

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mill House
<b>Centre ID:</b>	OSV-0005512
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Clare Dempsey
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	1
<b>Number of vacancies on the date of inspection:</b>	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 announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 29 August 2016 10:00 To: 29 August 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to inspection:**

This was an announced registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God North East Services (the provider). The centre was purposely built to support one resident that required the provision of an individualised support service. It was a ground floor apartment and the resident in question had yet to move in.

**How we gathered evidence:**

The inspector interviewed one staff member (over the phone) about the service to be provided and the resources required to support the resident. The person in

charge was also spoken with at length as was the person participating in management.

Policies and documents were also viewed as part of the process including the resident's health and social care plans, complaints policy, the contract of care, health and safety documentation and risk assessments.

#### Description of the Service:

The provider had produced a document called the statement of purpose, as required by regulation. This document described the service provided and the inspectors found that the service was being provided as was described in the statement of purpose.

The centre comprised of a ground floor apartment in a small private gated complex. It was located in the busy north east town of Dundalk, County Louth and was in walking distance to local amenities such as churches, hotels, restaurants, barbers, pubs, snooker club and shopping centres. The town also had a regular bus and train service for trips further afield if and when required by the resident.

#### Overall judgment of our findings:

Overall significant levels of compliance were found across the majority of the outcomes assessed. Of the core outcomes assessed residents' rights was found compliant as was social care needs, healthcare needs, governance and management and safeguarding.

Communication was also found to be compliant as was contract for the provision of services, use of resources, workforce and documentation. Some issues regarding outcome 7: health, safety and risk management were identified during this inspection which were actioned accordingly.

Of the 18 outcomes assessed 17 were found to be compliant and outcome 7: health, safety and risk management was to be substantially compliant. This was further discussed in the main body of this report and in the action plan at the end.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the centre had arrangements in place to ensure that the rights, privacy and dignity of the resident would be supported and their choice would be promoted and facilitated.

Policies and procedures were in place to ensure that the resident would be consulted with, and would participate in decisions about their care and about the organisation of the centre. For example, the inspector saw that the resident would be supported to hold weekly meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to participate in.

The resident would also be supported and encouraged to be involved and participate in all aspects of their care and support plans. The inspector saw a sample of files and was satisfied that the resident, family members, key workers and where required allied healthcare professionals would be actively involved in the residents' individual care and support plans.

Access to advocacy services and information about rights formed part of the support services to be made available to the resident. The inspector observed that the identity and contact details of an external advocate would be made available to the resident and the advocates details were also on public display in the centre.

Arrangements were in place to promote and respect the resident's privacy and dignity and staff members spoke about the resident with warmth, dignity and respect at all times over the course of the inspection process.

There was a policy on intimate care available in the centre which was approved in February 2016. The purpose of the policy was to safeguard and protect the resident in the centre with regard to their personal and intimate care. The policy was also to provide staff with guidance on the provision of personal care.

From viewing the resident's files, it was observed that the intimate care plan was informative on how best to support the resident with their personal care while at the same time maintaining their privacy, dignity and respect.

A support plan was in place to assist the resident with managing their money. On viewing this plan the inspector observed that it was informative of how best to support the resident to safely manage their own finances.

A protocol was also in place to ensure that all monies could be accurately accounted for and overall the inspector was satisfied that there were adequate policies and systems in place to protect the resident from all forms of financial abuse.

The centre had a complaints policy in place. The aim of the policy was to provide the resident and family members with a platform to bring complaints to the attention of the service and to seek a satisfactory resolution. The complaints procedures were also prominently displayed in the centre and an easy to read version made available to the resident. A dedicated log book for recording complaints was also to be kept in the centre.

The inspector noted that the resident's family members had visited the house and had commented on the fact that they thought the lighting was poor and could be improved upon. By the time of this inspection the inspector observed that new and additional lighting had been put in place which made the centre brighter all round.

Over the course of this one day inspection the inspector observed that management and staff spoke very warmly and positively about the resident at all times. The resident's individual choice would also be respected and they would be supported and encouraged to participate in the running of the house.

