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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ivy House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Meath</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13 November 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0003371</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0025544</td>
</tr>
</tbody>
</table>
About the designated centre

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

This designated centre is a 24 hours nurse led residential service for men and women over the age of 18 years who have an intellectual disability. The house is a large dormer bungalow just outside a large town in Co. Meath. The house comprises of fifteen rooms consisting of a kitchen/dining room with sun room, sitting room, office, utility room, store, 7 bedrooms 5 of which have ensuite facilities, 1 separate bathroom. The house has a large garden area to the front and back of the house. It has adequate parking facilities at the back of the house. The centre has accessible transport available for residents. The person in charged is employed on a full-time basis. There are six full-time nurses and nine full-time care assistants employed in this centre.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 7 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 November 2018</td>
<td>08:30hrs to 19:00hrs</td>
<td>Jacqueline Joynt</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

The inspector met with five of the seven residents throughout different times of the day. The residents relayed their views to the inspector. Residents’ views were also taken from observations, minutes of residents’ meetings and various other records that endeavoured to voice the residents' opinions. Where appropriate staff supported communication between residents and the inspector so that their views could be known.

Residents spoken with advised the inspector that they were happy and enjoyed living in the house.

Two of the residents showed the inspector around their bedrooms and pointed out where they had been involved in the décor of the room. The residents seemed happy and proud to show the inspector family photographs, memorabilia and personal items contained within in their rooms.

The inspector met and spoke with a resident alongside their family member who relayed that they were happy with the service provided and in particular the proactive approach management and staff took in referring the resident to the necessary healthcare professionals when required.

Feedback from residents was collected as part of the designated centre’s annual review. Residents noted that they felt safe in their home and knew what to do if they did not feel safe. Residents also noted that they get to make choices every day and are supported by staff with these choices. Residents advised that they feel part of the house and included in the decision making.

The inspectors observed that residents’ needs were very well known to staff. The residents appeared very comfortable in their home and relaxed in the company of staff. The inspector also observed that there was an atmosphere of friendliness in the house and that staff were kind, caring and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account. Improvements that were required from the last
inspection had been completed.

The inspector reviewed staff rotas and found that overall, there were enough staff with the right skills, qualifications and experience to meet the assessed need of the residents. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector found that staff had the necessary competencies and skills to support the residents that lived in the centre and had developed therapeutic relationships with the residents.

The inspector saw that staff mandatory training was up to date and that complementary to this other training was provided to staff to enable them provide care that reflected evidence-based practice. The inspector spoke with a number of staff who demonstrated appropriate understanding and knowledge of policies and procedures that ensured safe and effective care of residents.

One to one supervision meetings were taking place to support staff perform their duties to the best of their ability every six months or more often if required. Staff advised the inspector that they found these meetings to be beneficial to their practice.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. The person in charge was committed to continuous professional development. The person in charge was currently attending a course on person centred culture and sharing the learning from this course with staff in the centre and other centres in the local area.

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

Further to the annual and six monthly reviews senior management carried out monthly reviews to assist the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery.

It was evident that the centre strived for excellence through shared learning and reflective practices. The inspector was advised that, on a monthly basis, the area director arranges a group meeting with the areas’ persons in charge. These meetings identify improvements required, which are relayed back to each designated centre, thereby ensuring better outcomes for residents.

The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents
had access to information which would support and encourage them express any concerns they may have. The inspector was advised that two of the residents are on a self advocacy programme and are supported by staff to travel to and from the resident advocacy meetings. Information from these meetings are relayed back to other residents during their weekly meetings.

**Regulation 15: Staffing**

Each staff member played a key role in delivering effective, care and support to residents.

Schedule 2 was not checked on this inspection.

Judgment: Compliant

**Regulation 16: Training and staff development**

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

Judgment: Compliant

**Regulation 23: Governance and management**

The governance systems in place ensured that service delivery was effective through the on-going audit and monitoring of its performance resulting in a quality assurance system.

Judgment: Compliant

**Regulation 24: Admissions and contract for the provision of services**

The action from the previous inspection had been completed.

Judgment: Compliant
### Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose.

