<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Thornvilla Community Group Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001936</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Sligo</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>North West Parents and Friends Association of Mentally Handicapped Children</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Evelyn Carroll</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Glynn</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td></td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 22 July 2016 10:00  
To: 22 July 2016 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

Background to the inspection
This was a one day unannounced inspection to monitor ongoing regulatory compliance and to follow up on the actions required from the last inspection on 29 October 2014. Two of the actions had been fully addressed. The inspector found that the third action was still outstanding as some policies had not been reviewed in the three year time frame as required within the regulations.

How we gathered our evidence
The inspector met all residents in the centre and spoke with three residents at length. During the discussion residents spoke in an open and friendly manner. They reported that they were well supported in the centre and spoke with fondness about the staff and the person in charge. The inspector reviewed documentation during the inspection process such as policies, audits completed, fire safety folders, risk register, residents’ guide, statement of purpose, directory of residents and training records.

Description of the service
The centre was a two-storey house, located within close proximity to a number of local amenities. The statement of purpose described the service provided to all
residents. The centre catered for five residents and there was a mix of male and female residents.

All residents had private bedrooms which were decorated to their choice. The person in charge outlined that residents were able to access the community and attend social events with support, or independently if they chose. Residents had a say in their care needs and they were consulted with about the running of the centre.

The house was well decorated and well maintained with adequate communal space to facilitate visitors to the centre.

Overall judgment of our findings
Ten outcomes were inspected against on this inspection. Of the 10 outcomes one was found to be substantially compliant, seven were found to be compliant and two were found to be moderately non-compliant. Overall, the inspector found that residents received a good-quality service in the centre. Residents were supported to attend day services that reflected their needs and choices.

Areas for improvement were identified in of the following areas:
- risk management, in particular fire safety
- training for staff in relation to medicines management
- a number of policies had not been reviewed in the last three years.

These findings along with others are further detailed in the body of the report and in the action plan at the end of the report.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall the inspector found that residents were consulted with about how their centre was run. The inspector observed staff supporting residents in a dignified and respectful manner throughout the inspection.

The inspector found that improvements had been made to facilitate residents’ choice of activities through additional staffing. A floating staff position had been provided for 20 hours a week and was clearly outlined as part of the staffing roster. This was an action completed from the last inspection. The additional staffing facilitated residents to achieve individual activities and participate in valued roles in the local community as part of their personal plans, such as volunteering to walk dogs, attend mass and engage in individual shopping activities. Staff organized and planned activities of choice for residents following weekly house meetings. Residents informed the inspector about the weekly house meetings and participation in relation to household shopping and meal planning.

There was a complaints policy in place. There was a nominated complaints person who staff and residents were familiar with and a complaints log was maintained in the centre. This log was regularly reviewed by staff and management. There was a separate person identified to manage the appeals process for any complaint. The inspector found that there were no outstanding complaints at the time of inspection.

The centre provided advocacy to the residents through an external agency. Information regarding advocacy services was displayed in the centre. The inspector was informed that students had provided advocacy for residents as part of their training. All residents
were aware that advocacy was available and knew how to access advocacy services.

All residents had their own bedroom, which was personalized and decorated to their choice. The inspector observed that there was adequate storage for their belongings. Residents had radios and televisions available to them in the centre.

Residents were supported with personal possessions and finances in line with the centre’s policy. Inventories had been maintained for personal belongings. Financial support to residents was provided in line with their assessed needs as reflected in the personal plans. The inspector reviewed the management of individual resident's finances and found they were compliant with the organization's policies and procedures.

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

**Findings:**
The inspector found that at the time of inspection each resident’s social wellbeing was maintained by a high standard of care and support.

The inspector found that residents’ social care needs had been met as evidenced in residents’ individual plans. Annual reviews had been completed for all residents. Residents, residents' families and support workers were supported and invited to attend. The personal plans had been recently reviewed and detailed opportunities for residents to partake in activities of their choice.

An action from the previous inspection had now been addressed as additional staffing had been provided by the organization to facilitate activities for residents, for example to engage in volunteer activities in the local community, such as dog walking. The inspector found that the weekly rota reflected the additional staffing hours that were assigned to facilitate residents to engage in the community.
Staff supported residents to attend mass, shopping, eating out and meeting with their families. There was a vehicle available to the centre that facilitated residents to attend day services and community services. Folders were kept with photos of activities completed by all residents in individual files. Residents were proud to share this information with the inspector during the inspection.

