



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

## Issued by the Chief Inspector

Name of designated centre:	Millbank Lodge
Name of provider:	The Rehab Group
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	23 October 2024
Centre ID:	OSV-0008696
Fieldwork ID:	MON-0043159

## About the designated centre

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

Millbank Lodge is a specialised community-based residential service for three adults who have a diagnosis of Prader-Willi Syndrome. The house is a dormer bungalow in Co. Wicklow which provides accessible ground-floor accommodation for all residents. The aim of Millbank Lodge is to provide a community based accommodation service for adults with Prader Willi Syndrome (PWS). The aim of the service is to provide a homely, comfortable and safe environment to support each individual's specific needs. The service supports each resident to maximise their independence taking into account their specific needs and abilities. Residents are supported by a team of social care workers and care assistants.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 23 October 2024	09:30hrs to 15:50hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was evident that residents living in this centre were supported to engage in activities of their choosing, to develop new skills, and that their rights were to the fore in the service they were receiving. The inspection found high levels of compliance against regulations inspected.

The centre is a dormer bungalow on a main road in a town in Co. Wicklow. The centre was newly opened in March 2024 and three residents moved from a centre which closed. All of the residents had lived together for a long time. The previous centre which they had lived in was not accessible to meet their needs, and there had been some compatibility concerns with another resident. Their new home comprises three resident bedrooms downstairs, with one en suite, an accessible bathroom, a kitchen and an open plan sitting and dining room. Upstairs comprises two staff offices, one of which is also used as a sleepover room. The house was specifically purchased for this group of residents, and so it was found to be well suited to their needs. Prior to the move, professionals such as occupational therapists had provided their expertise on equipment and accessibility requirements for each resident. The living room area had a number of trophies on display which residents had won for various sporting events and as part of a social club.

Residents in the centre had specific care and support needs related to their diagnosis. This included having restrictions in place such as having a strict controlled diet in place, an exercise regime and some restrictive practices such as having the kitchen locked. The residents had been given information about the reasons for these practices, and given their consent for them to be in place.

The inspector had the opportunity to meet and spend time with each of the three residents on the day of the inspection. Residents all spoke about how happy they were with their new home, and reported that it was *"much better"* than their last house. One resident said *"I don't have to go up stairs anymore, that was hard"*, while another spoke about having more space. Two of the residents had pets - with one having purchased two new budgies since they had moved into the house. Another resident had a guinea pig which they spoke about. They had their chair beside the cage and were observed spending time sitting there using their phone and watching their preferred videos on it.

Residents described some of the changes which had happened since they had moved into their new home. One resident had completed phased training to support them to travel independently. They were now using bus and rail services themselves to get to their day service, which they were very proud of. They spoke about how they used their mobile to keep in touch with their day and residential staff on their journey. Another resident showed the inspector a new phone which they had recently gotten and how they were supported to phone people important to them. All of the residents now had their own bank accounts, and used their cards to pay

for items.

Residents engaged in a range of activities throughout the week such as attending day services, taking part in classes such as art and drama, attending a social club, horse riding and each resident had a one-to-one day once a week. Residents used this time with staff to go out for lunch and do their personal shopping. Each of the residents showed the inspector their bedrooms, which they had chosen the colours for. One resident was writing and watching television in their room.

Each of the residents were supported to go on holiday and visit their family homes. One resident told the inspector about a recent visit to a hotel with their family to celebrate their birthday. Residents also maintained contact with friends and were supported to socialise with them as they wished. For example, one resident was planning to go to the cinema with a friend over the following weekend. Some residents had attended a conference overnight in a hotel with a representative organisation.

Given the specific dietary needs of residents in the centre, they met with a dietitian once a month to finalise their meal plans. One of the residents spoke about their preferences and how they would discuss it and their next appointment to change one of their foods.

It was evident throughout the day that residents were receiving a good quality service which promoted and upheld their human rights. Staff had done training in human rights, and in the Assisted Decision Making (Capacity) Act , 2015. For one resident, the person in charge and provider was providing a resident with support to access advocacy and legal services in line with their expressed wishes.

It was evident that the provider had a positive approach to risk taking which had residents' will and preferences at the centre of decisions. For example, one resident smoked, and it was evident that the provider continued to provide the resident with information on the consequences of smoking while continuing to respect their choice. The resident had made an informed decision to continue smoking, and staff provided support to balance this decision with their budget and agreed plan.

Residents told the inspector that they knew the staff supporting them, with one saying *"they're all very nice to me"*. Residents were observed to be comfortable in the company of staff, and that their requests were responded to. There was a photo staff rota on display, and residents were observed to speak about who was coming in to support them for the day.

