Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Thornvilla Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	23 October 2020
Centre ID:	OSV-0001936
Fieldwork ID:	MON-0030689

About the designated centre

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

Thornvilla Community Group Home provides full-time residential care and support to adults with an intellectual disability. The centre can accommodate male and female residents over the age of 18 years.The centre comprises of a two-storey detached house set in its own grounds in a residential area of a town. The centre is in close proximity to a range of local amenities such as public transport, cafes, cinema and shops. Residents also have access to a vehicle at the centre to support them to access other activities and amenities in the surrounding area. In addition, to their own bedrooms, residents living at the centre have access to community facilities which include a sitting room, kitchen and dining room. In addition, a large communal bathroom is available on each floor of the building. Residents are supported by a team of care assistants, with staff available during the day to support residents when they are not at their day service. At night-time, there are sleepover staff and waking night cover provided to support residents with their needs. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Friday 23 October 2020	09:05hrs to 14:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Due to the COVID-19 pandemic, the inspector spent time reviewing documentation and meeting with the person in charge and staff in a separate building near the grounds of the centre so as to ensure that public health guidelines could be adhered to throughout the day. The inspector then visited the centre towards the latter part of the day and met with staff and one resident while adhering to the public health guidelines of social distancing and the wearing of a face mask. The inspector was informed that three residents were gone out on the centre's transport for a drive at this time, which is something they liked to do in the afternoon. One other resident was in their bedroom, and did not wish to meet with the inspector at this time.

In addition, the inspector got the opportunity to meet with two staff members who were working on the day of inspection. The staff appeared knowledgeable about the needs of residents and spoke about the various activities that residents enjoyed while living at the centre.This included using technology, playing bingo, knitting, watching television, going for drives and getting takeaways from local restaurants.

One resident who the inspector met greeted the inspector briefly, and appeared to be comfortable while relaxing in the sitting-room watching television and resting with their feet up. The resident was observed to be familiar and comfortable with staff supporting them and appeared content in their environment.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in November 2018.

Overall, the inspector found that the management of the centre was good and that residents were receiving a good quality and person centred service. Some improvements were needed in the provider's oversight and monitoring of the centre which would enhance the quality of service that was provided. In addition, specific improvements were required in the documentation of residents' annual review meetings and in the documentation and ratings of risks. These will be discussed throughout the report.

The centre was staffed by a team of care staff with sleep over cover and waking night staff in place each night to support residents with their needs. There was an actual and planned rota in place which demonstrated that the centre had a regular team of staff to ensure continuity of care was provided. There was an on-call system in place for staff for out-of-hours, in addition to a nursing staff available for support

during day hours who assisted with the clinical assessments for residents. The inspector was informed that agency staff were utilised for night cover. The centre's rota was reviewed and demonstrated that there were regular agency staff used who worked alongside permanent staff each night. The person in charge stated, and it was noted as an action in audits also, that there were plans in place to address the use of temporary agency staff and replace with more permanent staff.

The inspector found that staff were provided with training opportunities to enhance their professional development and support them in their role. This included training in safeguarding, fire safety, medication administration and infection prevention and control; including hand hygiene and the use of personal protective equipment (PPE). There was evidence that regular meetings occurred between the person in charge and staff, where support was provided and also allowed for opportunities for discussion on a range of topics. Staff spoken with said that they felt well supported in their role, and could raise any concerns to the person in charge if needed.

The person in charge had responsibility for a number of designated centres and was also in the role of services manager in the organisation. Overall, the inspector found that the operational management of the centre by the person in charge was good with systems in place for a range of internal auditing to occur; including auditing of fire safety management, medication, finances and health and safety. The systems in place allowed for effective oversight and monitoring by the person in charge.

However, the inspector found that the oversight and monitoring by the provider required improvements. For example, the regulations state that the provider, or person nominated by the provider, shall carry out an unannounced visit to the centre at least once every six months and provide a written report on the safety and quality of care provided in the centre. These audits were completed and had an associated action plan. However, the inspector found that these visits were completed by the person in charge, not the provider, which meant that the provider was not ensuring effective monitoring of the centre. The annual review of the quality and safety of care and support of residents was completed as required and included consultation with residents and families; however again there was little evidence of the provider's oversight and input into this annual review. The person in charge said that there were plans in place to address this for the next unannounced audit and in the completion of the centre’s annual review, which will ensure the provider's input and oversight in the future.

