



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

Name of designated centre:	Thornvilla Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	19 November 2018
Centre ID:	OSV-0001936
Fieldwork ID:	MON-0023324

## About the designated centre

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

Thornvilla Community Group Home provides full-time residential care and support to adults with a disability. The centre comprises of a two-storey detached house set in its own grounds in a residential area of a town. The centre is in close proximity to a range of local amenities such as public transport, cafes, cinema and shops. Residents also have access to a vehicle at the centre to support them to access other activities and amenities in the surrounding area. In addition, to their own bedrooms, residents living at the centre have access to community facilities which include a sitting room, kitchen and dining room. In addition, a large communal bathroom is available on each floor of the building. Residents are supported by a team of care assistants, with one staff member being available during the day to support residents when they are not at their day service. At night-time, the rostered care assistant undertakes a sleep over shift, but is available to support residents if and when required. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

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

Number of residents on the date of inspection:	5
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## How we inspect

To prepare for this inspection the inspector or 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
19 November 2018	08:40hrs to 17:00hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector met with all five residents who lived at the centre during the inspection. Residents, who spoke the inspector, told them that they liked living at the centre and were happy with how staff supported them. Residents said they felt safe and were listened to by staff. Residents also said they were involved in making decisions about the centre such as meal choices and social events they wished to do during the week. Throughout the inspection, residents appeared happy, relaxed and comfortable with all supports they received from staff.

## Capacity and capability

The provider's robust governance arrangements ensured that residents received a good standard of care and support at the centre. Monitoring audits completed by both staff and management ensured that all practices at the centre were regularly evaluated to ensure they effectively met the needs of residents and were compliant with the provider's policies and procedures.

The centre had a clearly defined management structure, with the person in charge being actively involved in the day-to-day governance of the centre. The provider ensured that care and support received by residents was appropriate to their assessed needs and effective through a range of scheduled management audits throughout the year. Audits examined the effectiveness of all aspects of the centre's operations such as residents' personal plans, fire safety and medication management. Where audits identified areas requiring improvement, they were incorporated into the provider's annual improvement plan for the centre and addressed in a responsive and timely manner. In addition, the provider's governance arrangements had ensured that areas of non-compliance in the centre's last inspection had been addressed within agreed time frames, which included improvements to the centre's fire safety arrangements.

Staffing levels at the centre ensured that residents were supported in-line with their assessments of need and associated 'plans of care'. The person in charge undertook regular reviews of staffing at the centre to ensure they were responsive to residents' changing needs which at times included increases in levels of challenging behaviour. Staffing arrangements ensured that residents were supported to participate in planned and ad-hoc activities of their choice both within the centre and in the local community.

Staff were knowledgeable on all aspects of residents' care and support and had regular access to training opportunities provided by the organisation. Scheduled training ensured that staff knowledge was up-to-date and reflected current developments in health and social care practices. This included training specific to the needs of residents at the centre such as the management specific medical conditions. In addition, following the last inspection, the provider had put measures

in place which ensured that all staff who administered residents' medication had completed up-to-date training in the 'safe administration of medication'.

The provider ensured that staff were well informed and knowledgeable about the service, the resident and any developments, through regular team meetings between staff and the person in charge. Meetings ensured that staff were updated on changes residents' support interventions and the organisation's policies and procedures. In addition, the person in charge also undertook one-to-one supervision meetings and annual appraisals with staff, where they had the opportunity to discuss their responsibilities at the centre and identify personal career development objectives.

The provider's risk management practices were robust in nature, and ensured that residents were safe from harm, but at the same time supported them to develop greater independence in the local community. Risk management arrangements were comprehensive and clearly guided staff on actions to be taken, resulting in a consistency of approach. Furthermore, all risk interventions were subject to regular reviews into their effectiveness by the person in charge. Staff members were knowledgeable on risk interventions in place at the centre. In addition, the provider ensured that staff attended regular training relating to risk management such as fire safety, positive behaviour management and safeguarding of vulnerable adults to ensure their skills and knowledge were up-to-date and in-line with current legislation and practice. The provider had also reviewed all identified risks through their 'Quality, Safety and Risk Management' committee to ensure the ongoing effectiveness of safeguarding arrangements and to identify any deficits in service provision which needed to be addressed across the organisation.

### Regulation 15: Staffing

The provider had ensured that appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to regular training opportunities which ensured they were equipped with the appropriate skills to support residents' needs and their knowledge reflected current developments in health and social care practices.

Judgment: Compliant

## Regulation 23: Governance and management

Robust governance and management arrangements ensured that all aspects of care and support provided at the centre were regularly audited and appraised to ensure their effectiveness. The provider further ensured through its management arrangements at the centre, that appropriate resources were available to support residents' assessed needs, kept them safe from harm and assisted them to achieve their personal goals.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider ensured through regular house meetings and availability of accessible information that residents were aware of their right to make a complaint about the support they received. Where residents had lodged complaints, these were appropriately investigated and addressed to residents and their representatives' satisfaction.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider's policies and procedures were available to staff at the centre. However, not all policies required under the regulations had been subject to a review every three years to ensure they reflected current developments in health and social care practices.

