Office of the Chief Inspector

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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Grand Priory</th>
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</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>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>19 June 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002569</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022479</td>
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</table>
About the designated centre

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

This designated centre provides residential services to five adults with intellectual disabilities both male and female over the age of 18 years. The centre is based in a small town in County Meath. The centre is a detached two story house with an independent living Studio Apartment also on the grounds. The main house has eleven rooms consisting of a kitchen, sitting room, office, utility room, 4 bedrooms 3 of which have ensuite facilities, 1 separate bathroom.1 toilet with wash hand basin downstairs and a staff office upstairs. There is a patio area and garden to the back of the house and a small garden at the front. The Studio Apartment consists of bedsit with bathroom en suite facility. The person in charge also works in another designated centre and divides her time evenly between this centre and the other. There is one nurse and six healthcare assistants working in this house. The centre has its own transport.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 5 |

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How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 June 2019</td>
<td>10:20hrs to 18:40hrs</td>
<td>Jacqueline Joynt</td>
<td>Lead</td>
</tr>
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</table>

What residents told us and what inspectors observed

On the afternoon of the inspection the inspector met with all five of the residents living in this centre. The residents asked to have individual meetings with the inspector and this was accommodated. Residents’ views were also taken from the centres’ annual and six monthly reports, residents’ weekly house meeting minutes and various other records that endeavoured to voice the resident’s opinion.

Overall, the residents advised the inspector that they enjoyed living in this centre. They told the inspector that they enjoyed the choice of meals provided and that some residents enjoyed helping prepare the meals at dinner time. The residents said that they had been consulted in the design and layout of their bedrooms and received good support and care from the staff.

Not all residents were content with their accommodation and in particular the inspector was advised of one bedroom which was cold and damp with poor ventilation which had resulted in poor outcomes for the resident.

Residents talked with the inspector about the different activities they enjoyed. The residents talked about how staff supported them achieve their goals and help them work on their current goals.

Some of the residents’ family members met with the inspector and gave very positive feedback about the quality of care provided by staff and management, and how happy their family member was living in the centre.

Family members and residents advised the inspector that should they need to make a complaint they knew who to go to and felt assured the complaint would be dealt with promptly.

Residents’ views were also captured in the completed Health Information and Quality Authority questionnaires given to the inspector. In reviewing the questionnaires the inspector found that the residents were highly complementary of the service provided.

The inspector observed residents engaging happily with each other at the dinner table with lots of jovial interactions. The residents advised the inspector that they enjoyed each other’s company and that they felt relaxed and happy in the house.

Residents appeared content and at ease in their environment and the inspector observed that there was an atmosphere of friendliness in the house and that staff were kind 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 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 residents’ needs, wishes and intrinsic value were taken into account.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. Improvements that were required from the previous inspection had been implemented.

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in an effective quality assurance system in place. The inspector found that further to the annual report and six monthly review 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.

The inspector saw evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with senior management and other persons in charge from the same organisation on a regular basis. These meetings identified improvements required, which were relayed back to each designated centre.

The person in charge was familiar with the residents’ needs and ensured that they were met in practice. There was evidence to demonstrate that the person in charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The person in charge had carried out one to one supervision and support meetings with all staff to support them perform their duties to the best of their ability. 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.

There were sufficient numbers of staff with the necessary experience and competencies to meet the needs of the residents living in the centre. The inspector saw that staff mandatory training was up to date which enabled staff to provide care that reflected best practice. Staff had the necessary competencies and skills to support the specific residents that lived in the centre and had developed therapeutic relationships with residents. Staff who spoke with the inspector demonstrated good understanding of residents’ needs and were knowledgeable of
policies and procedures which related to the general welfare and protection of residents.

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 service, to ensure residents had access to information which would support and encourage them express any concerns they may have.

### Registration Regulation 5: Application for registration or renewal of registration

The application included all the required information and was submitted within the appropriate time-line.

**Judgment:** Compliant

### Regulation 15: Staffing

The inspector found that all schedule 2 requirements had been met. The inspector met and spoke in detail with two staff members on the day of inspection and found that they were knowledgeable in the needs of the residents and supports required to meet those needs.

**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 safe and effective through the on-going audit and monitoring of its performance. The annual
report and unannounced six monthly reviews had been completed as per regulations.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The service being delivered was in line with the designated centre's current statement of purpose. The statement of purpose included information as required by schedule 1 and a copy of the statement of purpose was made available to residents and their families.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There were complaint policies and procedures in place to ensure that the service was committed to the making, handling and investigation of complaints and that all residents and family members were aware of this. Residents' weekly meetings included an education piece on the complaints process.

Judgment: Compliant

**Quality and safety**

The inspector found that overall, the residents' well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The centre was well run and overall, provided a pleasant environment for residents however, the inspector found that in relation to one section of the premise a major improvement was required.

The inspector looked at a sample of plans and found that residents had up-to-date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, allied health professionals and family members where appropriate. The residents' plans reflected the continued assessed needs of
the residents and outlined the support required to maximise their personal
development in accordance with their wishes, individual needs and choices. For the
most part residents’ plans were reviewed to ensure there was appropriate supports
in place to enable the progress and achievement of the residents’ goals. However,
improvements were required to one of the resident's plan to ensure to effectiveness
of reviews and in particular the progress of the resident’s goals.

The inspector found that the health and wellbeing of each resident was promoted
and supported in a variety of ways including through diet, nutrition, recreation,
exercise and physical activities. Residents received appropriate person-centred care
and had access to a general practitioner of their choice. The inspector saw that
residents were support to eat a healthy diet which included plenty of choice and was
in line with the residents’ needs and wishes.

Overall, residents received appropriate person-centred healthcare and had access to
a general practitioner of their choice. However, the inspector found that although
residents were being facilitated to avail of appropriate health screening, the
documentation to support this practice required improvements to clearly
demonstrate follow up.

Residents were supported to engage in goals that promoted community inclusion
such as attending a local day activation service but also to enjoy other activities in
the community such as swimming, horse-riding, bowling, going to the cinema,
weekends away, holidays abroad and social outings in local cafes and restaurants.

Residents were supported to engage in meaningful activities which promoted their
personal development and independence. One of the residents informed the
inspector about their work experience and the responsibilities involved in this while
another resident spoke with the inspector about their role in an advocacy group.

Residents were encouraged and supported around active decision making and social
inclusion. Residents participated fully in the residents' weekly house meetings where
household, weekly activities and other matters were discussed and decisions were
made. Residents were also involved in the planning and decisions making around
their holidays away in Ireland and abroad.

The residents were assisted to exercise their right to experience a full range of
relationships, including friendships, community links as well as personal
relationships. Family members who spoke with the inspector advised that
they always felt welcomed when they called to the house and engagement between
them and staff was very inclusive.

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.
Overall, the design and layout of the main premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. The physical environment of the main house was clean and in good decorative and structural repair. However, the inspector found that storage space to accommodate and ensure the security and privacy of residents' personal files required reviewing.

The designated centre included a small studio apartment to the side of the main premises. The apartment consisted of a bedroom and an en-suite bathroom. The inspector found that there was poor ventilation in the bedroom which resulted in damp and mould developing in areas throughout the room and that this had lead to negative outcomes for the resident. The inspector was advised by the resident that some of their clothes in their wardrobe had to be thrown out as they had been destroyed by mould. Furthermore, the heating in the apartment was linked to the heating in the main house. The resident advised the inspector that they were often cold in the evenings as the heating in the main house had been switched off leaving their apartment without heat and feeling cold and damp.

The inspector saw evidence that the person in charge had been in contact several times with the organisation's business support manager since May 2019 to arrange an assessment of the situation however, on the day of inspection there was no plan in place to rectify the ventilation, mould or heat issues occurring in the resident's studio apartment. Staff had put interim solutions in place such as dehumidifiers and chemical sprays to keep mould at bay however, these were not considered appropriate long term solutions.

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.

**Regulation 17: Premises**

The storage of records and resident's personal files required reviewing to ensure they were kept in an appropriate and secure location.

The studio apartment section of the premise did not meet the needs of the resident and was impacting negatively on the quality of the resident's life; There was inappropriate ventilation in the apartment which had lead to damp and mould growing which resulted in poor outcomes for the resident. The resident was cold at times as the current heating system in place in the apartment did not ensure they were always kept warm.
Judgment: Not compliant

Regulation 26: Risk management procedures

There was an effective system in place for the management of risk in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and was serviced when required; for example, the fire alarm was serviced on a quarterly basis and fire-fighting equipment was serviced on an annual basis.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, the residents' personal plans were reviewed however, the inspector found that not all residents plans were reviewed effectively. For example, the progress of one of the resident's goals had not been reviewed in a timely manner and the monthly review system for in place had not occurred for the same resident's plan in the last three months.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the health and wellbeing of each resident was promoted. Residents were being facilitated to access health screenings where appropriate however, on the day of inspection the inspector found that there was no documentation in residents personal plans regarding the this practice.
Judgment: Substantially compliant

**Regulation 8: Protection**

The person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with the resident's personal plan and in a manner that respected the resident's dignity and bodily integrity.

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:

<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>Registration Regulation 5: Application for registration or renewal of registration</td>
<td>Compliant</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 3: Statement of purpose</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>Not compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</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>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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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>
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<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Not Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 17: Premises:
In relation to the safe storage of records and residents files, the PIC has submitted a request to have locks installed on the cabinets that hold residents personal files. Until these locks are installed, all personal documentation is now stored in a secure office that is locked. This will now be recorded as a restrictive practice and will be submitted on the quarterly NF39 notification form.

In relation to the studio apartment, HSE maintenance have been on site to assess the property and identify options which would make efforts to address the issue outlined.
• An air vent will be installed to provide ventilation and reduce the level of moisture by 31/08/19.
• A separate heating system will be installed in the apartment by 31/08/2019.
• This apartment will be included in a Sustainable Energy Authority of Ireland (SEAI) project for retrofit of residential buildings. Works to be complete by 31-03-2020.

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and personal plan</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• All resident’s goals are now reviewed and updated every 3 weeks.
• Resident’s goals are now an agenda topic at all staff meetings.
• A co-key worker system has been established, so every resident has a second key worker. This staff member is responsible for updating resident’s goals in the absence of their primary key worker.
- The PIC now completes an audit of all resident’s goals every month.

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<tr>
<th>Regulation 6: Health care</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 6: Health care:
- A section for “Health screening records” has been added to resident’s personal files.
- Health Screening has been added to the current “Clinical Heath input records form” in residents personal files.
- Education on health screening is available to all residents through their GP and all residents will have received this education before August 16th 2019. All screening procedures will be completed before 30-11-2019.
- Information has been made available to all residents in easy read format.
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 17(1)(a)</td>
<td>The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>20/07/2019</td>
</tr>
<tr>
<td>Regulation 17(1)(b)</td>
<td>The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>Regulation 17(6)</td>
<td>The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>19/07/2019</td>
</tr>
</tbody>
</table>
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 05(6)(c) | 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 assess the effectiveness of the plan. | Substantially Compliant | Yellow | 20/07/2019 |

| Regulation 06(2)(c) | The person in charge shall ensure that the resident’s right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident’s medical practitioner. | Substantially Compliant | Yellow | 30/11/2019 |