



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

Issued by the Chief Inspector

Name of designated centre:	Innisfree
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0002627
Fieldwork ID:	MON-0034375

About the designated centre

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

Innisfree is a centre run by the Health Service Executive and is located on the outskirts of a town in Co. Sligo. The centre provides residential care for up to four male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of one bungalow with residents having access to their own bedroom, shared bathrooms, communal areas and garden space. Staff are on duty both day and night to support the residents who live here.

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
Thursday 9 December 2021	1:00 pm to 5:35 pm	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

In this centre, residents received a good service that supported them to have a good quality of life. Residents were supported to engage in activities of their choosing, were supported to be independent and there was evidence that the service was responsive to their needs.

There was a COVID-19 station located inside the front door of the centre where visitors completed temperature checks, COVID-19 checks and sign-in for contact tracing. The inspector adhered to public health guidelines on the prevention of spread of COVID-19 throughout the inspection.

The centre consisted of a bungalow located in a housing estate on the edge of a town. The house was warm, clean and welcoming. The person in charge reported that there had been significant refurbishment undertaken in recent years including the upgrade of windows, insulation and the heating system. The house was nicely decorated for Christmas. Each resident had their own bedroom that was decorated to their own taste. The residents' personal photographs were on display in their rooms. The bedrooms were also personalised with the residents' belongings and items that reflected their individual interests. Framed certificates of residents' educational achievements were on display in some rooms. Each resident had their own television in their room and comfortable arm chair. Where required, residents had profiling beds. The centre had a bright kitchen-dining room that had been refurbished in recent years. Laundry facilities were located in a small room off the kitchen. There was a pleasant sitting room with large comfortable furniture and a stove. There were two bathrooms in the centre; one had a step-in shower and the other was equipped with a level access shower. The centre also had an office and room that was used by sleepover night staff. Outside, the gardens and grounds were well-maintained. There was a patio with new outdoor furniture and raised planters where residents had planted herbs, vegetables and flowers. There were also wooden window boxes that had been made by residents. Access to the centre was via ramps to the front and rear of the building.

The inspector met with four residents on the day of inspection. Upon arrival, residents greeted the inspector to their home and offered refreshments. All residents reported that they were very happy in their home. When asked about staff, one resident said 'they are great' and all reported that they were very happy with the service and staff in the centre. A review of satisfaction questionnaires also indicated that residents were happy with their home and the service in the centre.

There was a vehicle in the centre for use by residents. Residents said that staff were available to bring them out to appointments and social events at any time. On the day of inspection, it was observed that residents were supported by staff to run errands and attend medical appointments. A resident was supported to attend an event at short notice upon the request of the resident. Residents talked about their activities inside and outside of the centre. They talked about trips that they had

taken around the country and abroad. They discussed their plans for Christmas. One resident was proud to show the inspector their newly refurbished bedroom. Residents had access to television, mobile phones and tablet computers. They reported that they kept in touch with family and friends. Residents had posted Christmas cards that day. One resident showed photographs of a recent family occasion to the inspector on a tablet computer. Another received phone calls from a family member during the inspection.

Residents appeared very relaxed and at ease with staff and with each other. They were observed chatting and laughing together throughout the inspection. Staff interacted with residents in a very respectful and friendly manner. Staff were also very respectful when they spoke about the residents. Staff offered choices to residents and respected those choices. Staff responded promptly to residents when they asked for help. It was noted that radio stations and music of the residents' choice was played in the centre during the inspection. Staff respected residents' privacy and dignity. Staff were observed knocking on doors and asking permission before entering residents' rooms.

Overall, this centre had a warm, homely atmosphere. Residents were happy in their home and appeared to have a good quality of life. Staff were respectful in their interactions with residents and supported residents to be independent.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs.

The inspection was facilitated by the person in charge who had very good oversight of the service and what was required to address the individual needs of each resident. The provider had completed the annual reports and six-monthly unannounced audits as outlined in the regulations. Any service issues identified in these reports were highlighted. Action plans with specific completion dates were devised to address these issues. In addition, the provider had a number of other audits that were conducted routinely by staff and the person in charge. There was a schedule that outlined the frequency that these audits needed to be completed. These audits covered issues specific to individuals, for example, an audit of personal plans. They also covered issues that were relevant to the service overall, for example, infection control audits. There were clear lines of accountability and defined reporting relationships in this service. Staff were aware who to contact if

they had any concerns.

The staffing arrangement in the centre was adequate to meet the assessed needs of residents. Staffing arrangements had recently been changed to meet the changing needs of residents. Waking night staff were in place while a resident was recovering from a medical procedure and needed additional assistance for a period of time. Nursing cover was provided, as needed, with access to an on-call nursing service outside of usual hours. There were adequate staff numbers to support residents engage in activities within the house and in the wider community in line with their needs and wishes. Staff were familiar to residents with some staff having worked in the centre for a number of years. Where agency staff were required, the same staff members were assigned from the agency. Staff reported that they felt supported and would be comfortable raising any issues that might arise. All new staff in the centre had an induction process to ensure that they had the necessary skills and knowledge to best meet the residents' needs.

The provider had identified a number of training areas that were mandatory for all staff. Staff were up to date in this training in all areas except one. This had been identified by the person in charge and there were specific dates for this training planned for early 2022. In addition to this, specific training for staff in this centre had been identified by the provider and staff had availed of this training.