From a review of three personal plans, the inspector found that personal goals identified in the previous year had been achieved and current goals were in place and being progressed. Staff reviewed goals and ensured that throughout the year, progress was being made on achieving goals.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The inspector found that while there were systems in place to ensure the safety and welfare of residents, some improvements were required in the areas of risk assessment and assistive technology.

Fire safety policies and procedures were in place at the centre. There was up-to-date servicing of emergency lighting, fire extinguishers, fire alarms and fire panel as seen in records maintained in the centre. Fire procedures were on display in prominent areas in the centre. Fire drills had been completed in the centre which all residents had participated in. Learning from fire drills was evident from the records kept. All residents had evacuation plans completed, which outlined their required support and their understanding of the fire procedures. However, the inspector found that while staff had identified that residents with hearing loss required full support from staff to alert them to alarms, no equipment had been identified or provided to enable residents to evacuate independently.

The inspector found that all doors were certified fire doors. However, there were no door closures fitted on any doors in the centre and the inspector observed the back door to be held open with a 'hook and eye' latch. This created a fire containment risk in the event of a fire. The inspector spoke with staff on duty and they were confident that all residents were aware of fire procedures and both staff and residents had participated in fire safety training in the centre and also in the day services.
A risk register was maintained in the centre which was regularly reviewed by the person in charge. Risk assessments had been completed for all residents, which outlined hazards identified and measures to support residents; however, they failed to identify measures to support residents with a hearing impairment.

The safety statement was up-to-date and displayed in the centre. A list of emergency numbers was displayed for staff and residents. Staff spoken with were knowledgeable of the risk management policy and procedures for the centre.

The inspector observed that there were adequate facilities for clinical waste disposal. There was a clear procedure in place for the storage and removal of clinical waste. The person in charge had provided arrangements for the removal of clinical waste and maintained responsibility for this role in the centre.

**Judgment:**
Non Compliant - Moderate

---

**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):**
No actions were required from the previous inspection.

**Findings:**
There were systems in place to ensure residents were protected from harm or abuse.

Policies and procedures were in place for the centre. Staff spoken with were confident in their knowledge regarding identifying types of abuse. They were also aware of the designated person and the reporting system in place for the centre. Residents were also aware of the identified designated officer and also stated they would talk with staff on duty if they had any concerns. All staff in the centre had completed training in safeguarding and records of this were reviewed by the inspector on the day of inspection.

The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored and was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident; all transactions were clearly recorded and signed and receipts were maintained for all purchases.
Staff were trained in the management of behaviours that challenge, however the inspector was informed that there were no residents presenting with behaviours that challenge in the centre at the time of inspection. Residents had support plans in place regarding mental health issues. On review of the personal plans, guidelines were in place to support residents and guide staff in their practice. There was evidence of ongoing reviews and changes were made to the plans when required. There were no restrictive practices being used at the time of inspection.

**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):**
No actions were required from the previous inspection.

**Findings:**
The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector observed a record of all notifications submitted to HIQA which was kept at the centre.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Overall the inspector found that residents' healthcare needs were being met.

Individualized support plans were in place which outlined residents' assessed healthcare needs. These plans were clear and provided detailed guidance to direct staff.

Residents had local access to a general practitioner (GP), as evidenced in personal plans. Personal plans also included a good outline of medical appointments received to date and on-going care received. Residents had access to allied healthcare services for example ophthalmology, audiology, dentistry and physiotherapy.

Residents completed the weekly shopping with support from staff. Shopping lists were planned at the weekly house meetings and the residents kept this list attached to the minutes. Residents' nutritional needs and weights were kept under review and any identified issues were addressed. For example, a referral to the dietician for weight management guidance was made for a resident and the dietician's recommendations were recorded and were being implemented.

Residents had access to a range of health professionals including physiotherapy, speech and language therapy and occupational therapy and referrals were made when required. Reports from these reviews were recorded in residents’ personal files and recommendations were used to guide practice. In addition, other external healthcare services were arranged, such as visits with the optician, chiropodist, dentist and dental hygienist.

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):
No actions were required from the previous inspection.

Findings:
The inspector found there were robust medicines management procedures in place to support the needs of residents.

