



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

Issued by the Chief Inspector

Name of designated centre:	Cnoc Gréine
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	19 November 2020
Centre ID:	OSV-0007814
Fieldwork ID:	MON-0030516

About the designated centre

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

The centre was registered to support up-to-two residents with an intellectual disability. Residents who use this service may also need assistance with their behaviours. A combination of nursing staff and health care assistants support residents, with four staff members allocated during daytime hours and three waking night staff allocated during night-time hours. The centre is located in a rural location and transport is provided to assist residents in accessing their local community. Each resident has their own living area and they share a central communal kitchen.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 19 November 2020	09:30hrs to 14:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

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

The inspector met with one resident who was using the service on the day of inspection. One other resident lived in the designated centre and they were attending their respective day service and did not meet with the inspector. The inspector also met with two staff members and the person in charge and a nurse facilitated the overall inspection.

It was clear from meeting with the resident and staff members that residents' well being and welfare were to the forefront of care. The resident who met with the inspector had spent the morning supported by two staff members to visit a local nature site and as the resident liked to feed the ducks there. Staff members also assisted the resident to go shopping in a local supermarket and that stated that the resident liked to help with grocery shopping and they enjoyed pushing the trolley and meeting people. When the resident met the inspector they were holding a magazine and they pointed to a member of the British royal family who was on the cover. Staff explained that they liked the royal family and they enjoyed going out to buy various magazines. Staff members also explained what residents liked to do and photographs of residents surfing, horse riding and going on holidays decorated the centre and were also placed within each resident's personal plan.

The resident communicated with the inspector though pointing, single words and gestures. Although the inspector was unable to understand some of this communication style, staff members were clearly able to understanding the resident and the resident was able to confer their needs to staff who were on duty. There was a pleasant and relaxed atmosphere in the centre and the resident settled into their afternoon routine when they return from shopping. They helped staff members to put away groceries and they moved about the kitchen and living area in care free manner.

The centre was very warm, inviting and decorated in a homely manner. The centre was registered to accommodate two residents and each resident who was using this service had their own living areas which comprised bedroom, bathroom and a sitting room in which to relax. The centre had a large modern kitchen/dining area where residents had their meals. This centre was recently registered and the person in charge explained that residents initially had meals together and preferred their own company when relaxing in their respective sitting rooms. However, a recent increase in behaviours has resulted in safeguarding concerns and the implementation of some restrictive practices such as limiting access the the communal kitchen at certain times of the day. Although, these issues had recently surfaced, the inspector found that the provider had been responsive to these issues and there were was ongoing review of both safeguarding concerns and restrictive practices to ensure that residents were safe. The person in charge also explained that the use of

these restrictive practices were seen as a temporary measure while a resident was going through a difficult period and they hoped that these practices would be lessened and eventually removed following a period of review.

Although, there were some safeguarding measures in place, the inspector found that residents were safe and they enjoyed an overall good quality of life.

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 the 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, the person in charge explained that they held both roles which had responsibility for preparing and responding to COVID 19. 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). An aspect of the plan outlined how a suspected or confirmed outbreak of COVID 19 would be managed such as the use of staff pods and assisting the residents to self isolate. The inspector found that although there was many positive aspects to this plan and it aimed to be site specific, it failed to take into account the individual behavioural support needs of residents. The person in charge engaged in a positive manner in regards to this issue and prior to the conclusion of the inspection, they composed an enhanced contingency plan which took into account each resident's individual needs. They also detailed that this adjusted plan would be brought to the attention of staff members and would be reviewed in-line with residents' changing needs.

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 members who were supporting residents on the day of inspection said that they felt supported in their roles and information in regards to COVID 19 was freely available. They also stated that they were kept up-to-date with national guidance and that they felt that residents received a good quality of care.

The centre had not yet completed all required audits and reviews as stated in the regulations but the person in charge was aware of this requirement and the time lines for their completion. The person in charge was conducting regular reviews of care practices such as medications, safeguarding, fire safety, finances and the use of restrictive practices which assisted in ensuring that care practices would be

maintained to a good standard.

Overall, the inspector found that the provider was well prepared to respond to an outbreak of COVID 19 and that the oversight arrangements which were in place ensured that residents were safe and supported to have a good quality of life.

Regulation 15: Staffing

The provider maintained an accurate rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff told the inspector that they felt support in their roles. A review of training records also indicated that staff had received additional training in response to COVID 19.

Judgment: Compliant

Regulation 23: Governance and management

There were robust governance and management systems in place which promoted the safety and welfare of residents.

Judgment: Compliant

Quality and safety

The inspector found that residents appeared to enjoy living in the centre and they were actively supported to engage in activities which they enjoyed.