A review of the centre's complaints procedure found that there was an easy-to-read copy of the procedure available in the centre. Complaints were audited monthly. There were no open complaints in the centre at the time of inspection. Residents reported that they would be very comfortable making a complaint if any issues arose.

It was found that the governance and management of this service ensured that residents received a safe service. The provider had systems in place to monitor the quality of the service delivered. The number of staff and their skill mix were suited to meet the assessed needs of the residents and to support them with their personal and social goals.

Regulation 14: Persons in charge

The person in charge had the required skills, qualifications and experience to effectively manage the service in this centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was sufficient to meet the assessed needs of the

residents. Nursing support was available as required. There was a consistent team of staff working in this centre who were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in areas that the provider deemed necessary was up to date. Where refresher training was required in one area, this had been identified by the provider and there were definite dates booked for this training to be provided. Additional training requirements that were specific to the needs of the residents had been identified and provided to staff.

Judgment: Compliant

Regulation 23: Governance and management

There was good governance and oversight of this service. The provider had completed annual reviews and six-monthly unannounced audits in line with the regulations. Additional provider-led audits also ensured that the service was safe and in line with residents' needs. There were clear lines of accountability and reporting relationships within the service.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure. This was available in the centre in an easy-to-read format. Complaints were audited monthly. Residents were aware of the complaints procedure and were comfortable making a complaint if an issue arose.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to

them and in line with their interests.

The centre itself was homely and in very good structural and decorative repair. The house was clean and tidy. It was personalised with the residents' photographs and objects. There was adequate room for residents to spend time alone or together, as they so wished. There were suitable facilities for cooking and laundry. The house was fully accessible to all residents.

Each resident had a personal plan that outlined their health needs and personal goals for the year. Each resident reviewed their goals at an annual meeting. The person in charge reported that each resident chose the people that they would like present at the meeting. This included family members as well as staff from the centre or other services that the resident attended. Achievements from the previous year were celebrated at the meeting and goals for the upcoming year were set. The person in charge reported that residents chaired their own personal goal meetings. Information in the personal plan was discussed with the resident and staff ensured that they understood its contents. This was recorded in the minutes of the annual review meeting. The health needs of residents were also documented in their personal folders. Any identified health need had a corresponding care plan that outlined how to support the resident and it was reviewed regularly. There was evidence of access to a variety of health professionals, as required. The personal plans also contained behaviour support plans as needed. These outlined what might cause residents anxiety, how to identify this, and how best to support residents when this occurred. Staff were very knowledgeable on these strategies and, a review of documentation, found that they had been implemented to good effect in recent months.

Residents' safety was promoted in this centre. Risks to the residents were identified in a risk register and in individual risk assessments in residents' personal plans. The risks had been reviewed within the last 12 months. Measures that could be taken to control the risks had been identified, documented and implemented. The provider had taken steps to protect residents from the risk of infection. There was a cleaning schedule and a COVID-19 enhanced cleaning schedule in the centre. A review of documentation found that this schedule of cleaning was completed routinely. The person in charge had a contingency plan for supporting residents to self-isolate in cases of suspected or confirmed COVID-19. Staff could access the support of a clinical nurse specialist in infection prevention and control, if required. Infection control measures were audited every two months.

Residents were protected from abuse in this centre. There were no open safeguarding concerns in the centre. A review of incident reports found that any previous concerns had been processed in line with the providers' policy. Staff were knowledgeable on the steps to be taken if there were any concerns of abuse. The contact details of the providers' designated officers was on display in the centre. Staff knowledge of safeguarding was audited routinely.

Residents' rights were upheld in this centre and they were active participants in the running of the centre. Their choices were respected by staff. Resident meetings were held on a weekly basis and records of residents' choices in relation to the

menu and activities were kept. In some documentation, the right of residents to refuse to engage in planned activities was respected and documented. Residents were supported to exercise their choice in their daily routine and this promoted their general welfare and development. Day services and activities were planned with residents. These reflected the residents' wishes and were in keeping with their stage of life. Residents had opportunities to participate in activities that were in line with their interests. These included concerts, golf, gardening, attending religious services and travel.

Overall, residents in this centre received a good quality and safe service. Supports were available to meet their assessed needs and residents were enabled to fulfil their personal and social goals. Residents were included as active participants in the running of the centre. Their rights were upheld and their independence was promoted.

Regulation 13: General welfare and development

Residents received appropriate care and support to engage in activities of their choosing. Residents were supported to pursue interests within the centre and in the wider community. Residents had opportunities for recreation, training and occupation.

Judgment: Compliant

Regulation 17: Premises

The centre met the assessed needs of the residents. It was fully accessible to all residents and had adequate private and communal space. It was in very good decorative and structural repair. It was decorated in line with residents' tastes and personalised with their belongings. Aids and appliances required by residents were available.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adequate measures in place to protect residents from the risk of infection. There were standard precautions in the centre in and, in addition, extra measures were introduced in response to COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated with input from the residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were well managed. Residents health needs were assessed and care plans to support residents were devised. Residents were well-informed of their own health needs and upcoming appointments. Residents had a named general practitioner.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had behavioural support plans. Staff were aware of the supports required by residents to manage their behaviour. Residents were included in the development of the plans. A review of documentation found that the plans were used to good effect.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from abuse. All staff were trained in safeguarding. Safeguarding was included in the provider's audit schedule. Staff were knowledgeable on the steps that should be taken in cases of suspected abuse. The residents' personal plans included intimate care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld and respected. Residents were active participants in the running of the centre. Staff respected residents' privacy and dignity.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant