



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:	Announced
Date of inspection:	01 June 2023
Centre ID:	OSV-0004261
Fieldwork ID:	MON-0031138

About the designated centre

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

Millview House is designated centre operated by Nua Healthcare Services Limited. The designated centre provides a residential service for up to four residents, both male and female, with a disabilities under the age of 18, with the exception of young people completing their final year of second level education. The centre is a dormer-style detached house, set on its own grounds in a rural area within a short drive of local facilities and amenities. The centre comprises of a main house and self-contained apartment which consists of four individual resident bedrooms, a kitchen/dining room, two sitting room, a utility room, staff office, sleep over room and bathrooms. There was a large secure back garden for residents to avail of if they wished with included a sensory room and age-appropriate play and recreation equipment. The staff team consists of a team leader, social care workers and assistant support workers. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 1 June 2023	09:30hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

The inspector had the opportunity to meet with the four residents over the course of the inspection. Overall, based on what the residents communicated to the inspector and what was observed, the inspector found that the residents enjoyed a good quality of service.

On arrival to the centre, two residents were present in the centre and two of the residents were attending school. Of the residents present in the house in the morning, one resident was being supported with their education programme from home and the other resident's school was closed on the day of inspection.

In the morning, the inspector sat and had tea with one resident. The resident noted that they had recently moved into the service and spoke about their interests in football and their involvement in the school's football team. They noted the activities they enjoy including attending a social club, football and gymnastics. The resident showed the inspector their room which was decorated with toys and personal possessions in line with their preferences. The resident spoke of an friend's upcoming birthday party and planned to go shopping in the afternoon to buy a present. As the resident was leaving to go shopping, they informed the inspector of their plans to also go to the beach to enjoy the good weather.

The inspector then met the second resident after they had completed their morning education plan with their tutor. The resident lived in their own self-contained apartment which was decorated with toys and personal items. The resident used alternative methods to communicate including some words, vocalisations and gestures. They appeared comfortable and relaxed in their home. The resident was observed communicating with staff that they wanted to access the community. The staff team were observed to respond in a timely manner and supported the resident to access the community.

In the afternoon, the two other residents returned from school. The inspector met with one resident in the back garden as they were enjoying the sun and listening to music. The resident spoke of where they were from and their interest in music particularly country music. The resident noted that they attended a country festival last year. The resident showed the inspector around the sensory room and sitting room of the house.

The inspector briefly met with the fourth resident as they returned to the centre. They were supported to go for a walk following school in line with their personal plan and appeared happy to be returning home. The resident communicated used alternative methods and appeared focused on settling into their home for the

evening. This was respected.

The inspector also reviewed four questionnaires completed by the residents with the support of staff describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents. Some residents noted that they would like a bigger bedroom, bigger television and a better climbing frame. One resident noted that they would like walk to local shop and local activities. Two residents also noted that they would like more visitors. In addition, the inspector reviewed the complaints and compliments folder and reviewed two recent compliments from two residents' family members on the care and support provided in the service.

The inspector carried out a walk through of the centre accompanied by the person in charge. As noted, the centre is a detached dormer-style house set on its own grounds. The house consisted of the main house which accommodated three residents and a self-contained apartment which accommodated one resident. The main house comprised of a kitchen/dining room, sitting room, three individual bedrooms (two of which were en-suite), bathroom, staff sleep over room and office. The inspector was informed one resident's bedroom had been recently redecorated with fresh paint, new furniture and flooring following a recent audit. The self-contained apartment comprised of a living dining area, bedroom and en-suite. There was a large secure garden to the rear of the premises which included age-appropriate play equipment including trampoline, climbing frame and sensory room. Overall, the inspector found that the centre was well maintained. On they day of inspection, the inspector observed identified maintenance issues being addressed including a broken blind being replaced and new seat being delivered.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there was a clearly defined management system in place which ensured a good level of oversight of care delivery in the designated centre. On the day of the inspection, there was appropriate staffing arrangements in place to support residents' in line with their assessed needs.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to

