



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

Issued by the Chief Inspector

Name of designated centre:	Farmhill
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	06 January 2021
Centre ID:	OSV-0005533
Fieldwork ID:	MON-0031036

About the designated centre

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

Farmhill service supports four female adults with a diagnosis of intellectual disability, who require a range of supports. Farmhill service is open seven days a week and provides full-time residential care. This service comprises of two apartments in an urban residential area. The apartments are centrally located and are close to amenities, such as restaurants, public transport, pharmacist and a church. All residents in the centre have their own bedrooms. The apartments are comfortably furnished and have communal areas to the front and rear of the buildings. Residents are supported by a staff team which includes the person in charge, nurses and care assistants. Staff are based in the centre as directed and whenever residents are present.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 6 January 2021	09:00hrs to 13:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were supported to live a good quality of life and engage in activities which they enjoyed.

Three residents were using this service on the day of inspection, the inspector met with one of these residents and two staff members including the person in charge.

The centre comprised of two separate apartments which were located in a housing development. Both apartments had two bedrooms and also had an open plan kitchen/dining and living area. Due to COVID-19, the inspector conducted the inspection in one of these apartments which had a vacancy. This apartment was warm and inviting and very much had a sense of being a home. It was decorated with pictures of the resident and it was clean and comfortably furnished.

On the morning of inspection, the resident was having a sleep-on and they met with the inspector after their breakfast. They relaxed in a reclining sofa as they chatted and they told the inspector that they "loved their home" and that staff were very nice. As they relaxed they watched country music on the television and they also referred to a hand-held electronic device which held photographs of family members which they liked to look at.

A staff member who was supporting the resident spoke to them in very kind and caring manner, and as the resident relaxed, the staff member would kneel down and use a combination of signs and spoken language to answer their questions and also to convey what activities that they might like to do. The resident told the inspector that they planned to bake a chocolate cake that afternoon and prior to the conclusion of the inspection, the resident was happy to report that it was a success and was baking in the oven. They asked the inspector to stay for cake and tea but due to COVID-19, the inspector had to decline. The interactions which the inspector observed were person-centred and the resident was relaxed. Throughout the morning the inspector could also hear both the resident and staff laughing as they chatted.

While maintaining social distancing, the inspector met with the above mentioned staff member. Throughout the conversation it was clear that they had a very good understanding of the resident's needs as they discussed their health and social care requirements. They discussed how COVID-19 had impacted on the resident's life, as previously they loved to go shopping, swimming, horse riding and for coffee. They spoke about how they supported the resident during the last lockdown with specific goals, such as arts and crafts and baking, which were activities they really enjoyed. The inspector also reviewed the resident's personal plan and additional goals were highlighted which the inspector found very meaningful. For example, as mentioned above the resident had a love of music and staff had recreated a country music concert for them to enjoy. The resident got dressed up for the occasion and they played their favourite country music to dance to. Staff had taken photographs of

the event for their personal plan with the added caption "all dressed up and nowhere to go". The resident also got involved in science week and they planned a Christmas event with some friends.

The staff member who met with the inspector also stated that they felt supported in their role and they were well informed in regards to preparing and responding to COVID-19. They could clearly account for the measures which were implemented to keep residents safe and they spoke at length in regards to checking for signs and symptoms and what would happen if a suspected or confirmed case of COVID-19 occurred in the centre.

Overall, the inspector found the the resident enjoyed living in this centre and that the staff members who supported them were warm and kind in their approach to care.

Capacity and capability

The inspector found that the governance and management arrangements which were implemented by the provider and by the person in charge ensured that residents received a service which was safe and tailored to meet their individual needs.

The provider had implemented robust contingency planning in response to COVID-19 which detailed how both the provider and the centre would respond to an outbreak of this disease. The plan outlined the roles of named people, such as a response manager and a lead worker representative, a role which the person in charge held. The plan outlined measures which would be implemented to keep residents and staff safe, including the use of a daily safety pause, increased hygiene practices, monitoring for signs and symptoms of the disease and the use of personal protective equipment (PPE). The plan clearly outlined how suspected, or confirmed cases of COVID-19 would be managed and each resident had an individual isolation plan which was personalised to meet their individual needs and living arrangements. Contingency planning also contained contact details for key individuals from within the service provider and from public health which would assist and advise should an outbreak of the disease occur. The person in charge and a staff member who met with the inspector had a very good understanding of the arrangements to keep residents safe and the staff member could outline how residents could isolate and how they would react if they became symptomatic while on duty. Although, the inspector found that the centre was well prepared for an outbreak of COVID-19, some improvements to contingency planning was required. For example, the plan highlighted that instructions would be available for staff should they become symptomatic of COVID-19 while on duty, however, this instruction was not in place on the day of inspection. The plan also highlighted that the lead worker representative would assist in monitoring adherence to the contingency and response to COVID-19, but a monitoring system had not yet been developed.

