



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

Name of designated centre:	Millview House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 June 2019
Centre ID:	OSV-0004261
Fieldwork ID:	MON-0023424

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 12 and 17. 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
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 June 2019	10:20hrs to 18:40hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

During this inspection all four residents who lived in this designated centre were met by the inspector. These residents did not directly indicate their views to the inspector regarding the designated centre where they lived and the service they received. However, the inspector did have some opportunities to observe residents in their environment, residents' interactions with staff and some of the care residents received.

At the beginning of the inspection, two residents were present in the designated centre while the other two were in school at the time. One of the residents present in the designated centre was observed to spend time alone in the centre's sunroom before going on an outing in the afternoon.

The other resident present on arrival was seen to interact positively and warmly with staff members on duty. This resident was asked their choice regarding the food they had for breakfast and their choice was provided for. Later on this resident was seen watching television while getting a head massage from a member of staff. The resident appeared comfortable and relaxed in the presence of staff and was seen to leave the centre in the afternoon.

The two residents who were at school returned to the designated centre in the afternoon. One of these residents was seen to be using a tablet device before being supported by staff to go on an outing shortly after returning to the centre. Staff members were also observed to interact appropriately with this resident.

The other resident who returned from school was seen to interact positively with staff and was also asked what meal they wanted to have. This resident was encouraged to participate in the preparation of their meal by getting a bowl and helped in heating the meal. After having the meal the resident was supported to leave the designated centre for an outing.

Capacity and capability

The provider had ensured that appropriate structures were established to support the running of this designated centre while arrangements were also in place for the provider to maintain oversight of the quality and safety of care and support that was provided to residents. It was noted though that some improvement was required in relation to the continuity of staff and the consistency of staff supervisions.

This designated centre was registered until November 2020 to provide residential

services for up to four residents. Last inspected by HIQA in May 2017, the provider had ensured that a suitable person in charge was in place who had been in this position since December 2015. In December 2018, they were also appointed as person in charge for a second designated centre, located approximately 45 minutes away by car. Based on the overall findings of this inspection, this arrangement was not negatively impacting the running of the current designated centre as the provider had put in place additional supports to ensure that the person in charge could perform their duties.

For example, the person in charge was based in this designated centre two days a week at the time of this inspection and the provider had ensured that on days when the person in charge was not present in the centre, either a team leader or a deputy team leader was present in the centre. An on-call system was also in place while staff team meetings were taking place at monthly intervals. A sample of minutes from such meetings was reviewed during this inspection and it was noted that the person in charge was present at all staff team meetings during 2019 where issues which impacted on the running of the designated centre and residents were discussed.

To ensure that residents were provided with an appropriate service, the provider had put in place systems so that the quality and safety of care and support on offer was monitored. For example, a weekly report on the running of the designated centre was compiled by the person in charge and sent to a senior member of management of the provider while regular contact was maintained between these individuals. Requirements of the regulations such as annual reviews and unannounced visits were also carried out to oversee the service that was provided to residents.

Two annual reviews had been carried out since the May 2017 inspection. It was noted that these reviewed the service provided against relevant national standards but did not reflect the outcome of consultation with residents and their representatives. The provider is required to carry out unannounced visits every 6 months and since the previous inspection it was noted that four such visits had been carried out, most recently in January 2019. It was seen that such visits were reflected in a detailed written report which included an action plan to respond to issues identified.

The provider had also ensured that appropriate resources and staffing levels were in place for this designated centre. It was noted though that, while there was a core staff team working in the centre, a high number of staff had worked in the centre during 2019. Ensuring staff consistency is important to ensure a continuity of support and to maintain personal attachments. However, it was seen that orientation and induction training was given to staff when they commenced working in the centre while a range of training was also provided. Arrangements were in place for staff to receive supervision although, based on records reviewed, there was inconsistency as to how often formal supervisions were taking place.

Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for a total of two designated centres. The provider had ensured that appropriate arrangements were in place ensure effective administration, governance and operational management of the current designated centre.

Judgment: Compliant

Regulation 15: Staffing

Suitable staffing levels were provided to support residents but it was noted that a high number of staff had worked in this centre during 2019. Rosters were maintained the designated centre but staff files were held centrally by the provider and so were not reviewed during this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

A clear management structure was in place and appropriate resources had been allocated to this designated centre. The provider had carried out unannounced visits to this designated centre at six monthly intervals since the May 2017 HIQA inspection. Two annual reviews had also been carried out in that time but these did not reflect the outcome of consultation with residents and their representatives.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Records reviewed during this inspection indicated that training was provided to staff in a range of areas such as autism, fire safety, first aid, food hygiene, hand hygiene, manual handling and medicines. Staff team meetings were taking place at monthly intervals. Arrangements were in place for staff supervision but there was inconsistency in the frequency of formal supervisions.

Judgment: Substantially compliant

Quality and safety

The needs of residents were being met as they lived in this designated centre while efforts were also being made to provide educational opportunities so that each resident could maximise their individual strengths and abilities. It was noted though that some improvement was required in relation to the medicines practices in use in the centre.

The previous inspection of this centre in May 2017 had highlighted that improvements in the medicines practices used were required. At the current inspection it was noted that this remained an area for improvement although some good areas of practice were noted. For example, secure storage facilities were provided for which included storage for medicines which required refrigeration. It was seen that there was daily monitoring of the fridge used to ensure that any medicines stored in there were done so at an appropriate temperature. A sample of medicines present in the storage facilities provided were checked and were observed to be in date and clearly labelled.