ensure appropriate oversight and that the service provided was effectively monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. In addition, there was also a schedule of audits and reviews that were completed by the person in charge and staff members. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. From a review of the roster, it was evident that there was an established staff team in place which ensured continuity of care and support to residents. The inspector observed positive interactions between the residents and the staff team.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for one other designated centre and was supported in their role by a team leader.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had planned and actual staffing rosters in place. The inspector reviewed a sample of the roster and found that there was a core staff team in place. The inspector was informed that the centre was operating with a full staffing complement. This ensured continuity of care and support to residents.

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the four residents were supported by eight residential staff members. At night, two waking-night staff and one sleep-over staff were in place to support the four residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including Children First, safe administration of medication, fire safety and de-escalation and intervention techniques. This meant that the staff team had up-to-date knowledge and skills to meet the assessed needs of residents.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Director of Operations, who in turn reported to the Area Chief Operations Officer. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022, six-monthly provider visits. The annual review included consultation with the residents and their representatives, as is required by the regulations. Local audits were also carried out by the person in charge and staff including medication audits, health and safety audits and financial audits. These audits identified areas for improvement and developed action plans in response. In addition, there was evidence of a recent unannounced visit by the Area Chief Operating Officer to the centre. This visit also identified some areas for improvement and it was evident that actions were taken to address same.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided good quality care and support to the residents.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their needs.

There were a number of restrictive practices in use the centre. From a review of records, there were appropriate systems in place to identify, manage and review the use of restrictive practices. In addition, there was evidence of plans in place to reduce restrictive practices where possible.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills.

Regulation 12: Personal possessions

Each resident had an up-to-date assessment of the support required to manage their financial affairs in place.

The inspector reviewed a sample of residents' finances and that found that there were age-appropriate local systems in place to provide oversight of monies. For

example, local systems included day-to-day reconciliation of ledgers of money held in the centre and storage of receipts. In addition, regular reconciliation audits were completed by the team leader or centre manager. This meant that the provider could demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

At the time of inspection, three residents had their own account with a financial institution. One resident was in the process of being supported to open their own account in a financial institution.

Judgment: Compliant

Regulation 17: Premises

The designated centre was a two-storey dormer house located in a rural setting and was designed and laid out to meet the needs of the residents. There was a large secure back garden for residents to avail of if they wished which included a sensory room and age-appropriate play and recreation equipment. The previous inspection identified some premises works were required due to general wear and tear. This had been addressed. Overall, the premises was observed to be well maintained and residents' bedrooms were decorated in line with their preferences.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire drills taking place including night time drills. The inspector was informed that the centre was in the process of updating the fire doors and door frames throughout the centre.

Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which

appropriately guided staff in supporting residents to evacuate. On the day of inspection, the inspector identified two PEEPs had not been reviewed within the last year. This was addressed on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans. The inspector reviewed the a sample of residents' personal files and found that they appropriately guided the staff team in supporting the residents with their identified needs, supports and goals.

The residents were supported to enjoy and exercise their right to education. Three residents attended school full-time. At the time of the inspection, one resident was being supported with their education at home with access to tutors two days a week. There was evidence that the provider was actively engaging with schools to support the resident to return to full-time education.

Judgment: Compliant

Regulation 6: Health care

The residents' health-care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. The behaviour support guidelines outlined proactive and reactive strategies to support the resident. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated

centre which had been appropriately identified, assessed and reviewed. Restrictive practice audits were completed by the person in charge each quarter. There was evidence of restrictive practices being reduced where possible in a planned manner.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home. The staff team spoken with demonstrated knowledge on the practices in place to respond to a concern.

The previous inspection identified that the systems in place to safeguard residents' finances were not appropriate. This had been addressed and the arrangements in place for supporting residents to manage their finances is outlined under Regulation 12: Personal Possessions.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

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