



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

Name of designated centre:	Moville Residential Group Home
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	22 June 2018
Centre ID:	OSV-0003339
Fieldwork ID:	MON-0021762

About the designated centre

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

Moville Residential Group Home provides full time residential care for four male or female adults with intellectual disabilities. The service is intended to cater mainly for residents with low to moderate needs with the aim of maximising their potential for independent living. Moville Residential Group Home is a house centrally located in a rural town, and is close to the town amenities. It is a two-storey house with gardens. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes nursing and care staff. Staff are based in the centre when residents are present and staff are on duty at night to support residents.

The following information outlines some additional data on this centre.

Current registration end date:	11/12/2018
Number of residents on the date of inspection:	4

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
22 June 2018	09:30hrs to 17:00hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with all four residents who lived in the centre. Residents told the inspector about things that they liked to do and how they were supported to do these. Residents talked of social events, concerts and musical events, going for holidays, sport, community involvement and of having employment in local businesses. Some residents told the inspector of a foreign holiday that they had taken in the past year. They spoke of how they had enjoyed the holiday and showed the inspector photographs of it.

Residents expressed that they were very happy with the care and support that they received from staff. They knew that they could raise any complaints or concerns with staff and they knew that they would be addressed. Residents said that they felt safe in the centre and that they enjoyed living there.

Capacity and capability

There were effective governance and management arrangements in place which ensured that the service received by residents living in the centre was safe and of a good quality.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents living in the centre. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance and any issues identified had been addressed to improve the service. Staff carried out regular audits, including audits of residents' finances and medication management. In addition, an annual review of the quality and safety of the service was being carried out and report of this review was being produced. However, improvement to the annual review was required as it did not document the views of residents as required by the regulations. Improvement to the complaints appeal process and the statement of purpose was also required.

There were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs including their activity programmes. Rosters confirmed that this was the normal staffing level and residents told the inspector that staffing arrangements ensured that they were able to take part in the activities that they

enjoyed and preferred.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received mandatory training, in addition to other training relevant to their work. Overall, there were safe and effective recruitment practices in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. However, the provider's recruitment process was not consistently robust, as some of the required information was not in place for some staff.

The person in charge worked closely with staff and residents and was involved in the management of the centre. Throughout this registration cycle the inspector had found the person in charge to be very familiar with residents' care and support needs. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

The provider had measures in place to protect the residents from harm. Staff received mandatory training in safeguarding, behaviour management and fire safety, and there were robust measures in place to safeguard residents from the risk of fire.

Since the last inspection, the provider and management team had suitably addressed most issues arising from the previous inspection report.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. He was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had received mandatory training in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required. There were no residents in the centre who required behaviour management support; however, most staff had received this training. The three most recently recruited staff had not yet received behaviour management training, but they had been identified to attend this training in July 2018. During the last inspection of the centre some staff had not received training in hand hygiene and this training had now been delivered to all staff.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements were written in a user friendly format, and included the required information about the service to be provided, such as the fees to be charged and what is included in the fees.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not clearly state some of the information required by the regulations.

The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the chief inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Overall, there was a suitable procedure for the management of complaints. The provider had ensured that residents were aware of the complaints process. While there had been a low level of complaints in the centre, records showed that complaints were taken seriously by the provider and suitably managed. However, the information in the complaints policy regarding the independent appeals process required review as it was unclear and was not in line with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection. However, the provider's recruitment process had not ensured that all staff documentation required under schedule 2 of the regulations had been obtained.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were arrangements in place, such as extensive auditing systems, to ensure that the service provided was safe and in line with residents' needs. However, while six-monthly audits were being carried out on behalf of the provider, and annual reviews were being completed, the most recent annual review did not include the views of residents.

Judgment: Substantially compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times

and that they were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices. However, an aspect of residents' rights required improvement.

Residents' quality of life was prioritised by the systems in the centre - and overall their rights and choices were supported. The inspector could see that residents were out and about in the community and they confirmed that they enjoyed this. However, a recently introduced organisational practice limited residents' choice about an aspect of their lives, and presented a risk that residents might not be able to enjoy some activities of their choosing due to this limitation.

The personal planning process ensured that residents' social, health and developmental needs were identified. Personal planning arrangements ensured that each resident's needs were subject to regular review both annually and more frequently if their needs changed. Residents and staff planned residents' personal goals for the coming year annually and identified the required support to achieve these. The inspector could see that residents were out and about in the community. Residents confirmed that this was the case and that they enjoyed it. There was evidence, and residents also confirmed, that residents had good contact with families and that visits were arranged and supported.

The centre suited the needs of residents. It was centrally located with very good access to local amenities. All residents had their own bedrooms. The rooms were decorated to residents' preferences and there was adequate furniture for residents to store their clothing and belongings. All residents had access to keys to their bedrooms and could lock their doors if they chose to. The centre was warm, clean, comfortable and suitably furnished, and was surrounded by large gardens. At the time of inspection a poultry run had been constructed and residents confirmed that they were looking forward to the arrival of the hens in near future.

The provider had arrangements in place to keep residents safe. Although there were currently no safeguarding or behaviour management issues occurring in the centre, there were measures such as policies, training and access to suitable support to safeguard residents from abuse or harm. The provider had also ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed and staff had received formal fire safety training. Fire evacuation drills involving residents and staff were being carried out. Residents and staff who spoke with the inspector knew the fire evacuation procedures. All bedrooms had fire doors for the containment of fire and smoke.

There was a good level of compliance with regulations relating to the quality and safety of resident care, and residents' social integration and development was being prioritised.

