



## Office of the Chief Inspector

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

Name of designated centre:	Ceol na Mara
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	31 July 2019
Centre ID:	OSV-0005867
Fieldwork ID:	MON-0027511

## About the designated centre

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

Ceol na Mara is a residential service run by the Health Service Executive. It provides a full-time residential service to four adults with a moderate to severe intellectual disability. The house is located in the countryside and within a short drive to a small town where there are amenities such as a church, shops and restaurants. The designated centre is a single-storey detached house, comprising of a kitchen/living area, sun-room, sitting-room, utility, resident bedrooms and bathroom facilities. It also benefits from a large front and rear garden for residents to enjoy. The centre has its own transport for the residents to access community activities of their choice. The staffing mix comprises of nurses and social care assistants. There is a waking night staff available each night to support residents who may require assistance at night-time.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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:**

Date	Times of Inspection	Inspector	Role
31 July 2019	09:40hrs to 16:30hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

The inspector did not have the opportunity to meet with residents during the inspection as one resident was visiting with family and the other residents were on a day trip attending a musical in another part of the country. However, residents had completed questionnaires about their views on what it is like to live in the centre and these completed questionnaires were reviewed by the inspector. Overall, the residents stated that they were happy living in the centre, that they loved their new home and that they liked the other residents they lived with. All residents said that they were happy with the staff and supports given. Residents stated that they enjoyed having visitors to their home, and also enjoyed going out in their local community and getting involved with community activities such as helping out with tidying the town. One resident stated that they were unhappy with one aspect of the centre and had made a complaint, and added that they were happy with how the issue was being dealt with. Residents indicated the range of activities that they enjoy both in house, and in the community including artwork, jigsaws, gardening, listening to music, going shopping, going to hotels, visiting the local church and talking with the neighbours. Various artwork which was created by residents were on display in the house, and also photographs of residents partaking in activities of choice were hanging throughout the house. There was nothing found on inspection to indicate to the inspector that residents were unhappy living in the centre.

## Capacity and capability

This centre was a new designated centre which opened in February 2019, and the inspection was completed to monitor compliance with the regulations. The inspector found that there were suitable governance and management arrangements in place in the centre which ensured that residents who lived there received a quality and safe service. The person in charge worked full-time and was found to be knowledgeable about the needs of residents. The person in charge was responsible for another designated centre also and managed her time between both centres.

The inspector found that the staffing arrangements were adequate to meet the needs of residents as documented in their individual plans. There was an actual and planned rota in place which reflected what was happening in the centre on the day of inspection. Two care staff were supporting residents on a day trip to another county on the day of inspection. Staff received regular training as part of their continuous professional development. The person in charge carried out supervision meetings with staff who worked in the centre. Staff who the inspector spoke with said they felt well supported and could raise any issues or concerns to the

management team if needed.

As the centre was only open five months, the provider had not yet conducted an unannounced six-monthly visit or an annual review of the quality and safety of care and support of residents. However, regular audits in areas such as medicines, health and safety, incidents, complaints, personal plans and fire safety were conducted by the staff team, with oversight by the person in charge. The inspector found that audits in relation to fire safety checks required improvement to ensure accuracy of findings. However, the person in charge addressed this by the end of the inspection.

Risks were regularly reviewed by the management team and appropriate records were maintained. The person in charge ensured that notifications were submitted to the Chief Inspector of Social Services, as required by regulation. However, improvements were needed on the internal auditing system in the centre to ensure that notifications were appropriately recorded and reported, and the person in charge addressed this by the end of the inspection.

There was a good complaints management procedure in place. There was one open complaint at the time of inspection and the inspector found that the complaint was being addressed to the satisfaction of the complainant. Furthermore, the inspector found that the complainant was kept up to date with progress on agreed actions. The resident was supported to avail of advocacy services both internal and from external agencies, and meetings were held with the resident and other relevant people to try to resolve the complaint. There was an easy-to-read version of the complaints procedure which was accessible in the centre, and contained details of who the nominated complaints person was and details of the appeals process. Complaints were discussed at residents' weekly meetings.

### Regulation 14: Persons in charge

The person in charge met all the requirements of regulation 14, and all Schedule 2 documents were available for review by the inspector.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that the centre was well resourced and that there were suitable staffing arrangements and skill-mix in place to meet the needs of residents. There was an actual and planned rota in place, which reflected what was happening on the day of inspection. There was a pictorial rota in place for residents. A review of a sample of staff files showed that all Schedule 2 documentation was in place.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff received training as part of their continuous professional development. Staff supervision meetings were conducted between the person in charge and staff, and between the person in charge and the person participating in management.

