

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	The Mill
Centre ID:	OSV-0002420
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Jenny Walton
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 August 2017 14:00 To: 18 August 2017 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection met with staff members and the person in charge. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised six self contained apartments in an attractive quiet setting, in close proximity to the nearby village and to public transport.

Overall findings:

The inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents, and that there was an ethos of maintaining and developing independence for residents.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met, resulting in positive experiences for residents.

Good practice was identified in areas such as:

- Residents were supported to live independently and to have a meaningful day (Outcome 5)
- There were measures in place to protect and safeguard residents. (Outcome 8)
- Staff were available to provide appropriate care and support for residents (Outcome 17)

No actions were required following this inspection.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

The inspector found that residents were consulted with in relation to their care and the day to day running of the centre. Residents had been offered the choice of group meetings but had chosen not to accept this offer. This choice was documented and individual discussions were regularly held with each person to ensure consultation.

The inspector found that residents' rights were protected and promoted in the centre. An external advocate was available to residents, and this person had visited the centre at the request of one of the residents.

There was a detailed complaints policy and procedure and an easy read version of the procedure was in place and on display in the centre. A complaints log was maintained, and complaints records included feedback from the complainant. Complaints were dealt with in a timely manner.

The privacy of residents was respected. Each resident had their own front door and chose whether or not to invite any visitors into their home.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were personal plans in place for each resident in sufficient detail as to guide practice, and residents were supported to have a meaningful day.

Personal plans were based on detailed assessments and identified needs in various aspects of residents' lives including activities of daily living, safety, coping skills and the promotion of independence. There were assessments in place relating to dependency needs, falls, moving and handling and social and health care needs.

Goals had been set for each resident in relation to their assessed needs, and these goals had been further broken down into smaller steps to support their gradual progress. One of the residents had recently achieved their goal of having employment in the community, and told the inspector how proud they were of their job.

Personal plans were reviewed and evaluated regularly, and the implementation of personal plans was documented. Monthly reviews were undertaken and recorded.

Residents engaged in various activities in accordance with their needs and preferences. Some people went out to work and others had varying levels of support from staff. Leisure activities were facilitated and supported, or independence in leisure time was supported.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were systems in place to ensure fire safety, risks were assessed and managed and any accidents and incidents were followed up appropriately.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There was a written personal evacuation plan for each resident, and staff were aware of each resident's reaction to a fire alarm. Fire drills had taken place and clear records including response times were maintained. Staff had all received training in fire safety.

Since the previous inspection fire doors had been installed in all the kitchens. The provider had submitted a schedule for the fitting of all other fire doors, and all timeframes had been met.

There was a risk management policy in place which included all the requirements of the regulations. A risk register was in place for the centre which included the identification and risk management guidance for risks such as lone working, medication management and food safety. Individual risk assessments for residents were in place which detailed control measures, for example relating to particular social activities, and to residents smoking. A risk management and safety group was in place at which risk registers were reviewed.

Accidents and incidents were recorded in detail, and these records outlined further control measures required to ensure safety for individual residents. Incidents were followed up and a clear record of any actions was maintained.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider had ensured that there were measures in place to protect and safeguard residents, and improvements had been made since the previous inspection in the management of residents' personal money.

There were behaviour support plans in place for all residents who required this support. These plans included thorough assessments and detailed guidance in relation to reducing the frequency of behaviours of concern and in managing any incidents. Staff were knowledgeable in relation to the content of these plans, and could describe the required interventions.

All staff had received training both in the protection of vulnerable adults and in the management of behaviours of concern.

There were systems in place in relation to residents' personal monies where residents did not manage their money independently. Transactions were recorded and signed by two staff, or a staff member and the resident. Receipts were maintained for each purchase. Each resident's personal balance was checked each night and the balance recorded. Balances checked by the inspector were correct.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' healthcare needs were being met, and a nutritional and balanced diet was offered in accordance with the preferences of residents.

Residents had access to various members of the multidisciplinary team (MDT), including occupational therapy, physiotherapy, speech and language and psychology. Regular meetings of the MDT were held, and each resident was reviewed by the team at least every six weeks.

All healthcare needs reviewed by the inspector had detailed plans of care in place to

provide guidance to staff and to monitor the effectiveness of interventions. Residents were facilitated to access consultants and clinics in accordance with their healthcare needs. Any changing needs were identified and addressed in a timely manner.

Some residents were supported to manage their own food choices, grocery shopping and meal preparation independently. Others were supported by staff, and there was clear indication of choice being offered, and of a nutritional diet being available.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Structures and processes were in place in relation to the safe management of medication.

Prescriptions contained all the information required by the regulations and prescriptions for 'as required' (p.r.n.) medications included clear instructions to guide staff in the conditions under which they should be administered. Clear records were maintained of each occasion that a p.r.n. medication was administered which included the reason for the administration and the effect of the medication.

There were robust systems in place in relation to the ordering, receiving and storage of medications. Medications were managed by the use of blister packs. Staff had all received training in the safe administration of medications, and this training was completed with five competency based assessments. Administration of medication observed by the inspector was in accordance with best practice.

There was a regular internal audit, and in addition audits were undertaken by the pharmacist.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was an appropriate management structure in place which supported the delivery of safe care and services, and there was an appropriately skilled and qualified person in charge at the time of the inspection.

There was a clear management structure in place, and all staff were aware of this structure. Within the management structure various team meetings were held, including regular staff team meetings. Minutes were kept of these meetings in which required actions were identified and the person responsible for them named. There was also a system of management team meetings, including a policy, training and development group, a risk management team and a senior management team.

A system of audits was in place, and audits were scheduled on a monthly or bi-monthly basis. Audits included finance, medication management and health and safety. These audits resulted in the identification of required actions and those actions reviewed by the inspectors had been implemented.

An annual review and six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations. These visits resulted in action plans, and these actions were monitored.

The person in charge was suitably qualified, skilled and experienced and knowledgeable regarding the requirements of the regulations. He had a detailed knowledge of the health and social needs of the residents and provided evidence of continuing professional development.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the

needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs.

All required staff training was up to date. All staff had received training in areas such as positive behaviour support, communication and goal setting. A staff performance management system was in place.

Continuity of staff was managed by the rostering of permanent staff, other staff in the organisation who were known to residents, or by the use of an on-call panel of two familiar staff.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their goals and their communication needs.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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