The next two sections of the report present the findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of residents' care and support.

## Capacity and capability

This was the first inspection of this centre since it opened in March 2024. The centre was opened to accommodate three residents to move from another centre which had closed down. The inspector met with residents, person in charge, a regional manager and staff over the course of the day. As outlined at the beginning of the report, this inspection found high levels of compliance with the regulations.

The provider had effective governance in place to oversee the service, with decisions communicated across the organisation to share learning and to implement any required changes. There was a clear management structure in place in the centre, which outlined roles and responsibilities. This meant that staff were aware of their roles, and who they reported to. The person in charge had oversight of two centres and was supported in their role by two social care workers who were team leads. The provider had a number of audits and online reporting and tracking systems in place to maintain oversight of residents' care and support.

The provider had employed a person in charge who displayed the knowledge and skills required to fulfill their duties as a residential service manager. The centre was resourced with an adequate number of staff who had the skills, qualifications and experience to meet residents' assessed needs. Staff who were working in the centre had completed training in a number of areas, including those specific to residents' care and support requirements.

#### Regulation 14: Persons in charge

The provider had employed a person in charge who worked on a full-time basis. The inspector reviewed information which was submitted as part of the application to register the centre, and this demonstrated that the person in charge had the experience, knowledge and skills to meet the requirements of the role. The person in charge had oversight of another designated centre, and they told the inspector that they were on-site a number of days each week. The person in charge had worked with the residents for a number of years and it was evident that they knew each other well. The person in charge demonstrated a strong focus on supporting residents to exercise their rights.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had resourced the centre with an appropriate number of staff who had the required skills to support residents in the house. The staff team comprised two social care workers and care assistants. The inspector reviewed staff rosters for a six week period prior to the inspection taking place. Rosters were found to be well maintained and showed that where vacant shifts arose, these were covered by a

small pool of four agency staff. This meant that residents enjoyed continuity of care. All of the residents told the inspector that they knew the staff supporting them, and that they were happy with this support.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with ongoing training and development to ensure that they had the required knowledge and skills to meet residents' assessed needs. The inspector reviewed the staff training matrix and found that all of the staff team had completed training in safeguarding, manual handling, fire safety, food safety, medication, first aid and in infection prevention and control. Staff had done specific training on supporting people with Prader-Willi Syndrome. Staff had also completed training in a human-rights based approach to health and social care and the assisted decision making (Capacity) act, 2015.

The person in charge had a schedule in place for staff to receive one-to-one supervision. The inspector viewed the schedule and found that all staff had received a minimum of three supervision sessions over the year, with those being inducted receiving more frequent sessions.

Staff meetings took place every three weeks. The inspector viewed records of the last three meetings and found that there was a set agenda in place which included resident updates, health and safety, actions arising from audits, training and support. This meant that key information and learning was shared across the team to ensure that residents' received consistent care and support in line with their needs, and in line with the provider's policies.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the provider had effective governance and management arrangements in place to oversee the centre. The provider had completed a six-monthly unannounced visit since the centre had opened. The inspector viewed the report from the visit and saw that the provider was self-identifying areas requiring improvement and had put an action plan in place to address these issues. The regional managers visited the centre on a quarterly basis. There were arrangements in place for out-of-hours cover and this roster was shared with staff.

As outlined above, there was a clear management structure in place. The person in charge reported to a regional manager. The regional manager visited the centre on

a quarterly basis. Information was shared with management and staff in the organisation using online tracking and reporting systems, in meetings and via email. The person in charge met with other persons in charge in their region on a quarterly basis. The inspector viewed minutes from the most recent meeting and found that the agenda covered a range of topics which included health and safety, staffing matters, finances, risk management and infection prevention and control.

The provider used an online system to track and monitor actions arising from audits and incidents and accidents. Both of these were available to, and monitored by, senior management who were based off-site. Where there was a specific issue or a trend of risks, relevant members of the management team supported the person in charge to implement a plan to address the issue. For example, the person in charge and person participating in management described to the inspector how they had recently convened a 'medication governance group' following a trend of medication errors earlier in the year. The person in charge and person participating in management told the inspector that a tailored approach was taken to ensure that members of the management team who had expertise were involved. The inspector viewed meetings of a governance group which was ongoing in relation to a rights issue for a resident in the centre and found that actions were clear and measurable to progress the issue.