The resident's guide informed the inspector that the resident's rights would be promoted, the resident's individual choice would be respected and the resident would be involved in the development and progress of their care plans.

**Judgment:**  
Compliant

### **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy in place in the centre on communicating with the resident and it was found that arrangements were made so that the resident would be supported and assisted to communicate in accordance with their assessed needs and individual preferences.

The policy on communicating with the resident acknowledged that they had the ability to communicate and staff were to be respectful of same. The resident's communication needs were also identified through an assessment and the personal planning process.

From viewing the resident's files the inspector observed that individualised personal planning documents identified their individual communication style, preference, and individual support requirements.

For example, some residents were supported to communicate using pictures and objects of reference. The inspector observed that throughout the centre this style of communication was respected and supported and easy to read information in pictorial format such as menus, staffing rosters and how to make a complaint was readily available to the resident.

It was also observed that of the staff the inspector spoke with, all were able to verbalise how best to communicate with the resident.

The resident would also had ample access to radios, TV's and a phone was would be made available in the centre to keep in contact with family and friends.

Overall the inspector was satisfied that there was an individualised system in place to support the resident with their individual' communication needs.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that family, personal relationships and links with the community would be actively supported and encouraged. There were also guidelines in place which outlined that visitors and family were to be welcome at the centre to visit the resident.

From a sample of documentation viewed, the inspector observed that family members would form part of the individualised planning process with the resident. The resident, their family members and/or representatives would be invited to attend personal planning meetings and reviews in accordance with the wishes and needs of the resident.

The centre also had a set of guidelines on interaction between staff, the resident and their visitors. The guidelines were to promote the values of respect, dignity and hospitality to all visitors to the centre.

The resident was to be supported to keep in regular contact with family members and friends and from viewing documentation the inspector observed that a number of mediums would be used to support family contact.

For example, a house telephone was to be installed for the resident to make contact with their family and friends and a mobile phone was also available. When requested staff would also support the resident to visit their family home if and when required.

The residents would also be supported to develop and maintain personal relationships and links with their community when requested and on their terms. Where requested, the resident would be supported to frequent the local shops, pubs, restaurants, barbers and snooker club. All these facilities were in close proximity to the centre.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place informing admissions to the centre, including transfers, transitions, discharges and temporary absence.

There was a support policy in place which was updated in 2016. The purpose of the policy was to ensure an effective and standardised approach to supporting residents that reflects the requirements of relevant legislation, standards and regulations.

The resident's admissions was found to be in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual transitioning into the house.

The inspector observed that a comprehensive transition plan had been developed to support the resident transition into the centre. The plan included all critical information important for the smooth transition of the resident such as their healthcare needs, how they liked to spend their day, how to keep them safe, how they communicate, what individualised supports they required and individual risk assessments.

A contract of care document was available which outlined the terms and conditions of services to be provided. From viewing the contract, the inspector observed that the resident had a written agreement of the terms and conditions of their stay in the centre. The contract of care also stated the services to be provided however, the fees to be incurred by the resident for these services were not stated.

When this was brought to the attention of the person in charge and the person participating in management they immediately set about addressing the issue and the inspector observed that it had been adequately resolved by the time the inspection was completed.

**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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspector found that the assessed health and social care needs of the resident would be supported and where required multidisciplinary support and input would be

provided.

The inspector found that the wellbeing and welfare provided to the resident would be to a good standard and from a sample of documentation viewed, the resident would have a comprehensive health, personal and social care plan in place within 28 days of moving into the centre.

Individual care plans were informative of important information relating to the resident such as their background, family members, important people in their lives, hobbies, likes, dislikes and communication needs.

The inspector observed that the centre was to be built and managed around the individual needs, likes and interests of the resident and would be a service delivered on the resident's terms.

Staff informed the inspector that they would support the resident to identify goals that were important to them and use the local amenities such as local pubs, shops, cafes and restaurants.