The provider had facilitated additional training for staff in regards to infection prevention and control, hand hygiene and the use of PPE. Staff were observed to use PPE when engaging with a resident and staff who were supporting a resident on the day of inspection said that they felt supported in their role, with information in regards to COVID-19 freely available. They also stated that they were kept up to date with national guidance and that they felt that the resident received a good quality of care.

The person in charge was conducting regular reviews of care practices, such as medications, safeguarding, fire safety, finances which assisted in ensuring that care practices would be maintained to a good standard. The six-monthly audit and annual review had also been completed and any actions arising had been addressed by the person in charge. Some improvements were required in regards to the centre's annual review, as the provider failed to clearly demonstrate how residents and their representatives had been consulted as part of this review process.

Overall, the inspector found that the provider was well prepared to respond to an outbreak of COVID-19 and that some improvements in regards to the implementation of all aspects of the centre's contingency plan would further build on the positive care practices which were found in this centre.

Regulation 15: Staffing

Staff who met the inspector had a good understanding of their care needs and the provider demonstrated that appropriate staff numbers were in place to meet the residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

In responding to COVID-19, the provider had ensured that staff had received additional training in regards to hand hygiene, PPE and infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place which ensured that the overall quality and safety of care was maintained to a good standard; however, improvements were required to ensure that all aspects of the centre's contingency planning were implemented. The arrangements for conducting the centre's annual review also required adjustment to take into account the views of residents and their family members.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the quality and safety of care which was provided to residents was maintained to a good standard.

Each resident had a personal plan in place which clearly outlined how they wished to live their lives and what supports they may require. The inspector reviewed a sample of plans and found that they were focused on the resident and aimed to promote their health and well-being. As mentioned earlier in the report, residents were supported to identify and realise goals and the systems which were implemented by the provider ensured that the resident played a main role in deciding their own goals. The goal setting process also ensured that the progress of goals was reviewed on a regular basis and the person in charge was found to have a good overview of how residents were supported with this process. Personal plans also contained detailed healthcare- planning and specific care plans had been drawn up to ensure that residents with identified illnesses were supported to enjoy a good quality of health. Residents also had access to national health screening and they were regularly reviewed by their general practitioner (GP) and specialist consultants.

The provider had implemented additional infection prevention and control procedures in response to COVID-19 with increased hygiene practices, use of PPE, hand hygiene and social distancing promoted. Regular daily signs and symptom checks of residents and staff were occurring and a staff member who met with the inspector could clearly describe how these measures were implemented to promote residents' safety.

As mentioned earlier in the report, the interactions between the resident and staff members was very warm and engaging and it was apparent that staff members were committed to ensuring that residents had a good quality of life. Throughout the morning staff members ensured that the resident was involved in decisions about their care and a staff member who met with the inspector had a good understanding of their care needs. For example, the staff member clearly stated how a medical condition affected a resident and they could account for the measures which were implemented to maintain their health and safety. Residents were also kept-up-to date with developments in regards to COVID-19, as they attended weekly residents' meetings which also discussed aspects of care such as advocacy, complaints and human rights.

To conclude, the inspector found that the well-being of residents was to the forefront of care and as a result they enjoyed living in this centre which they considered their home.

Regulation 26: Risk management procedures

The person in charge had risk assessments in place in regards to COVID-19 and also in relation to issues which may impact on the provision of care. The person in charge also reviewed adverse events as they occurred and on a monthly basis to identify possible trends.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented robust infection and control procedures with addition cleaning, monitoring and training facilitated for staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were supported by a comprehensive personal planning process which assisted in improving the quality of their lives.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to attend preventative health screening and they were regularly reviewed by health-care professionals.

Judgment: Compliant

Regulation 8: Protection

Residents appeared happy in this centre and there were no active safeguarding plans at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to advocacy if they so wished and they were also actively involved in decisions about their care.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Farmhill OSV-0005533

Inspection ID: MON-0031036

Date of inspection: 06/01/2021

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>Regulation 23(1)(c)</p> <ul style="list-style-type: none"> • The registered provider will ensure that an effective and consistent management system is in place to monitor safe services that meet the needs of the residents. • The Person in charge has updated the contingency plan to clearly outline the response protocol to a Symptomatic Covid 19 staff. • The person in charge has developed a checklist to communicate Covid 19 updates to the Lead Worker Representative. • The Person in Charge has developed an Audit tool to ensure all parts of the contingency plan is been implemented. <p>Regulation 23(1)(e)</p> <ul style="list-style-type: none"> • The registered provider has made arrangements when conducting the centre's annual review to include the views of residents and their family members. 	

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	25/01/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	25/01/2021