The provider had a schedule audits in place to monitor key service areas such as finances, medication, incidents and accidents and paperwork. These were carried out by the team leaders and overseen by the person in charge. The person in charge carried out additional audits in areas such as safeguarding and risk management. The inspector reviewed a sample of four months of audits and found that these were identifying areas for improvement. There was evidence that these areas were discussed with staff at subsequent staff meetings to ensure that they were progressed.

Judgment: Compliant

## Quality and safety

Residents in the centre were found to be receiving good quality person-centred care which was also evidence-based in line with their diagnosis. Residents and staff described improvements in residents' quality of life since they had moved into their new home. There were high levels of compliance found with the regulations, with improvements required in fire precautions.

Each resident in the centre was found to have a comprehensive assessment of need which had informed their requirements for their new home. There were corresponding care plans for each area identified. Person-centred-plans were also in place to support and promote personal and social goals identified by residents. Residents' healthcare was found to be of good quality, with access to various health

and social care professionals, and required monitoring in the centre being supported and documented. Residents' food and nutrition was linked into their healthcare plans, and provided through the support of a dietitian. For a resident who required a positive behaviour support plan, this was in place and outlined proactive and reactive strategies to guide staff.

Residents were found to be safeguarded from abuse in the centre. The provider had policies and procedures in place, and more importantly, staff were familiar with these to ensure that any incidents were reported in line with national policy. Residents' rights to autonomy, to making choices and decisions, to accessing information and to consent to care and support were to the fore of the service they were receiving. Residents' general welfare and development was promoted in a number of ways. For example, residents were developing their skills in areas they wished to, they had access to meaningful activities and they were supported to maintain relationships with those important to them.

The premises was newly renovated and accessible to residents needs and residents had all personalised their bedrooms. They had ample bathing and toilet facilities. The centre was equipped with fire containment and detection systems, fire fighting equipment and emergency lighting. However, two fire doors were not in good working order on the day of the inspection. This is further discussed under Regulation 28 below.

### Regulation 13: General welfare and development

From a review of each of the residents' care and support plans, from speaking with residents and staff, it was evident that residents' quality of life had improved since they moved to their new home. For example, residents now had access to their own bank cards which enabled them to be more independent when they were out in the community. One resident spoke proudly about how they had learned to navigate public transport to get to their day service. This involved using both the bus and rail.

Residents did a range of activities which included attending day services, going out on one-to-one days each week, going to the cinema, swimming and out for walks. They were supported to maintain relationships with family and friends, and family were welcome to visit the centre as they wished. One of the residents told the inspector about an upcoming trip to the cinema with a person they used to live with.

Judgment: Compliant

### Regulation 17: Premises

As described in the opening section of the report, this house was newly renovated to meet residents' specific health and social care needs. It was found to be bright,

clean and warm. Residents each had their own ground-floor accommodation, with two residents sharing an accessible bathroom, and the third had an en suite. Each resident showed the inspector their bedroom which was decorated in line with their preferences. One resident showed the inspector a desk which they had chosen where they could play cards, while another showed the inspector their personal belongings which were on display.

There were ramps to the front and rear of the property, and there was exercise equipment available to residents to use to ensure that they met their physical activity goals. The kitchen, while locked, had an interior window to enable residents to see staff preparing food, and one resident reported that this allowed them to wave and interact with staff.

Judgment: Compliant

### Regulation 18: Food and nutrition

The inspector found that residents' needs in the area of food and nutrition were well supported. Due to residents' diagnosis of Prader-Willi Syndrome, residents were on strict and controlled diets. Residents were consulted with on their preferences related to their choices as part of their monthly review with a dietitian. The inspector saw that there was a schedule in place for meals and snacks each day. The person in charge showed the inspector residents' specific meal plans in the kitchen. Staff were required to cook separate meals for residents, and they had access to equipment to measure and weigh food to ensure that guidelines were adhered to.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector carried out a walk about of the centre in the company of the person in charge. Each resident showed the inspector their bedrooms. The inspector observed fire-fighting equipment, emergency lighting and smoke detectors in place. Fire doors were installed in the centre and had hold-open magnet devices in place. The inspector noted that two of the residents' bedroom doors did not close properly when the hold-open device was released. The person in charge activated the alarm system and the doors did not close on the alarm going off. This meant that containment of fire was compromised in the centre. The provider had this repaired within twenty four hours. The inspector viewed documentation on checks which were carried out on fire equipment in the centre. These checks had not noted any issues with the fire doors. This presented a risk to residents and staff and required review to ensure that checks were identifying equipment which was not operating in

a timely manner.