However, and as stated above, this was to be on the residents terms taking into account their individual social preferences and requests.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and the inspector was satisfied that it would meet the resident's needs in a safe, comfortable and homely manner.

The centre comprised of a two bed ground floor apartment in the busy town of Dundalk in County Louth. It was in close proximity to shops, restaurants, pubs, barbers, snooker club, churches and cafes.

The resident was to have their own individual bedroom which was to be decorated to their individual likes and preferences. Communal facilities included a large hallway on entrance to the apartment, a sitting room cum dining room, a well equipped kitchenette, a very large bathroom inclusive of both a shower and bathtub and the second bedroom was to be used to facilitate visitors and an office space.

The centre was clean and in a very good state of repair throughout. The fixtures and fittings were modern and it was well ventilated, warm and tastefully decorated.

There was a small private courtyard to the front of the property which was decorated with potted plants/flowers and patio furniture for the resident to avail of.

Although the centre was close to a large town, its location was private and it provided adequate space for the one resident that was to live there. There was a designated car parking space to the front of the apartment and the inspector observed that there was also ample on street parking available.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the centre. However, not all risks had been identified or mitigated to the satisfaction of the inspector.

There was a Health and Safety Statement in place which was specific to the centre and was developed in August 2015. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed in 2016. The risk management policy was comprehensive and met the requirements of the Regulations.

The inspector was satisfied that where a risk was identified it would be appropriately addressed and actions put in place to mitigate it. However, and as stated above, some risk assessments were not completed sufficiently and did not include the measures and actions in place to control specific risks identified.

For example, the inspector observed that some of radiators and the water could get very hot when in use. This had not been identified and no risk assessment was in place to mitigate the dangers this presented.

It was also observed that there were no risk assessments completed on the staffing arrangements to be in place in the centre. There was only one staff member to be on duty at any given time however, no risk assessment had been conducted to inform and support this staffing arrangement.

This was brought to the attention of the person in charge and the person participating in management and both acknowledged that this would be addressed as a priority. Within 24 hours of the inspection the inspector saw evidence that some of the above issues had been addressed adequately and was assured that they all would be addressed prior to the resident moving into the centre.

There was a system in place to review any incidents and accidents occurring in the centre. The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed at staff meetings so as learning from the incident could be shared among the entire staff team.

The inspector also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers had been installed in August 2016, as were emergency lighting, smoke detectors and fire doors

Documentation read by the inspector informed that staff would do daily checks on escape routes. Weekly checks would also be carried out on fire doors and smoke alarms.

Fire drills were to be carried out quarterly and the resident would also have an individual personal emergency evacuation plan in place.

There was also a missing person's policy in place which had been reviewed in August 2016. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home.

The inspector also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of adverse weather conditions, flooding, power failure and how to manage an adverse incident should it occur.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling.

**Judgment:**  
Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall this inspection found that there were adequate systems in place to protect the resident from all forms of abuse across the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how to protect the resident in the centre.

Of a sample of files viewed, staff had up-to-date training in safeguarding of vulnerable adults (or would have by the time the centre opened) and from speaking with management and one staff member at length the inspector found them to be knowledgeable in relation to what constitutes all forms of abuse and on the related reporting procedures.

The staff member was also aware that there was a designated person to deal with any allegations of abuse and details of this person were on public display in the centre.

There was a policy in place for the provision of intimate personal care. The resident had a personal and intimate care plan in place which provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

There was also a policy in place for the use of restrictive practices however, the person in charge informed the inspector that there would be no restrictions in use in the centre. p.r.n. medicines were not in use for the resident with the exception of pain relief as and when required.

There was a policy for the provision of behavioural support and the resident had a positive behavioural support plan in place. From viewing the plan, the inspector found it to be informative on how best to support the resident with behaviours of concern in a low arousal and calm manner. Staff spoken with were also able to verbalise how to put the positive behavioural support plan into action.

The person participating in management informed the inspector that the positive behavioural support plan would be reviewed as required by a clinical nurse specialist on an annual basis or sooner if required and support would also be provided from other allied health care professionals such as a psychiatrist.