The inspector found that the medicines management policy was in place and up-to-date. This included the arrangements for ordering, storing, disposal and stock control. Staff spoken with were knowledgeable regarding the local policy and procedures. There were no medication administration errors recorded in the centre; however, none of the staff...
had received any formal training in safe medication administration. This has been actioned under outcome 17.

There was evidence of engagement with local pharmacy services which provided support to the centre in relation to medication reviews and training on medicinal products. From a review of the prescription record, the inspector found that it was clearly written and complied with regulations. All medicines were supplied in blister packs and supplied by the local pharmacy. From a review of medication documentation, the inspector found that they were reviewed every six months by the GP and monthly audits have occurred. Actions outlined included reminders of updating documentation.

Residents had assessments completed for the self administration of medication. Residents chose to continue with support from staff in administering medicines.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider had established a clear management structure, suitable supports were available to staff and there were systems in place to review and improve the quality of service.

The provider nominee also acted as the person in charge. The inspector found there were robust systems in place at the centre as reflected in the documentation reviewed. This included staff meetings, health and safety audits, six-monthly unannounced audits and a yearly quality report. The person in charge had provided staff with a schedule of audits for the centre. This provided staff in the centre with guidance to complete the required audits. The person responsible for audits was clearly identified and audits involved all members of staff working in this centre. Audits completed included, health and safety, medicines management, finance and personal plans in the centre. Actions were identified and completed within outlined timeframes.
Staff were supported to discuss any issues arising in the centre through staff meetings and staff supervision meetings. They spoke about the ease of access to the person in charge and how supportive she was. Staff also stated that she was very approachable regarding any issue. She had established a system for ensuring good communication between day and residential services.

**Judgment:**
Compliant

---

**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there were appropriate staff numbers and skill-mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles. However, additional training was required in the area of medicines management.

The inspector found that there was sufficient staffing available in the centre, at the time of inspection, to meet the residents' needs. The actual and planned roster was reviewed and reflected the staff on duty on the day of inspection. As discussed in outcome one, additional staffing had been facilitated and this was reflected in the staffing roster.

Weekly staff meetings were completed and attended by staff and management. The person in charge also attended the centre to conduct audits and meet with residents at evenings and weekends. Training records were available in the centre. All staff working in the centre had completed all mandatory training such as, safeguarding, fire safety training, food safety, first aid, incident accident reporting and positive behaviour support.

Following a review of the medicines management policy and discussion with the person in charge, it was found that medicines training was not identified for care assistants. The inspector found that while there had been consultation with the local pharmacist and informal training provided, staff did not have training in medicines management at the time of inspection. The person in charge acknowledged that the medication policy also required review as training requirements were not identified as part of the policy.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre had systems and procedures in place to ensure the maintenance, accuracy and ease of retrieval for all records required. The residents’ files viewed were detailed and reviewed regularly or as required.

A directory of residents was kept and maintained in the centre. It outlined all the required information in line with Schedule 4 of the regulations. Other documents reviewed included the Schedule 5 policies. All operational policies were in place to guide staff, however, not all the policies had been reviewed in the three year time frame as required by the regulations. For example, the medicines policy did not reflect the training requirements for staff.

The statement of purpose had been reviewed and updated as required. It was available to all residents in the centre in a suitable format. The centre was insured against accidents or injury to residents, staff and visitors and the policy was up-to-date. The residents’ guide was available in the centre and in a format that was suitable for the residents. All documents were reviewed and updated regularly.

Judgment:
Substantially 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:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Thornvila Community Group Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001936</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>22 July 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 September 2016</td>
</tr>
</tbody>
</table>

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 assessment of risks and fire evacuation equipment required for safe evacuation of residents with a hearing loss were not provided.
1. **Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
Deaf Guard units have been provided to two residents with hearing loss to assist with evacuation of these residents.

**Proposed Timescale:** 22/09/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to provide adequate systems to contain fire.

2. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
All fire doors have now been fitted with Magnetic Door Guard Units which will automatically close in the event of a fire.

**Proposed Timescale:** 21/09/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Non nursing staff were not provided with medication management training.

3. **Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
Two day certified Safe Administration of Medication training is scheduled for 3rd and 4th November, 2016 for all non nursing staff.

**Proposed Timescale:** 04/11/2016
Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Policies had not been reviewed in the specified timeframe, which was also a requirement of the previous inspection.

**4. Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
All policies and procedures under Regulation 04 (3) have now been reviewed and updated and circulated to Community Group Homes

**Proposed Timescale:** 23/09/2016