Regulation 11: Visits

Residents could receive visitors in accordance with their wishes, and they were also supported by staff to visit their families.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of activities that they enjoyed and which reflected their assessed needs, capabilities and interests. The management team and staff ensured that residents had opportunities to increase their independence by being involved in household responsibilities, accessing activities in the community, attending training, and having jobs in the local area.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was clean, comfortably furnished and well decorated. Furthermore, there were laundry facilities, separate gardens, and access to a refuse collection service.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, shopped for, and were involved in the preparation of their own food.

Judgment: Compliant

Regulation 26: Risk management procedures

During the last inspection of the centre some staff had not received training in manual handling and this had been suitably addressed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, fire containment doors, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included residents and their representatives, were being held. Residents' personal goals and plans, both social, health and developmental, were decided at these meetings. The goals that had been identified were individualised and meaningful for residents. It was clear, from talking to residents, discussions with staff and review of records, that residents were involved in the local community and were involved in a wide range of activities that they enjoyed.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no residents in the centre who required behaviour management support; however, most staff had received this training in behaviour support. The three most recently recruited staff had not yet received behaviour management training, but they had been identified to attend this training in July 2018. There were no restrictive practices being used in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, and there was a safeguarding policy to guide staff. The services of a designated safeguarding officer were available to support residents and staff.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the rights of residents were protected and promoted, and residents were treated in a manner that maximised their privacy and dignity. All residents had their own bedrooms and had facilities for the secure storage of their personal belongings and valuables. All residents were registered to vote and were supported to practice their religion as they chose. However, at the time of inspection, there was an organisational practice in place that impacted on residents' rights to exercise choice and control in an aspect of their lives.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Movable Residential Group Home OSV-0003339

Inspection ID: MON-0021762

Date of inspection: 22/06/2018

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 3: Statement of Purpose	Substantially Compliant
<ul style="list-style-type: none"> • The Designated Centre has prepared in writing a Statement of Purpose. • The Statement of Purpose is clear and transparent, reflects the day to day operation of the centre, and sets out the aims and objectives of the centre and the services provided. • The Statement of Purpose is reviewed and updated annually or in the event that there is a change in the service provided. • The Statement of Purpose is made available to residents and their representatives in an accessible format. • The Statement of Purpose is reviewed and evaluated during the regulation 23, 6 monthly provider visit. <p>This centre will now come into compliance with regulation 3(1)</p> <ul style="list-style-type: none"> • The Statement of Purpose has been reviewed and now includes conditions attached to the registration of the Centre. • The Statement of Purpose now includes all information required by the regulations. 	
Regulation 34: Complaints procedure	Substantially Compliant
<ul style="list-style-type: none"> • There is an complaints procedure in place which is set out in the centre's complaints policy. • All staff have read and signed the complaints policy. • Information regarding the complaints process is included in the centre's statement of purpose. • There is an easy read version of the complaints process accessible to all residents and prominently displayed in the centre. • Complaints are a standing agenda item on both resident and staff meetings. • The appeals process is fair and objective; residents and their families are made aware of the complaints process and are supported to understand the process 	

and make a complaint.

This centre will now come into compliance with regulation 34

- The Statement of Purpose was reviewed to set clarity regarding the appeals process.
- The Complaints Policy will be reviewed in terms of the updated national Policy, Your Service Your Say.

Regulation 15: Staffing

Substantially Compliant

- The number, qualifications and skill-mix of staff are appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the centre.
- Nursing care is provided as required subject to the statement of purpose and the assessed needs of residents.
- Staffing is allocated to ensure that residents receive continuity of care and support from staff who are consistently assigned to the centre as far as is reasonably practicable.

This centre will now come into compliance with regulation 15

- The Provider Representative requested the Data Controller to provide the required documentation, by registered post, to the regulators office in Cork.
- The person in Charge will use the existing audit tool in order to complete an audit of staff employment histories and address the deficits accordingly.
- The person in Charge will monitor until compliance is achieved.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- There is a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.
- Management systems are in place to ensure that the service provided in the centre is safe, appropriate to residents' needs, consistent and effectively monitored.
- A health and safety management system which includes the corporate, organisational and centre specific safety statements, the risk register for the centre and the plans in place to respond to emergencies that may arise.

This centre will now come into compliance with regulation 23(1)(e)

- The Registered Provider shall ensure that the annual review is updated to include the views of residents.
- Going forward the provider will ensure that annual reviews demonstrate, capture and document the existing practices of consultation with residents and their representatives.
- The provider will continue to consult with residents to assure opportunity for each person to voice their opinions, feedback from which learning can be

achieved, information channelled to the relevant persons, services planned for, configured and delivered to enable each person realise their request, wishes and goals.

Regulation 9: Residents' rights	Not Compliant
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- A human rights based approach underpins service delivery.
 - Staff treat residents with dignity and respect
 - A person centred model of care and support is promoted and is responsive to the assessed needs of each resident.
 - Person centred care planning is carried out with the maximum participation of the resident.
 - Residents are facilitated to exercise their civil, political, religious rights and can make informed decisions about the management of their care.
 - Residents are encouraged to maintain their own privacy and dignity
 - Residents personal information is respected and kept confidential, with information given to staff and others on a need to know basis only.
 - Residents are encouraged to be actively independent in accordance with their capacity and preferences.
 - Residents are provided with appropriate information about their rights and have access to advocacy services
 - Residents are consulted with on a daily basis, resident meetings are held to enable residents participate in the day to day running of the centre.
 - Residents can meet with friends and family in private.
 - Residents personal possessions and private space is respected.
- This centre will now come into compliance with regulation 9(2)(b)**
- A Draft Protocol has been developed to provide guidance for Staff and Management with regard to planning holidays for residents.
 - This Protocol, when approved, will be circulated to all Centres.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	August 30 th 2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	August 30 th 2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24.07.2018
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	September 30 th 2018
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	September 30 th 2018