could communicate verbally told the inspector that they were happy in their home.

The next two sections of this report will present 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 the service being provided.

## Capacity and capability

The inspector found that there was a good level of oversight of care delivery in the designated centre. There were systems in place to ensure that residents were supported in line with their assessed needs, by a suitably qualified team.

Residents were supported by a team of social care workers and assistant support workers. In line with the assessed needs of residents, there was a high number of staff members on duty each day. Waking and sleeping night support was available in the centre. Staff members spoken with were aware of the needs of residents, their likes and interests. One staff member on duty on the day of the inspection had not worked in the centre previously. Therefore, they worked closely with a regular staff member who knew the resident they were both supporting well. This ensured continuity of care for the resident.

Oversight of the designated centre was maintained in a number of ways. An annual review and unannounced six monthly visits to the centre were completed. These reviews were comprehensive and included actions to be taken to improve service provision. The annual review included consultation with the residents and their representatives, as is required by the regulations.

There was also a schedule of audits and reviews that were completed by the person in charge and staff members. This included medication audits, daily and weekly health and safety audits, weekly financial checks and vehicle inspections.

It was noted during the inspection that a sensory room in an external building had not been registered as part of the designated centre. This sensory room was used daily by residents, and was observed being used throughout the inspection for residents to relax and listen to music. There was no clear rationale provided as to why this room had not been registered. However, the inspector was advised that the registered provider was taking immediate action to rectify the issue, by submitting an application to vary to the Health Information and Quality Authority (HIQA).

The registered provider was responsive to issues identified during the inspection and ensured they were addressed quickly where they posed a potential risk to residents. For example, it was identified that there were gaps in two fire doors whereby locks had been removed, and a third door where plastic had been used to cover the area where the lock had been. This impacted on the effective containment of smoke and fire in the designated centre. Once identified, the registered provider had repair works completed which ensured that this was addressed before the inspector left the centre.

## Registration Regulation 8 (1)

The registered provider had not ensured that an application to vary had been submitted to register all parts of this designated centre. A sensory room that was used by residents daily and was observed on the day of inspection to be very much part of the centre was not on the submitted plans. It was noted that an application to vary had been progressed to register a self-contained living area for one resident in 2021. The inspector was advised that this building was being used as a sensory room by residents at this time. This was not documented on the floor plans submitted to HIQA to progress the application to vary.

Judgment: Not compliant

### Regulation 15: Staffing

The residents living in the centre were supported by a team of assistant support workers and social care workers. The inspector reviewed the designated centre's rota and noted that there appeared to be appropriate staffing on all dates reviewed. There was a core team of staff members who worked in the centre. Two additional staff members were due to start working in the centre in the weeks after this inspection. Relief staff from the organisation also supported residents when required.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in the centre. A team leader and two deputy team leaders had been appointed to support the person in charge in the administration and oversight of the centre. All staff members reported directly to the person in charge. The person in charge reported to their line manager who was the director of operations. Both the person in charge and the director of operations were present in the centre on a regular basis.

All staff received supervision from their line manager every second month. The person in charge had their supervision with the director of operations each quarter. Staff meetings were completed on a monthly basis. There was a set agenda each month which included discussions and learning following accidents and incidents in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had notified the chief inspector about a number of incidents/occurrences in the designated centre as outlined by regulation 31. This included the use of restrictive practices in the centre, allegations of staff misconduct and outbreaks of notifiable disease/illness.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints log in the designated centre. The complaints log included details of complaints made, the outcome of an investigation into the complaint and if the complainant was satisfied with the outcome of a complaint. At the time of the inspection, there were no open complaints in the centre.

The organisation had a complaints policy which had been reviewed in June 2021. There was also an accessible complaints procedure on display in an accessible location in the centre. A complaint's officer was appointed in the organisation, and could be contacted to support residents and staff navigate the complaints process.

Judgment: Compliant

### Quality and safety

The inspector found that residents were provided with opportunities to learn, play and develop life-skills in line with their age and developmental needs. This had a positive impact on the children that lived in the centre.

The designated centre had toys, books and games which ensured that residents had opportunities for play. There was a trampoline and climbing frames in the garden area which residents enjoyed playing with. Throughout the inspection, residents were supported to access their local community. This included going for walks and visits to a local sensory park.

A comprehensive assessment of the residents' health, personal and social care needs had been completed. This included areas such as risk management, behaviours that challenge and safeguarding. Before meeting one of the residents, the inspector was supported to read their positive behaviour support plan. This ensured the safety of the resident, staff members and the inspector, and ensured that the inspector did not cause any upset to the resident when interacting with them.

There were a number of restrictive practices in the centre. Restrictive practice audits were completed by the person in charge each quarter. The inspector reviewed incident reports and noted that where restrictive practices were used, the actions taken prior to the use of a restrictive practice were not always clearly outlined or documented. Therefore, the inspector could not determine that this was the least restrictive practice.

On arrival to the centre, the inspector provided their temperature reading to staff members, in line with guidance on the management of COVID-19. It was identified that there was no appropriate area on arrival and departure to the centre for staff members to take their temperature, and don or doff personal protective equipment (PPE). Therefore, staff members would need to enter the designated centre's office before they could take their temperature or put on the appropriate level of personal protective equipment. This practice required review.

