



Office of the Chief Inspector

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

Name of designated centre:	Crobally House
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	21 January 2019
Centre ID:	OSV-0002120
Fieldwork ID:	MON-0025583

About the designated centre

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

Crobally House is situated in a rural setting, on six acres of land. The centre comprises of two separate buildings, a bungalow and a two storey house. There is capacity to provide a residential service to three adults on a full time or shared care basis in the bungalow. An overnight respite service is provided to over 24 adults. At any one time, a maximum of four residents may access the respite service provided in the two storey house. Both services in the centre are provided to adults with an autism diagnosis. Staff are available to residents 24 hours a day.

The following information outlines some additional data on this centre.

Current registration end date:	09/08/2018
Number of residents on the date of inspection:	5

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
21 January 2019	10:00hrs to 17:00hrs	Cora McCarthy	Lead
21 January 2019	10:00hrs to 17:00hrs	Lucia Power	Lead

Views of people who use the service

The Inspectors met with eight of the residents during the course of the inspection. Some of the residents had come in for respite on the day of the inspection, others that availed of respite were also present. The inspector joined them as they were discussing what they did for the weekend. The inspector observed their interactions and they appeared to enjoy each others company. They were actively involved in planning activities and spoke with the inspector about their plans for the evening which indicated that the residents were engaged in meaningful activities of their choice. The staff had a good understanding of each resident's individual needs and interactions between staff and residents were supportive, engaging and positive. The inspector asked some of the residents' if they were happy in the centre and the residents expressed that they were, they enjoy respite and meeting each other. The residents also verbalised the positive supports they received from staff. The resident's clearly demonstrated their knowledge of the complaints policy and who to go to if they were not happy or if they did not feel safe. The centre was warm and homely and it was evident that the residents were happy and well supported by staff who had a good knowledge and understanding of the resident's needs and wishes.

Capacity and capability

The inspectors found the capacity and capability of the provider supported the delivery of a safe quality service.

The person in charge provided good leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities. However there was a lack of certainty around the management of the designated centre; the lines of authority and accountability, specific roles, and responsibilities for all areas of service provision.

The registered provider had employed a suitable skill mix of staff and a planned and actual roster was in place. The person in charge had obtained all documents required by schedule 2 of the regulations. A training overview demonstrated that the person in charge ensured their staff had completed training and had access to refresher training.

The inspectors reviewed quality assurance measures taken by the provider to audit service provision. While the annual report and one unannounced inspection

had been completed the second unannounced inspection had not been carried out by the provider. There was evidence that actions which had been identified were followed up and completed.

The admission policy states that each resident should have a contract for the provision of services in place. The provider did not have an agreement in place which included the support, care and welfare of the resident in the designated centre, details of the services to be provided for the residents and the fees to be charged.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was employed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents and this was reflected in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A training overview demonstrated that the person in charge ensured their staff had completed training and had access to refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

A Directory of Residents was in place and contained the information required by schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspectors to view. Inspectors noted a gap in schedule 4 in relation to charges. This will be highlighted under regulation 24.

Judgment: Compliant

Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Systems were in place to ensure the effective delivery of care and support. These arrangements included an annual report, one six monthly unannounced inspection, staff meetings and management meetings. There was evidence that actions which had been identified were followed up and completed. However one six monthly unannounced had not been completed in line with regulations. There was also a lack of certainty around the management of the designated centre; the lines of authority and accountability, specific roles, and responsibilities for all areas of service provision.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider did not have an agreement in place which included the support, care and welfare of the resident in the designated centre, details of the services to be provided for the residents and where appropriate the fees to be charged.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place. However this did not demonstrate a clear organisational structure. The Statement of purpose had incorrect information pertaining to the current provider. The registered provider had not reviewed the statement of purpose to ensure the correct information was available

Judgment: Not compliant

Regulation 30: Volunteers

The centre had one volunteer working with the residents. The person in charge had ensured that they were appropriately vetted, had their roles and responsibilities set out in writing and were appropriately supervised.

Judgment: Compliant

Regulation 31: Notification of incidents

Notification of incidents within the designated centre, had been made to the Chief Inspector within the prescribed time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints policy and procedure was in place. A person had been nominated as a complaints officer and another person was appointed to ensure appropriate follow up on complaints and recording of complaints. Records indicated that any complaint recorded had been resolved.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider did have policies and procedures available but they were not specific to the provider . The inspectors reviewed all the policies and procedures on site and noted some required review. Not all policies under schedule 5 were available.