The inspector also observed that all staff had the required training in managing challenging behaviour.

The resident's money would be kept safe through robust record keeping procedures. The person in charge informed the inspector that records and receipts were to be kept of all financial transactions the resident made and their finances would be regularly checked to ensure that they could be accurately accounted for.

Documentation informed the inspector that the residents finances would also audited to ensure accuracy and transparency of their income and expenditure.

**Judgment:**  
Compliant

#### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

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

This was the centre's first inspection by the Authority.

#### **Findings:**

Arrangements were in place to ensure a record of all incidents occurring in the designated centre would be maintained and, where required, notified to the Chief Inspector.

The person in charge and person participating in management demonstrated to the inspector they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that arrangements were in place to ensure that the welfare and development needs of the resident would be promoted and the resident would be provided with social inclusion activities based on their interests, requests and assessed needs.

There was a policy on access to education, training and life skills development which was reviewed in 2015. The purpose of the policy was to recognise that training and education opportunities could promote the self esteem and self worth of the individuals living in the centre.

The inspectors observed in the resident's documentation that they would be supported and encouraged to maintain their independence and where required individualised supports would be put in place for the resident to further support and facilitate independent living skills.

As stated previously in this report, this was a specialised centre built around the individual needs, likes and preferences of the resident.

In the past the resident had shown limited interest in using their community however, staff and management informed the inspector that the resident would be encouraged and supported to use their local community such as shops, shopping centres, barbers, restaurants, snooker club, public houses and local church.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that arrangements would be in place to ensure that resident's health care needs would be regularly reviewed with appropriate input from allied health care professionals where and when required.

The person in charge and person participating in management informed the inspector that arrangements would be in place in relation to the resident having access to a GP and a range of other allied health care services as and when required.

From viewing relevant documentation the inspector observed that healthcare plans were informative of how the resident would be supported to experience best possible health regarding personal hygiene, dental care, mobility, and positive mental health.

The inspector found that monitoring documents would be maintained in the centre. From viewing this documentation, the inspector was satisfied that GP check-ups would be facilitated as and when required and clinical observations and treatments would be provided for.

Consultations with the dentist would also be facilitated and the resident would have regular access to a clinical nurse specialist in health promotion. The person participating in management informed the inspector that the resident would be supported to keep their current GP, psychiatrist and clinical nurse specialist, all of whom knew the resident at a personal level.

Positive mental health would also be provided for and where required the resident would have access to support for their mental health and wellbeing.

The resident's health care plans were informative of how best to manage special conditions such high cholesterol. The resident was to be supported to make healthy life style choices in order to support the management of this condition.

The inspector found that arrangements were in place to ensure residents' nutritional needs would be met. Their weight was to be recorded and monitored on a regular basis. Menu planning and healthy choices formed would also part of discussion between the resident and staff during weekly meetings.

The inspector observed that individual choice would be respected with regard to the resident's individual preferences for food. There was a varied range of healthy food options to choose from and all in pictorial format to suit the communication style of the resident.

The person in charge and staff member informed the inspector that meal times would be a relaxed and social occasion and staff would have their meals with the resident when on duty.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the medication management policies, which were reviewed in 2015, were satisfactory and that medication practices described by the person in charge were suitable and safe.

The inspector was satisfied that there were appropriate procedures in place for the ordering, handling, administration and disposal of unused medicines in the centre. An individual medication plan was also to be in place for the resident and would be reviewed accordingly and in line with the resident's individual personal plan.

A locked drug press secured in the spare room was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. The inspector observed that all non nursing staff were trained in the safe administration of medication in the centre.

There would be no controlled drugs in use in the centre. Medicines were to be routinely checked and audited so as that all medication in use in the centre could be accurately accounted for at all times.