### Regulation 13: General welfare and development

Three residents were supported to attend school full-time. One resident had recently returned to school and were attending three days each week for a short period of time. It was evident that the multi-disciplinary team had advocated for the residents return to education.

Residents were supported to access their local community. They were also provided with age appropriate opportunities to play, develop life skills and to be alone.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was a two-storey dormer house located in a rural setting. There was a large garden area outside with a trampoline and a variety of climbing frames for residents to play on.

One resident lived in a self-contained apartment within the house, while the other three residents lived in the main area of the house. Each resident had a private bedroom. There was a sufficient number of bathrooms to support all residents. Communal areas were also provided which included a kitchen/dining area and a conservatory. Some premises works were required due to general wear and tear. This included painting internally, repairs to kitchen cabinets and repairs to flooring in one resident's bedroom.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

A variety of meals were provided to residents to ensure they were provided with choice regarding meals. It was also noted that there was flexibility regarding meal times in line with residents' preferences. The aromas of cooking were present in the centre, and residents were observed participating in the preparation of food.

The fridges contained a variety of fresh and wholesome food including fruit, vegetables, meat and dairy products. It was noted however that the date of opening was not documented on a number of meat products in the fridge. This posed a risk that they may not be disposed of appropriately.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Each resident had an individual risk management plan. This included details of the control measures in place to manage specific risks in line with the residents' assessed needs. It was also observed that these controls were used as part of everyday practice in the centre, by staff members on duty.

There were no high rated risks in the designated centre at the time of the inspection.

Judgment: Compliant

## Regulation 27: Protection against infection

A contingency plan had been developed to guide staff members on what to do in the event of an outbreak of COVID-19. This included details of an emergency contact list and deputising arrangements for the person in charge. Individual COVID-19 risk assessments for residents included consideration to residents' ability to self-isolate, cleaning procedures and use of PPE.

It was identified that there was no appropriate area on arrival and departure to the centre for staff members to take their temperature, and don or doff PPE.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on the day of the inspection. It was noted that there were gaps in two fire doors whereby locks had been removed, and a third door where plastic had been used to cover the area where the lock had been. This impacted on the effective containment of smoke and fire in the designated centre. The registered provider had addressed this issue by the end of the inspection.

Fire drills had been completed in the centre, and these evidenced that all residents could be evacuated safely from the centre. Personal evacuation plans had also been developed, to outline the supports required by residents in the event they needed to evacuate the centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The residents' medicines administration records included information about their medicines. This included the medicine name, dose and route of administration. Each medicine was prescribed by a general practitioner (G.P). When a resident received PRN medicines (a medicine taken as required), the maximum dose the resident could receive in a 24 hour period was clearly documented. There were effective arrangements in place for the storage of the resident's medicines.

Residents' personal plans included details of how residents liked to take their medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of their health, personal and social care needs. It was evident that this was updated regularly to reflect changes in the support they received, with a full review being completed on an annual basis. There was evidence of multi-disciplinary input from relevant health and social care professionals as required.

Judgment: Compliant

## Regulation 6: Health care

When residents had an identified healthcare need, this was supported by an appropriate plan of care. This ensured that staff members had guidance to ensure they met each resident's healthcare needs.

Residents had access to support from their general practitioner (G.P). It was also evident that residents were supported to receive specialist input to meet their healthcare needs as required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents who may display behaviour that is challenging were supported to have a behavioural support plan. The inspector reviewed a sample and noted that this was comprehensive in nature. The plan included details of the behaviours displayed by the resident, and the proactive and reactive strategies required to support the resident.

The inspector reviewed incident reports and noted that where restrictive practices were used, the actions taken prior to the use of a restrictive practice were not always clearly outlined. Therefore, the inspector could not determine that this was the least restrictive practice.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents had an intimate care plan which clearly outlined the level of support they required to meet their personal hygiene needs. Safeguarding plans were in place where required. There was evidence that all Allegations were reported to the statutory body for child protection.

It was evident that the resident was protected from all forms of abuse. All staff completed mandatory training in children's first.

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 8 (1)	Not compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Millview House OSV-0004261

Inspection ID: MON-0031142

Date of inspection: 10/02/2022

## 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
Registration Regulation 8 (1)	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): 1. The registered provider to submit an application to Vary for the Designated Centre to include the sensory room on the Statement of Purpose and Function. (Completed 04.03.22)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Identified works required during Inspection have been scheduled and will be closed out by 30.03.22.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: 1. Person in Charge has briefed Team on Food Safety at the team meeting 28.02.22 in relation to preparation and storage. The Person in Charge or member of Management to continue to complete daily environmental walks in Centre which checking of fridge is part of and they will ensure any food that is not labelled correctly is disposed of appropriately.	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1. Person in Charge has implemented a Clinical waste bin 11.02.22 for the safe disposal of staff clinical masks daily at end of rostered shift.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>1. A briefing will take place with the team at the team meeting 30.03.22 on Positive Behaviour Support and Report Writing, this will be completed by the Behaviour Specialist and Person in Charge. PIC will ensure reports are reviewed thoroughly before closed out and any gaps in documentation is addressed with the staff for learning.</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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	05/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2022
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure	Substantially Compliant	Yellow	30/03/2022

	that there is adequate provision for residents to store food in hygienic conditions.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2022
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	30/03/2022