Service records were viewed by the inspector and quarterly checks had been carried out by an external contractor. The inspector viewed records from three drills which had been carried out at different times of the day. Two of these had noted reasonable evacuation times. However, one of the drills demonstrated that a drill took a significant amount of time. The inspector viewed documentation on the actions which the provider had taken with the resident to ensure that they were able to safely evacuate on the next drill. The inspector viewed residents' personal emergency evacuation plans and found that they contained adequate detail to guide staff.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector viewed the three residents' assessments of need and found that they were comprehensive in nature. Where needs were identified, there were support plans in place. Residents had goals in place and had yearly meetings with their circle of support. Goals were found to be regularly reviewed and each key worker provided an update on residents' progress with their goals to the staff team at each meeting.

Judgment: Compliant

### Regulation 6: Health care

From a review of residents' care and support plans, it was evident that the residents living in the centre were supported to maintain best possible health, and that they had access to specialist advice related to their diagnosis. Some residents spoke about how they were facilitated to continue to attend the general practitioner who they had attended before they moved.

Residents had access to a range of health and social care professionals such as an occupational therapist, a dietitian, physiotherapy and relevant medical consultants. The inspector saw that clear records of any appointments attended were maintained to ensure that all information was shared with staff. Daily health monitoring forms were completed. The inspector noted that these covered areas such as residents' blood sugar and temperature where this was required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector reviewed behaviour support guidelines which were in place for one resident. These were recently updated and signed off by staff who were supporting them. The plan detailed proactive and reactive strategies for staff to use, and how to use a supportive approach to communicating with the resident and how to build their skills. There were restrictive practices in place in the centre which were in line with international best practice guidelines for people living with Prader-Willi Syndrome. These restrictions included locking the kitchen, locking medication and keeping finances locked. For one resident, their medication was stored in a locked box in their bedroom, and they administered their own medication. For each of these restrictions, there was documentation which reflected decision-making including risks, positive outcomes, less restrictive alternatives and choice making and capacity. These were reviewed every six months. There was easy-to-read information for residents on the rationale for these practices.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that the provider had measures in place to safeguard residents from abuse. These included policies and procedures, staff training and informing residents about safeguarding, and about their rights. There had been two notifications related to safeguarding which had been submitted to the office of the chief inspector since the residents had moved into the centre. The inspector reviewed documentation relating to these incidents and found that they had been reported to the safeguarding and protection teams in line with national policy, and that safeguarding plans were put in place.

The inspector reviewed residents' care and support plans in relation to intimate and personal care. These plans were detailed, and focussed on consent. They were written in a manner which promoted residents' privacy and dignity. Additional measures were in place where residents did not consent to receiving support in this area to protect their dignity.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector viewed the provider's charter of rights and responsibilities which was available to residents. Rights on this charter included the right to make informed decisions, the right to have a service adapted to their needs, the right to have staff

who treat them with dignity and respect. Care and support plans had a focus on supporting residents' independence in areas such as banking, budgeting, transport, housing and community and social situations. There was also a focus on ensuring residents' consent to any care interventions. On an inspection of the residents' previous home, it was found that hourly checks were being carried out on residents. A review of documentation in each residents' support plan showed that residents had been consulted with about their wishes in relation to these checks, and these wishes were documented and respected.

Residents' right to access information in a way which they could understand was evident across a number of areas, with information about restrictive practices, health care and promoting positive relationships in the home. Social stories were developed and used to support a resident to build their skills in travelling alone.

Residents in the centre were supported to take risks, and the person in charge spoke about balancing those risks with their care and support needs. One example, which is outlined at the beginning of the report was that one resident wished to smoke. They were given information about smoking, and the risks associated with continuing to smoke. They were supported to limit the amount of cigarettes they smoked each day in line with their budget. The resident's right to continue to smoke was respected, and they continued to be supported with health information and planning.

It was evident that where residents required support in accessing advocacy and legal services, that this had been facilitated. The inspector reviewed documentation relating to a safeguarding issue which demonstrated the person in charge, and in turn the provider supporting the resident to exercise their rights and advocating on their behalf to access legal and advocacy services in line with their will and preference.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Millbank Lodge OSV-0008696

Inspection ID: MON-0043159

Date of inspection: 23/10/2024

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: As part of the daily fire checks all fire doors that can be held open via magnetic system connected to the fire alarm will be held open prior to the fire system being tested. After the test is completed, the staff member setting off the alarm will check each fire door to ensure they have correctly closed. If an issue is identified, PIC will be emailed immediately about it and they will organise a visit from the property department to assess / fix fire door. This is in place since 04/11/24.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	04/11/2024