Judgment: Compliant

### Regulation 22: Insurance

The designated centre had up-to-date insurance in place.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were good governance and management structures in place to ensure the safety and quality of care of residents. A range of internal audits were conducted in the centre and where actions were identified to improve services, these were addressed in a timely manner. Some improvement was required in the internal audits and recording systems for some fire safety checks and notifications. However, the person in charge addressed this on the day of inspection by implementing a new audit record to ensure information is accurately recorded and more effectively monitored going forward.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all information as required in Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifications were submitted to the Chief Inspector of Social Services as required by regulation.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a clear complaints procedure in place in the centre which was displayed in an accessible location for residents. Complaints process was discussed at residents' weekly meetings. The provider ensured that all complaints were recorded, followed up and actions taken to resolve the complaints to the satisfaction of the complainants.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents received a good quality and safe service and that there were suitable arrangements in place which ensured a safe and person-centred service.

The health, personal and social care needs of residents were assessed, and plans were developed to support residents where this was required. Residents were supported to access allied health professionals where recommended. Personal plans were developed with residents and were available in an accessible format, with photos of personal achievements displayed with the personal plan. Residents were involved in their annual review meetings and minutes of these meetings were signed by all attendees and residents. Residents were supported to achieve personal goals, and progress on goals was reviewed to ensure that these were achieved. Residents were supported to engage in a range of activities both in house and in the community, as directed by the residents and taking into account residents' specific needs and preferences. This included going on holidays, day trips, attending concerts, gardening, art, swimming classes and joining local community groups,

The premises had adequate space and facilities for the needs and numbers of residents. The house was clean, homely and nicely decorated with spacious garden areas. There was ample space for residents to engage in activities in house, such as artwork, gardening, receiving visitors, watching television, listening to music and



sitting out in the front or back garden.

Risk assessments were carried out for identified risks in the centre and a log of risks was maintained in the centre and regularly reviewed. Adverse events were assessed and plans were in place to respond to emergency situations. There was a system in place for the review of accidents and incidents. The person in charge had a good understanding of risks within the centre, and specific risks which may impact on residents had specific risk management plans in place.

The provider ensured residents' safety while staying in the centre. Staff were trained in safeguarding residents. Residents were supported to develop the awareness and skills to self-protect by use of an easy-to-read document and regular discussion at residents' house meetings. There were comprehensive plans in place for intimate care practices which guided staff in how to support residents. The inspector found that where restrictive practices were in place that these restrictions were reviewed regularly with relevant members of the multidisciplinary team, and efforts were made to use the least restrictive option for the shortest duration. Restrictive practices that were in use were discussed at the annual review meeting where the resident attended which ensured the resident was kept informed and consulted.

The centre had systems in place for the detection, containment and prevention of fire, and regular fire safety checks were completed by staff. Residents had personal emergency evacuation plans in place which were detailed in nature, and reviewed as required. Staff received training in fire safety, and regular fire drills were carried out. However, improvements were needed with regard to the fire drills to ensure that all residents can be safely evacuated with the minimum number of staffing on duty.

### Regulation 17: Premises

The inspector found that the premises was clean, homely and nicely decorated. There was ample space for residents to receive visitors and to enjoy individual leisure pursuits such as artwork, gardening and watching television. The house was accessible, spacious and had large garden areas for residents to enjoy.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk management policy in place which contained all the requirements of the regulations. Risk assessments were carried out for identified risks in the centre and a log of risks was maintained in the centre and regularly reviewed. The person in charge had a good understanding of risks within the centre, and specific risks which may impact on residents had specific risk management plans in place.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector found that the centre had systems in place for the detection, containment and prevention of fire, and regular fire safety checks were completed by staff. Staff received training in fire safety, and regular fire drills were carried out. However, improvements were needed with regard to the fire drills to ensure that all residents can be safely evacuated with the minimum number of staffing on duty.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The centre had arrangements in place for the management of medicines which ensured the safety of residents. Medicines audits were completed regularly and actions addressed where identified. Residents had been risk-assessed for the self-administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that there were comprehensive assessments completed on residents' health, personal and social care needs. Personal plans were developed with residents since their move to the designated centre as required by regulation, and goals for the future identified. Residents' individual personal plans were in an accessible format, with photographs of goals achieved on display in the personal plan booklet. A review of residents' annual review meeting notes demonstrated the maximum participation of residents at their review.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that residents with behaviours of concern were given supports in managing their behaviour. Comprehensive plans with multidisciplinary input were

in place to support residents with behaviours. Where restrictive practices were in place, these were reviewed to ensure that they were the least restrictive option for the shortest duration.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that staff were aware of what to do in the event of an allegation or suspicion of abuse and that safeguarding concerns were appropriately followed up. Residents were supported to develop the skills to understand self-protection and their rights, by use of an easy-to-read document and discussion at residents' meetings.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ceol na Mara OSV-0005867

Inspection ID: MON-0027511

Date of inspection: 31/07/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge implemented a site specific incident log on the 31/07/2019, and all incidents to be recorded in same.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge will ensure fire drills will include all four residents with minimal staff is carried out with immediate effect.</p>	

## 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 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.	Substantially Compliant	Yellow	31/07/2019
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 to safe locations.	Substantially Compliant	Yellow	31/07/2019