Judgment: Substantially compliant

## Quality and safety

During the course of the inspection, the inspector found that residents received a good quality of care in-line with their assessed needs at Thornvilla. Practices at the centre ensured that residents were safe from harm, but also supported residents; dependent on their abilities, to undertake positive risk-taking in their daily lives.

Residents participated in a range of activities both at the centre and in the local community which reflected their personal choices and assessed needs. Residents

were supported to attend day services in the local area during the week which they enjoyed. Arrangements were also in place to support residents to increase and maintain their independence skills through positive risk taking such as accessing the local shop and managing their personal finances independently.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated when their needs changed to ensure a consistency of approach by staff, who were knowledgeable on all aspects of supports required by residents. Personal plans were subject to an annual review into their effectiveness in meeting residents' assessed needs. Residents were actively involved in the review of their personal plans, with annual meetings also attended by their representatives as well as associated multi-disciplinary professionals. The provider also ensured that residents were aware of the supports they would receive at the centre, through their 'Book about Me', which was an accessible version of their personal plan.

Where residents had behaviours that challenged, the provider had arrangements in place which ensured that individuals were supported through a multi-disciplinary approach. Comprehensive behaviour support plans were developed by qualified behavioural specialists and reviewed regularly to ensure their effectiveness and guide staff. Changes to resident's support interventions to positively manage behaviours of concerns were discussed with staff through regular meetings, and the provider had made additional staffing resources available to provide one-to-one support for residents when recommended. The provider further ensured that staff were knowledgeable and suitably skilled to support residents with challenging behaviour through the availability of positive behaviour management training.

Residents were protected from harm at the centre, with arrangements for the reporting of accident, incidents and safeguarding concerns. Regular training both through team meetings discussions and scheduled courses ensured that staff practices and knowledge was consistent with organisational policy and developments in health and social care practices. In addition, robust arrangements were in place for the management of an emergency at the centre such as an outbreak of fire. Appropriate and well-maintained fire equipment was installed at the centre, with improvements being made to ensure the effectiveness of fire containment arrangements since the last inspection. The provider conducted regular fire drills at the centre which evaluated the effectiveness of the centre's overall emergency plan and residents' 'Personal Emergency Evacuation Plans' (PEEPs). In addition, following the last inspection, a review of residents' PEEPs had been completed by the provider and had ensured that assistive technology was in place; where required, to effectively alert residents to an outbreak of fire at the centre. Regular drills also ensured that both residents and staff were knowledgeable on actions to take in the event of an evacuation which was further reinforced by regular fire safety training for staff.

Residents were supported to play an active part in making decisions about the day-to-day running of the centre. Residents participated in regular house meetings were

they decided the centre's weekly menu and planned social activities. Where residents were not able to verbalise their choices, supports were in place to enable them to express them in a manner of their choosing such as sign language, gestures and pictorial references. The provider also provided accessible information to residents on their rights such as how to make a complaint, keeping safe and the accessing of advocacy services.

### Regulation 13: General welfare and development

Care and support arrangements at the centre enabled residents to enjoy activities in their local community which supported them with their social and developmental needs and assisted them to meet their personal goals and aspirations.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were kept safe from harm through management arrangements which identified and assessed possible risks at the centre. Where risks were identified, the provider ensured that risk control measures were implemented, with these being subject to regular review to ensure their effectiveness. In addition, risk management arrangements were also in place to support residents to engage in positive risk taking in their daily lives to increase their independence in the local community.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that appropriate measures were in place for the detection, warning and containment of fire. In addition, through training opportunities and participation in regular fire drills, both residents and staff were knowledgeable on how to safely evacuate the centre in the event of a fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was securely stored

and administered as prescribed to residents by suitably qualified staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans clearly described residents' assessed needs and associated support interventions, with accessible information being made available to residents. Furthermore, the provider had effective arrangements in place to ensure personal plans were up-to-date and reviewed regularly to ensure both their effectiveness and a consistent approach by staff in meeting resident's assessed needs.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to access health care professionals as and when required, with all provided supports being subject to regular review and reflecting up-to-date recommendations from health care professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider ensured that staff training and positive behaviour supports were in place to both support the individual and reduce any risk to others.

Judgment: Compliant

### Regulation 8: Protection

The provider's safeguarding arrangements ensured that residents were protected from possible abuse and that staff knowledge was kept up-to-date through access to regular training.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to play an active part in making decisions about the day-to-day running of the centre and had access to information which informed them about their rights.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Thornvilla Community Group Home OSV-0001936

Inspection ID: MON-0023324

Date of inspection: 19/11/2018

## 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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  The policy identified that had not been subject to a review within the 3 year timeframe has been reviewed and distributed to staff.	

## 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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	21/11/2018