



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

## Issued by the Chief Inspector

Name of designated centre:	Maynooth Designated Centre
Name of provider:	Gheel Autism Services Company Limited by Guarantee
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	14 September 2021
Centre ID:	OSV-0003498
Fieldwork ID:	MON-0026508

## About the designated centre

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

Maynooth Designated Centre specialises in providing residential and respite services in a personalised homely atmosphere for residents. The centre comprises of five separate houses each located within a relatively short drive of each other and of a medium sized town in County Kildare. Each of the houses has bathroom facilities, kitchen/dining room, living room areas, laundry facilities and access to large gardens. Each resident has their own bedroom. Overall the centre can accommodate 17 residents over the age of 18 years at any one time. The centre specializes in providing residential and respite services in a personalised homely atmosphere for residents with a diagnosis of Autism. Residents are supported 24 hours a day by a person in charge, social care workers and care workers.

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

Number of residents on the date of inspection:	9
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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
Tuesday 14 September 2021	9:30 am to 5:00 pm	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents in the house visited had a good quality of life in which their independence was promoted.

At the time of inspection, this centre comprised of five separate houses and was registered to accommodate up to 17 residents. However, there were only nine residents living across the five houses. As part of the provider's registration renewal application, the provider formally notified the office of the chief inspector of their intention to reconfigure the service. This proposed reconfiguration involved reducing the bed numbers from 17 to seven and reducing the foot print of the centre from five houses to three (two of the houses would form part of a different designated centre operated by this provider). An application to vary the conditions of the latter centres registration had been submitted to the office of the chief inspector.

For the purpose of this inspection, the inspector visited one of the centres five houses. In addition, the inspector visited one further new house which it was proposed would form part of the designated centre as the lease agreement on one of the houses was being terminated by the landlord. Personal support plans and other records for residents across all five houses were also reviewed. The inspector met briefly with the three residents living in one of the houses visited. Warm interactions between the residents and staff caring for them was observed. The residents met with were unable to tell the inspector their views of the service but appeared in good form and comfortable in the company of staff. There was an atmosphere of friendliness in the house visited. Staff were observed to interact with residents in a caring and respectful manner.

The first house visited was found to be comfortable and homely. It was located in a rural setting and had a good sized garden for residents to use. There were two buildings adjacent to the main house that residents could use for recreation. One of the buildings was designated as a cafe whilst the other as a bar lounge. The centre had adequate space for residents with good sized communal areas. Each of the residents had their own bedroom which had been personalised to their own taste in an age appropriate manner. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. A train set and track was erected in a one of the sitting rooms which was primarily used by one of the residents who had a keen interest in trains. Since the last inspection, one of the rooms had been converted to a sensory room with low arousal lighting. A lease agreement had recently been secured on the second house visited. It was proposed that residents from one of the other houses would move to this house as the lease agreement on their own home was being terminated. The house was found to be suitable to meet the needs of the residents who it was proposed would move to the house. These residents had visited the house and it was proposed that they would be involved in choosing colours and soft furnishings for their individual bedrooms and other areas.

There was evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with some relatives across the service which indicated that they were happy with the care being provided to their loved ones.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including video calls. All visiting to the centre had been restricted in line with national guidance for COVID-19 but had now resumed. There was evidence that the residents were re-engaging with community activities.

Residents were supported to engage in meaningful activities in the centre. Each of the residents were engaged in an individualised programme coordinated from the centre which it was assessed best met the individual residents needs. A weekly activity schedule was led by each of the residents. Examples of activities that residents engaged in included, walks to local scenic areas and beaches, drives, train spotting, bicycle and scooter rides, swimming, overnight hotel stays, arts and crafts, board games, listening to music and jigsaws. One of the residents had recently commenced horse riding lessons. The centre had a good sized garden for residents use which included a seating area, swing chair, basket ball hoop and trampoline. Decking had recently been replaced and there was some planting of vegetables. There were two vehicles available for use by the three residents living in one of the houses visited.