However, it was observed that part of these storage facilities was cluttered and over-crowded. Some medicines documentation was also reviewed and while most of the documentation was legible and contained all of the required information, it was noted that one resident's medicines administration records required improvement to ensure clarity. In addition, the provider's own unannounced visits reports highlighted that staff had not consistently followed appropriate medicines practices throughout 2018 while there had also been some medicines errors reported in 2019.

While medicines remained an area for improvement it was noted that progress had been made regarding other areas as highlighted during the May 2017 inspection. For example, no areas for improvement in residents' personal plans were identified during this inspection. Individual personal plans are important in identifying the needs of residents and providing guidance on the supports to be provided to meet such needs. Under the regulations such plans should be informed by relevant assessments and subject to regular review. Based on the sample of personal plans reviewed, these regulatory requirements were being met.

In addition, the inspector was satisfied that arrangements were in place to ensure that the needs of residents were being met. For example, residents were facilitated, where possible, to participate in education and at the time of this inspection, one resident was in the process of completing state examinations. Residents were also encouraged and supported to develop life skills such as money management. Facilities were available inside the centre and outdoors for residents to engage in recreational activities such as Internet access, games consoles, televisions and climbing frames. It was also seen that residents were facilitated to maintain contact with their families while one resident was supported to engage in voluntary work in an area of interest to them. Transport was available to the designated centre to facilitate external activities.

The provider had also taken steps to ensure the safety of the residents living in the designated centre. In doing so the provider had ensured that all staff members working in the centre had been provided with relevant safeguarding training while staff members spoken with had a good awareness of any safeguarding issues present in the centre and how to respond to them if required. Residents also had behaviour support plans in place to guide staff on how to encourage positive behaviour amongst residents while there were systems in place for the assessment and review of any restrictive practice in use.

Appropriate risk management processes were also in effect which were guided by the provider's risk management policies. Such policies provided for the management, review and evaluation of adverse incidents and risks in the designated centre. Evidence seen on this inspection indicated such policies were being followed in practice. For example, it was noted that relevant risk assessments related to identified risks had been updated to reflect recent events. In addition, to support a resident to engage in an external activity, a detailed environmental risk assessment had been carried out. Matters related to risks and any adverse incidents were discussed at staff team meetings.

To further provide for the safety of residents living in this designated centre, the provider had ensured that appropriate fire safety systems were in place. These included a fire alarm, fire extinguishers and emergency lighting. Arrangements were in place for these to be serviced at regular intervals to ensure that they were in proper working order. Fire drills were taking place frequently to help residents to know how to leave the centre in the event of a fire. Records reviewed indicated that all staff had received relevant fire safety training. Any new staff who commenced working in the designated centre also underwent a fire safety walk of the premises upon starting.

Regulation 13: General welfare and development

Residents were supported to engage in internal activities within the designated centre such as recreational activities. External activities and family contact were also supported with transport available to facilitate these where required. Residents were supported to engage in education and to develop life skills.

Judgment: Compliant

Regulation 17: Premises

Overall the premises of the designated centre was seen to be homely and presented in a clean and well maintained manner on the day of inspection. Outdoor recreational areas, such as an enclosed garden and climbing frames, were provided

for.

Judgment: Compliant

Regulation 26: Risk management procedures

A clear risk management process was being followed which was informed by the provider's risk management policies. Systems were in place for the recording and review of any adverse incident in the centre. Residents had individual risk management plans in place which were noted to have been recently reviewed.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place including a fire alarm and fire extinguishers. Emergency lighting was also present which was seen to be operational on the day of inspection. All staff had received relevant fire safety training while fire drills were taking place regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management had been identified by the provider as an area for improvement throughout 2018 while some errors were also observed in 2019. Part of the medicines storage facilities was seen to be cluttered and over-crowded while some medicine administration records required improvement to ensure clarity.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had individual personal plans in place which were informed by comprehensive assessments and were the subject of regular review. Based on the overall findings of this inspection, arrangements were in place to support the assessed needs of the residents living in this designated centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Any restrictive practices in use in the designated centre were subject to assessment and review. Residents had behaviour support plans in place which provided guidance to staff in this area. Staff members spoken with were able to outline the actions they would take to encourage positive behaviour amongst residents. De-escalation and intervention training was also provided to staff.

Judgment: Compliant

Regulation 8: Protection

Relevant safeguarding training had been provided to all staff members based on records reviewed. A good awareness of any safeguarding issues present in the designated centre was demonstrated by staff members spoken with who also outlined the measures they would take to respond to such issues. Residents appeared comfortable in the presence of staff members present on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully during this inspection and were noted to be offered choice in the meals they received with their choices being respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Millview House OSV-0004261

Inspection ID: MON-0023424

Date of inspection: 12/06/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: PIC will review recruitment processes for the center to ensure consistency in Staffing and continuity of care for residents. PIC will ensure that the usage of staff is in line with the Statement of Purpose for the center.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC to ensure the residents are consulted in the center's Annual Review Report. Annual Review template has been revised to ensure this is evident and appropriate actions are associated.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC to ensure staff receive formal supervision in line with organizational policy and informal supervision through on the floor management.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC will review medication management within the center with regard to storage, documentation and administration. Spaces where medicines are stored will be reviewed with respect to de cluttering to ensure risk of medication errors are reduced. The Systems in place surrounding the safe administration of medication will be reviewed for their effectiveness.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/07/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/07/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/06/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/08/2019