**Judgment:** Compliant

### Regulation 31: Notification of incidents

Overall, the person in charge had insured that incidents were notified to HIQA in the required format, within the specified time-frame and that overall, all the necessary information was submitted. However, on the day of inspection it was found that three environmental restrictive practices were omitted from the recently submitted NF39.

**Judgment:** Substantially compliant

### Regulation 34: Complaints procedure

Complaints procedures, protocols were evident and appropriately displayed and available to residents and families.

**Judgment:** Compliant

### Quality and safety

Overall, the inspector found that residents well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for the residents. The residents living in the centre received care and support which was of a good quality, safe and which promoted their rights.

The residents had individualised holistic assessment and care plans which were part of everyday life with all staff involved and resulted in a person centred service for the residents. The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The inspectors looked at a sample of personal plans and found that residents had up
to date plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied healthcare professionals and family members.

The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents’ lives. Residents’ personal plans reflected the revised assessed needs of residents. Where appropriate, residents were provided with an accessible format of their personal plan and there was evidence to demonstrate that they were consulted in the process.

The residents’ personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. Four of the residents attended a local day service five days of the week with one resident attending a day service three times a week. Residents who were not engaging in day service were involved in a New Directions type programme which provided person-centred support that was tailored to meet their individual needs. The residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Weekly resident house meetings occurred with the agenda including matters such as complaints, advocacy, person centred planning, meal planning and suggestions and discussions relating to purchases of different household items.

Residents were supported to engage in social activities that promoted community inclusion such as going to the local cinema, to the local horse races and the local golf driving range. Residents were also supported to attend external and in-house dance classes, attend appointments at local beauticians and dining out in nearby restaurants, pubs and cafés.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. One resident was engaged in part-time work in a local charity shop as part of their education programme. Another resident was assigned postal duties for the centre and other local centres including purchases and deliveries to the local post office.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. The inspector saw evidence that there was clear, correct and positive communications which helped residents understand their own behaviour and how to behave in a manner that respects the rights of others and supports their development. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis and more often if required.

The inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of
friendliness, and the resident's modesty and privacy was observed to be respected. Residents were supported to develop their knowledge, self-awareness, understanding and skills required for self care and protection through accessible information and monthly residents' meetings promoting safeguarding information.

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. Overall, the physical environment of the house was clean and in good decorative and structural repair. On the day of inspection temporary repair work was carried out on the floor in the laundry room to enable residents access this area. Further work to this floor and the kitchen floor had been scheduled to take place shortly.

The external area at the back of the house included a remembrance garden to support residents and family members remember and grieve past residents. There was another garden area with raised garden beds for residents who had a keen interest in gardening. This area required leveling however, the inspector was informed that this had been planned and budgeted for early next year.

The inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
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<tbody>
<tr>
<td>The inspector observed the service as homely and accessible and promoted the privacy, dignity and welfare of each resident.</td>
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<tr>
<td>Work was required to the kitchen and laundry room floor and to an area of the back garden however, this work has been approved and scheduled to commence in December 2018.</td>
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<tr>
<td>Judgment: Compliant</td>
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<table>
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<tr>
<th>Regulation 28: Fire precautions</th>
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<tbody>
<tr>
<td>There were systems in place for the prevention and detection of fire. Audits ensured precautions implemented reflected current best practice. All fire fighting equipment was serviced appropriately.</td>
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</table>
Judgment: Compliant

**Regulation 5: Individual assessment and personal plan**

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

**Regulation 7: Positive behavioural support**

Staff respond positively to behaviours that challenge and implement the centres policy, which is evidenced based.

Judgment: Compliant

**Regulation 8: Protection**

Residents were found to be well protected in the centre. There were clear guidelines and protocols in terms of the safeguarding of all residents, staff and visitors in place.

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Substantially</td>
</tr>
<tr>
<td></td>
<td>compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Going forward from Quarter 4 2018 all Environmental Restrictive Practices will be submitted quarterly by Person in Charge via NF39s, including the 3 mentioned in report.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 31(3)(a)</td>
<td>The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/01/2019</td>
</tr>
</tbody>
</table>