There was one staff vacancy at the time of inspection and recruitment was underway for the position. One new staff had commenced working in the centre in the preceding 12 month period, whilst others had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems and processes in place to promote the service

provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each of the residents, and the requirements of the regulations. The person in charge held a degree in social care practice and a certificate in management. She had more than 8 years management experience. The person in charge was in a full time position but was also responsible for one other designated centre and a community support facilities located a relatively short distance away. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by two location managers in this centre and one further location manager in the other centre for which she held responsibility. The person in charge reported to the operational manager who in turn reported to the chief executive officer. The person in charge and operational manager held formal meetings on a regular basis.

The provider had plans in place for the reconfiguration of the centre which had been formally advised to the office of the chief inspector as part of the providers registration renewal application and a separate application to vary the conditions of registration for another centre operated by the provider. The proposed reconfiguration would mean that each of the centres would comprise of three houses each which would be located in closer proximity within the same geographical area.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the safety of care on a six monthly basis as required by the regulations. The person in charge had undertaken a number of audits and other checks in the centre on a regular basis. Examples of these included, quality of life thematic audit, medication practices, finance and staff documentation. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. At the time of inspection there was one staff vacancy across the centre. Recruitment was underway for this position and the vacancy was being filled by a regular relief staff member. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated by the location managers. There were no volunteers working in the centre at the time of inspection.

Suitable staff supervision arrangements were in place. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and to be of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection there was one staff vacancy. Recruitment was underway for this positions and the vacancy was being filled by a regular relief staff member.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. All staff in the house visited had attended all mandatory training. Autism specific training had been provided for staff across the centre.

Judgment: Compliant

#### Regulation 23: Governance and management

There were suitable management structures and reporting arrangements in place.



The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the safety of care on a six monthly basis as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

### Quality and safety

The residents living in the house visited, appeared to receive care and support which was of a good quality, person centred and promoted their rights.

Overall the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, communication, personal and social care needs and choices. There was evidence that person centred goals had been set for each of the residents and there was good evidence that progress in achieving the goals set were being monitored.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Trending of all incidents was completed on a regular basis. This promoted opportunities for learning to improve services and prevent incidences. Suitable precautions were in place against the risk of fire.

There were procedures in place for the prevention and control of infection. A COVID-19 contingency plan had been put in place which was in line with the national guidance. The inspector observed that areas in the houses visited were clean. A cleaning schedule was in place which was overseen by the person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were

adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals. Disposable surgical face masks were being used by staff whilst in close contact with residents in the centre. The provider had identified a separate house which had been registered for use as an isolation unit should it be required.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Intimate care plans were on file for residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. Support plans were in place for residents as required, and from a sample reviewed, these provided a good level of detail to guide staff. A register was maintained of all restrictive practices used in the centre and these were subject to regular review. There was evidence that alternative measures were considered before using a restrictive practice and that the least restrictive practice was used for the shortest duration.

### Regulation 17: Premises

The two houses visited were found to be comfortable, homely and to meet identified residents needs. Overall, they were in a good state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection

which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the houses visited appeared clean. A COVID-19 contingency plan was in place which was in line with the national guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Self closing hinges were in place on doors in both of the houses visited. There were adequate means of escape in each of the houses visited and staff spoken with, were clear on the evacuation route. A procedure for the safe evacuation of residents in the event of fire was prominently displayed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Goals had been identified for individual residents and there was evidence that progress in achieving these goals was being monitored.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Individual health plans, health promotion and dietary assessment plans were in place. There was evidence residents had regular visits to their general practitioners (GPs) and other health professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same and

these were subject to regular review. A separate sitting room area had been established for one of the residents who was identified to require their own space. There were a small number of restrictions in place which were subject to regular review.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting residents intimate care needs. A small number of the residents presented with some behaviours which, on occasions, could impact others and or be difficult for staff to manage in a group living environment. However, it was found that these incidents were well managed.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they so wish. There was information on rights and advocacy services available for residents. There was evidence of active consultations with residents regarding their care and the running of the centre. 'Dignity and respect' was noted as a house rule. These house rules and rights were regularly discussed at residents' meetings. All interactions were observed to be respectful. Residents were provided with information in an accessible format which was appropriate to their individual communication needs.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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