



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

Issued by the Chief Inspector

Name of designated centre:	Harmony
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	04 November 2020
Centre ID:	OSV-0005691
Fieldwork ID:	MON-0031002

About the designated centre

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

Harmony is a residential and shared care house which provides a service to both male and female adults over the age of 18. Residents of this service have a moderate to significant intellectual disability and may have a secondary diagnosis of autism. The service can also support residents with physical needs and palliative care needs. Harmony provides full-time care to four residents and shared care for two residents. The centre does not offer emergency admissions at present. The centre comprises of one large, single-storey house which is located within walking distance of a medium sized town where transport links such as buses, trains and taxis are available. Each resident has their own bedroom and there are appropriate bathroom facilities available for residents to use. The centre has a medium-sized kitchen and dining room and two separate sittings rooms are provided, which are all comfortably furnished. There is also a multisensory room and spacious back garden for residents to enjoy. The service is staffed with a mix of nursing staff and social care assistants and provides waking night cover to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 4 November 2020	10:15hrs to 16:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

There were 5 residential places and one shared care placement in the centre and there were no vacancies at the time of inspection. The inspector met with four residents who were present, but none of the residents had the communication capacity to speak with the inspector. However, the inspector observed that residents appeared to be comfortable in the company of staff, in their environment and with each other.

Capacity and capability

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre. However, improvement was required to the governance arrangements relating to residents' social care. Some improvement was also staff training, emergency evacuation and the annual review.

The provider ensured that the service was subject to ongoing monitoring and review of the care and support being provided to residents who lived at the centre. Unannounced audits were being carried twice each year on behalf of the provider. Ongoing audits of the centre's practices were also being carried out by the person in charge and staff. Records showed a high levels of compliance in all audits and that any audit findings had been addressed.

There was a suitably qualified and experienced person in charge to manage the centre. The person in charge was the manager of two centres, but she worked closely with staff in this service and was familiar with residents' care and support needs. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

Governance arrangements in the centre, however, had not ensured that residents had access meaningful activities in the centre. The management and review of emergency evacuation also required improvement to ensure the safe delivery of service. Furthermore, the annual review of the quality and safety of care and support of residents did not include consultation with residents' and or their representatives as required by the regulations, although this information was included in the provider's six-monthly unannounced audit. The inclusion of residents' views in the annual review and emergency evacuation had also be identified as areas for improvement in previous inspection report. Some refresher training had not been carried out within the time frames required by the provider, and no dates had yet been set for this training. The person in charge,

however, did provide evidence that measures to address this deficit were underway.

The provider had ensured that there were sufficient staff, including nurses and care staff, available to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, open disclosure and palliative care, in addition to mandatory training. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date.

The provider had ensured that the records required by the regulations were kept. Records viewed were maintained in a clear and orderly fashion, and were readily available to view when requested. Some of the documentation viewed included auditing records, a statement of purpose, a residents' guide, risk assessment and a COVID-19 information file and contingency plan.

There were suitable arrangements for the management of complaints. There had been a low level of complaints in the centre. There was evidence that complaints had been taken seriously, had been recorded and investigated, and had been suitably resolved.

The provider had ensured that the centre was suitably insured, that there was an up-to-date statement of purpose that reflected the service being provided to residents, and that service agreements had been made on behalf of all residents.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services 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. The person in charge knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge and these were updated to accurately reflect staffing arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, manual handling and safeguarding, in addition to other training relevant to their roles. However, some refresher training had not taken place within the recommended time frames required by the provider.

Judgment: Substantially compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained. Records viewed during the inspection were maintained in a clear and orderly fashion and were made available promptly as required.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy that met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Some governance arrangements for the management of the centre required improvement. The provider had not ensured that suitable arrangements were in

place to involve residents in meaningful activities in the centre during times when day service was not available due to current restrictions. The management of emergency evacuation and some staff training also required improvement, and the annual review did not include all the required information.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by residents' representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met most of the requirements of the regulations. However, there was some minor adjustment required to the statement of purpose to meet all the requirement of the regulations. The person in charge reviewed and amended the statement of purpose, and a suitably revised version was sent to HIQA following the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

A range of policies and procedures were available to guide staff. A sample of policies viewed during the inspection were up to date.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints and any previous complaints had been suitably recorded, investigated and resolved. There had been a low level of complaints in the centre and there were no

active complaints at the time of inspection.

Judgment: Compliant

Quality and safety

While the provider had measures in place to promote the well-being and safety of residents, improvement was required to the recreation and activities available to residents due to lifestyle changes arising from COVID-19 restrictions. Emergency evacuation guidance also required improvement.

Suitable support was not provided to residents to take part in meaningful activity in the centre in accordance with their individual choices and assessed needs. There was evidence that residents had previously taken part in a range of activities as part of their day care services. The inspector could see that, in the absence of day service, little effort had been made to support residents with interesting things to do during the day. Residents spent most of the day of inspection sitting in the centre with nothing to do and limited interaction from staff. The inspector reviewed activity plans and records, which indicated that there was no structured activity plan for residents. There was limited record of individualised activities to suit each person's assessed preferences. The records kept were vague and were lacking in details of what residents had been supported to enjoy. For example, it was recorded that residents had received 'music therapy', but on discussion it was clarified that this was not defined and generally meant that a CD was played or staff sang to residents.

Overall, there were good measures in place to safeguard residents from the risk of fire, although an aspect of this required improvement. Fire safety arrangements included servicing of fire safety equipment, internal fire safety checks by staff, provision of fire doors, and the completion of frequent fire evacuation drills. However, the emergency evacuation plan for one resident was not clear and did not provide sufficient information to guide practice.

There were suitable systems to control the spread of infection in the centre. There was guidance and practice in place to reduce the risk of infection, including specific measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE) and daily monitoring of staff and residents' temperatures. Furthermore, there was a detailed cleaning schedule in use and hand sanitising facilities were available for use.

The premises was warm, clean and comfortable and suited residents' needs and there was a safe and accessible garden area for residents' use. Each resident has his or her own bedrooms and these rooms were suitably furnished and equipped. The centre also had appropriate laundry facilities and suitable arrangements for refuse disposal. There were two spacious and comfortable sitting rooms both of

which were equipped with televisions. However, the suitability and positioning of the televisions had not been assessed to established if they were suitable for residents needs. One of the televisions was small and both were fixed high on the walls and were not level with residents lines of sight.

There were measures in place to ensure that residents' rights were being upheld. Assessments of rights were being completed for all residents, which included assessment of residents' financial capacity. Residents also had rights to both complaints and advocacy processes, and their religious preferences were supported. A residents guide was available to provide information to residents and or their representatives. The provider had also ensured that residents could continue to receive visits from family members in a safe way and in line with public health recommendations.

Regulation 11: Visits

There was evidence that traditionally residents were supported to meet with, and visit, family and friends in both the centre and in other places. However, due to COVID-19 restriction these arrangements had been reviewed and contact with families was being achieved in line with national guidance.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had not ensured that residents had access to activities in accordance with their interests and assessed needs. While residents traditionally attended day services where they were involved in a range of social and developmental activities, meaningful activity plans had not been developed to support residents while they were home based during COVID-19 restrictions.

Judgment: Not compliant

Regulation 17: Premises

The design and layout of the centre met the aims of the service and the needs of residents. The centre was well maintained, suitably equipped, clean and suitably decorated. However, there had been no consideration given to the placing of televisions in communal areas to ensure that they were suitable and accessible for residents.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was also an informative residents' guide that met the requirements of the regulations and was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Hand sanitising and temperature monitoring facilities were in place, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

Regulation 28: Fire precautions

Overall there were robust measures were in place to protect residents and staff from the risk of fire. However, recording of one personal evacuation plan was not sufficiently clear to guide practice and did not reflect the understanding and knowledge explained by staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had ensured that residents' civil, political and religious rights were supported in line with their wishes and that there has been an assessment of rights carried out for each residents.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Harmony OSV-0005691

Inspection ID: MON-0031002

Date of inspection: 04/11/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>1. The Provider has ensured that the Person in Charge has reviewed the training Needs Analysis and scheduled refresher training in CPR and Studio 111.</p>	
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>1. The provider has ensured that suitable arrangements are now in place to involve residents in meaningful activities in the centre during times when day service is not available due to current restrictions.</p> <ul style="list-style-type: none"> o The Person in Charge has developed individual schedules clearly indicating the activities carried out by residents supported by staff. o The Person in Charge has ensured an outreach service in consultation with Day service staff is provided to two residents within the Designated Centre. o The Person in Charge will ensure that 1 resident will resume his Day Service with the external provider as per Service Level Agreement. o The Person in Charge has ensured that 1 resident continues to have his self directed Daily Schedule depending on his Clinical Presentation on a given day. <p>2. The Provider has ensured that the Person in Charge has reviewed the training Needs Analysis and scheduled refresher training in CPR and Studio 111.</p> <p>3. The Person in Charge has ensured 1 resident's PEEP (Personal Emergency Evacuation Plan) has been updated and now informs staff of the clear guidance when undertaking</p>	

<p>the evacuation of this resident. A drill has been carried out to ensure all staff adheres to this protocol. The Provider will ensure that the Annual Review will be in line with the regulations.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>1. The provider has ensured that suitable arrangements are now in place to involve residents in meaningful activities in the centre during times when day service is not available due to current restrictions.</p> <ul style="list-style-type: none"> o The Person in Charge has developed individual schedules clearly indicating the activities carried out by residents supported by staff. o The Person in Charge has ensured an outreach service in consultation with Day service staff is provided to two residents within the Designated Centre. o The Person in Charge will ensure that 1 resident will resume his Day Service with the external provider as per Service Level Agreement. o The Person in Charge has ensured that 1 resident continues to have his self directed Daily Schedule depending on his Clinical Presentation on a given day. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1. The Person in Charge has scheduled an Occupational Therapist assessment to review the environment to ensure that it is suitable and accessible for residents while watching television. All recommendations will be followed accordingly.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: However, recording of one personal evacuation plan was not sufficiently clear to guide practice and did not reflect the understanding and knowledge explained by staff.</p> <p>1. The Person in Charge has ensured 1 resident's PEEP (Personal Emergency Evacuation</p>	

Plan) has been updated and now informs staff of the clear guidance when undertaking the evacuation of this resident. A drill has been carried out to ensure all staff adheres to this protocol.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	04/01/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	10/01/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and	Substantially Compliant	Yellow	05/12/2020

	promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	07/12/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	07/12/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them	Substantially Compliant	Yellow	07/12/2020

	to safe locations.			
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