Each resident had a comprehensive personal plan in place which clearly outlined each resident's individuality, preferences and care needs. Plans were reviewed on a regular basis and a comprehensive annual review was completed with the participation of the resident, their family members and relevant professionals. The

resident was also assisted to participate in a goal setting programme and personalised goals such as holidays, trips to the pub and train rides had been put on hold due to COVID 19. However, the staff team had implemented additional short term goals such as shopping, cycling, making milkshakes, sending postcards and cooking to help the resident to keep busy when the national restrictions were implemented. The staff team also assisted the residents to develop a "life in lock down" plan which aimed to help the resident to understand how the national guidelines and measures would affect them. It included information on COVID 19, things that have stopped, what they would miss and the things that were put in place to protect people. The inspector found that the above mentioned planning processes clearly demonstrated that the provider and staff members were committed to delivering a person centred service which promoted resident's personal interests.

Both residents who used this service had specific behavioural needs and the person in charge and nurse who facilitated the inspection were clearly able to outline these behaviours and how they would respond with the aim of reducing these behaviours. Although, both staff had a good understanding of each individual the inspector found that a supporting behavioural plan required an extensive review. This plan did not clearly describe the range of behaviours that residents could engage in and it had no information on how staff members should respond or prevent these behaviours from occurring. The person in charge was aware of this issue and they had recently referred the resident for an additional review of their behavioural needs.

As mentioned earlier, the provider had implemented additional restrictive practices in response to an escalation in behaviours of concern. These included limiting access to the kitchen area at set times during the day. The inspector found that there was good oversight of these practices with detailed logs of use and risk assessments implemented. An oversight committee had also reviewed these arrangements and the person in charge detailed that the provider was in the process of creating an additional oversight committee which would assist in promoting residents' rights when restrictive practices were implemented. The use of all restrictive practices were also discussed at the resident's annual review which assisted in ensuring that resident's individual families were fully aware of all care practices. Residents were also prescribed medicinal products in response to behaviours of concern. A review on information surrounding a recent administration indicated that these products were used as a last resort as detailed care notes indicated that a clear escalation of behaviours had occurred prior to their administration. However, some improvements were required as supporting documentation for the administration of chemical interventions did not clearly indicated the type and duration of behaviour which would warrant their administration. As a result, the provider was not able to demonstrate that this resident would receive a consistent approach in this area of care.

Overall, the inspector found that the centre was a pleasant place in which to live and that residents were supported to engage in activities which they enjoyed but some improvements were required in relation to behavioural support planning.

Regulation 26: Risk management procedures
A review of documentation indicated that the provider was responsive to incidents which had occurred in the centre. There was also comprehensive risk management assessments in place which promoted the safety of residents.
Judgment: Compliant
Regulation 27: Protection against infection
The centre had enhanced infection control arrangements in place in response to COVID 19. Staff and residents participated in daily signs and symptom checks and PPE was used when supporting residents.
Judgment: Compliant
Regulation 28: Fire precautions
The centre had fire safety systems in place which were services by competent people and reviewed by staff members on a regular basis. A review of fire drill records also indicated that both residents and staff could evacuate the centre in a prompt manner if an emergency occurred.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The centre had appropriate medication storage facilitates in place and a review of prescription sheets indicated that residents received their medications as prescribed.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were personalised and adapted on a on-going basis in response to their changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical professionals in-line with their healthcare needs. A resident had also been recently been reviewed by a sensory therapist and regular reviews by the mental health services were maintained.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were required in regards to behavioural support plans to ensure that they clearly outlined the behavioural support needs of a resident. Improvements were also required to documentation which supported the use of chemical interventions in response to behaviours of concern.

Judgment: Substantially compliant

Regulation 8: Protection

The centre appeared like a pleasant place in which to live and safeguarding plans which were in place were reviewed on a regular basis and promoted the safety of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Information on rights was available in the centre and the provider had easy read information in regards to the impact of COVID 19 for residents.

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	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cnoc Gréine OSV-0007814

Inspection ID: MON-0030516

Date of inspection: 19/11/2020

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The Provider will ensure an external therapist will be secured to work with the Multidisciplinary Team to ensure Education and Training is carried out with all staff in Designated Centre. • The Person In charge and Psychologist have updated the Positive Behavioral Support Plans within the Designated Centre clearly identifying the interventions including PRN Medications and physical intervention. • The Person in Charge now has a schedule in place for training of all staff in the Designated Centre in relation to PMAV (Professional Management of Aggression & Violence)/Studio III. 	

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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/01/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	23/11/2020