Judgment: Not compliant

Quality and safety

Overall, the inspectors observed that the quality and safety of the service received by the resident was good.

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. However some of the assessments were a review of existing reports and required a complete review in order to reflect changes in need and circumstances. There was a staff member identified to support each resident and specific goals had been set with all residents.

Communication assessments had been carried out for the residents however consistency of approach was required by staff to meet the residents' assessed needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Throughout the inspection process staff were observed to interact positively with residents and to provide person centred support.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. There was an organisational risk register available for the inspector to view which included behaviours that challenge.

The provider ensured that the residents had access to a pharmacist and GP whom they were happy with. The person in charge ensured that the centre had appropriate and suitable practices in place. A self assessment was completed for each resident. At the time of the inspection the medication policy was under review.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of a day service and community facilities. The residents had access to facilities for occupation and recreation and

opportunities to participate in activities in the local community. There were supports in place for residents to develop and maintain personal relationships.

The inspectors observed that the centre was maintained to a good standard and was warm and homely.

Regulation 10: Communication

Communication assessments had been carried out for the residents however consistency of approach was required by staff to meet the residents' assessed needs. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

Regulation 11: Visits

The person in charge had ensured that residents were free to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

Overall the provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in

accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured the premises were laid out to meet the needs of the residents. The premises was warm, clean and suitably decorated with adequate storage to meet the residents needs.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this. However more detailed monitoring of food and fluid intake for one resident was required and dietetic support was required for another resident.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the terms and conditions relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider had ensured that all risk management plans had been regularly reviewed. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate arrangements were in place for good fire safety management. This included fire training, as well as suitable checks and fire detection and alarm systems and emergency lighting.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP whom they were happy with. The person in charge ensured that the centre had appropriate and suitable practices in place. A self assessment was completed for each resident. At the time of the inspection the medication policy was under review.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. However some of the assessments were a review of existing reports and required a complete review in order to reflect changes in need and circumstances.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. However one resident required detailed monitoring of food and fluid intake, inspectors received assurances on the day of inspection that this would start immediately. End of life care plans were in place for all residents, which considered their physical,

emotional, social and spiritual needs and wishes.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the each resident in accordance with their wishes consented to decisions regarding their care and support. All residents had exercised choice and control over their daily life and there was evidence that service user were facilitated to vote if requested.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Crobally House OSV-0002120

Inspection ID: MON-0025583

Date of inspection: 21/01/2019

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A Reg. 23 unannounced bi-annual audit was carried out on 13/02/2019. Management reporting lines and organisational structure is under review with a date for change implementation of 18/03/2019. This will be reflected in the statement of purpose and forwarded to The Regulator on 19/03/2019.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>A draft contract for the provision of services has been completed and approved for circulation to service users and their families by 19/03/2019. A deadline for sign off / completion of contracts is scheduled for 30/04/2019</p>	

Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A review of the statement of purpose is underway with the reviewed document due for circulation on 19/03/2019.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A review of the medication policy took place in January 2019 with the policy being approved and circulated on 20th February 2019. The policy is now fully operational and reflects changes to the medication administration guidelines.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Consistency in carrying out recommendations made by SALT & Positive Behaviour Support personnel with regard to one service user has been addressed with the team and a more uniform approach has been adopted as of 14/02/2019. This has been effective to date.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>An assessment of needs review has been ongoing and has identified repeat assessments required. These will be carried out in conjunction with our multi-disciplinary team and other clinicians including dietetics as appropriate. For completion 01/05/2019</p>	

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Greater detail regarding fluid and food intake has commenced for the service user in question and is ongoing. This monitoring will inform the upcoming dietician appointment. Completed 22/01/19 and ongoing	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	19/02/2019
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Not Compliant		19/02/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority	Not Compliant		18/03/2019

	and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant		30/04/2019
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Not Compliant		19/03/2019
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.	Not Compliant		20/02/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive	Substantially Compliant	Yellow	01/05/2019

	assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant		22/01/2019
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances,	Not Compliant		01/05/2019

	which review shall be multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant		01/05/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	22/01/2019