Systems were found to be in place for reviewing and monitoring safe medicines management practices. For example, the inspector observed that there were systems in place to record any drug errors made and for learning from such incidents if and when they might occur.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose***There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents. However, it was found that some of the information in the statement of purpose required review and/or updating</p> <p>The centre had a statement of purpose and arrangements were in place for it to be reviewed annually or sooner if required. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013.</p> <p>While the statement of purpose was found to be a comprehensive document, detailing the services to be provided to the residents, some parts required updating. For example, the number of residents that would be supported in the centre required updating.</p> <p>Once this was brought to the attention of the person in charge and the person participating in management they set about reviewing the statement of purpose and updating it as required.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 14: Governance and Management</b> <i>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.</i></p>
<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of</p>

the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was to be supported in her role by an experienced and qualified person participating in management. Both were qualified nursing staff with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and person participating in management it was evident that they had an in-depth knowledge of the individual needs and supports of the resident who was to move into the centre.

They were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in the management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector found that the person in charge would provide good support, leadership and direction to her staff team. A template for staff supervision was viewed by the inspector and it was found to be supportive in providing staff with adequate supervision and support.

The inspector also found that appropriate management systems would in place for the absence of the person in charge. A qualified person participating in management had a remit to the centre and could be contacted by staff at any time for advice and support. There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual review of the Quality and Safety of Care would be facilitated as required by the regulations. Again the inspector saw the template for this and was satisfied that it would identify areas of compliance and areas of non compliance. The inspector was also satisfied that appropriate actions would be put in place to address areas of non compliance.

Systems would also be in place to facilitate announced and unannounced visits and audits of the centre. The person in charge informed the inspector that the service quality enhancement team would facilitate these visits and audits.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

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

This was the centre’s first inspection by the Authority.

**Findings:**

The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

The person in charge of the centre had not been absent at any time for a period longer than 28 days, however she was aware of the statutory obligation to inform HIQA should this be the case in the future.

It was also observed that suitable arrangements would in place for the management of the centre in his absence. There was a qualified person participating in management assigned to the centre and an on-call system in place 24/7 as a support to staff if and when required.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

This was the centre’s first inspection by the Authority.

**Findings:**

The inspectors observed that sufficient resources would be available to meet resident's assessed needs and as required in line with the statement of purpose.

Core staffing levels were to be rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. The person in charge also informed the inspector that staffing resources could be adjusted and increased based on the resident's support needs.

For example, to support the initial transition for the resident only familiar staff would be deployed to the centre and those staff would also provide live night cover. This inspector observed this to be the case from viewing a sample of rosters.

The person in charge confirmed that while the centre did not have the resource of a vehicle on a full time basis, they could access transport from another nearby centre to support social outings for the resident. It was also observed that the centre was in close

proximity to all local amenities, a local taxi rank and public transport.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that there would be adequate staff numbers and skill mix in place to support the resident and to provide for the safe delivery of services.

The centre was to be staffed by a mixture of qualified nursing staff, a qualified social care worker and qualified health care assistants.

The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support.

One staff member required refresher training in safeguarding however the inspector observed that this training had been scheduled for September and the staff member in question would have completed it prior to the opening of the centre.

All staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

It was observed that the person in charge would meet with her staff on a regular basis and would undertake annual appraisals with them. A template was also in place to provide for a system of formal supervision with her staff.

The inspector observed that there would be good continuity of care in the centre as only staff familiar with the resident would be deployed to work with the resident.

At all times throughout the inspection the inspector noted that all management and staff spoken with were very respectful towards the resident and knew their care support requirements at an intimate level.

**Judgment:**  
Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**  
Use of Information

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors found that systems were in place to maintain complete and accurate records in the centre.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspectors found that records that related to residents and staff were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

**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:***

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Mill House
<b>Centre ID:</b>	OSV-0005512
<b>Date of Inspection:</b>	29 August 2016
<b>Date of response:</b>	07 September 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The systems in place in the centre did not adequately identify all possible risks in the centre or the interventions in place to mitigate such risks.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

1. All risk assessments are completed for the Designated Centre. 3rd September 2016
2. A Temperature Value has been placed on the hot water system. 30th August 2016
3. A Lone worker risk assessment has been carried out and control measure put in place. 30th August 2016

**Proposed Timescale:** 03/09/2016