Regulation 15: Staffing

The centre was found to be suitably resourced on the day of inspection. The rota was reviewed and demonstrated that a regular team of staff provided support to residents. A sample of staff files were reviewed and found to contain all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training to support them in their role and to ensure ongoing professional development. The person in charge provided support and supervision to staff, and staff spoken with said that they felt well supported in their role.

Judgment: Compliant

Regulation 23: Governance and management

The systems for oversight and monitoring by the provider required review and to ensure that clear lines of accountability were in place with regard to regulatory requirements such as the six monthly unannounced visits to the centre by the provider.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A sample of policies and procedures as required under Schedule 5 of the regulations were reviewed, and found to be in place and up-to-date.

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 that a person-centred service was provided where residents' rights and choices were promoted. Through a review of documentation and discussion with staff, the inspector found that residents were well cared for and supported to achieve the best possible health. Staff spoken with talked about residents in a caring and respectful way and demonstrated knowledge about residents' individual needs and preferences.

Residents' day-to-day activities had been curtailed since the COVID-19 pandemic, and residents who would usually attend day services were not attending at present. The inspector was informed that overall residents were enjoying spending their time at home at this time. Residents were supported to take part in alternative activities during the pandemic which included; drives, day trips, using technology, playing bingo, knitting, and getting takeaways from favourite restaurants. The inspector was informed that one resident recently purchased an interactive technological device for their birthday and was reported to be enjoying using this.

There were assessments of needs completed for residents, and plans of care were developed to guide staff in supporting residents where required. In addition, person centred plans were developed and residents had a 'Book about me' in place which detailed their individual likes, dislikes, communication style and preferences. A sample of residents' annual review meetings was reviewed and demonstrated that while families were consulted; it was not clear from the documentation if residents attended their annual review meeting or not. Therefore, it was not clear if residents' annual review meetings that had taken place were conducted with the maximum participation of residents. However, the inspector noted that dates were set for review meetings for the following month, and the documentation used in preparing for the meetings showed residents' involvement.

The provider ensured residents' safety while staying in the centre by regular review of incidents, staff training in safeguarding and discussion about safeguarding and complaints at weekly resident meetings. Residents had care plans in place for intimate and personal care, which were updated and reviewed as required. Staff spoken with were aware of how to respond to a concern of abuse in order to ensure residents were protected from harm.

There was evidence that residents' rights were promoted in the centre, and that residents were consulted with regards to the running of the house. Weekly meetings took place where residents made choices about food and activities for the week, and where it was documented that residents were kept informed about developments in the centre regarding staffing, COVID-19 and health and safety issues. Residents were supported to maintain links with their families and wider community at this time in line with public health guidelines, and the inspector was informed that some residents had engaged with their day service via Zoom sessions lately and that they enjoyed this interaction.

The inspector found that residents were supported to maintain the best possible health outcomes with access to on-call nursing staff for clinical support during weekdays. In addition, residents were facilitated to attend a range of allied healthcare professional appointments where this need was identified. This included being supported to access national screening programmes as appropriate. Residents were kept informed of COVID-19 public health guidance through discussions at weekly meetings and the use of social stories in an easy-to-read format, which further aimed to support residents to achieve the best possible health outcomes at this time.

There were good systems in place for infection prevention and control; including hand hygiene equipment, posters, PPE, staff training and discussion with residents about COVID-19. There was a folder in place with up-to-date information about COVID-19 that included contingency plans in the event of an outbreak. Residents had individual care plans in place in relation to infection prevention and control management which included plans for isolation if this was required. The person in charge informed the inspector that there was a meeting scheduled for the following week to review and complete a self-assessment tool that had been devised by the Health information and Quality Authority for preparedness planning and infection prevention and control measures for the centre in the event of an outbreak of COVID-19.

There was a policy and procedure in place for risk management which contained all the requirements of the regulations. There was a system in place for the identification, management and review of risks, and a centre risk register was maintained and reviewed regularly.There were site specific emergency plans and a safety statement in place, which were kept under review and updated as required. However, the inspector found that some aspects of risk management required improvements to ensure that all the documentation of risks assessed were accurate, and that the risks assessed included all the control measures in place and had the appropriate risk ratings assigned to them. For example, one risk assessment contained information about another designated centre that the person in charge was responsible for, a risk assessment for one resident did not reflect the control measure regarding additional staffing, and risk ratings regarding medication errors required review. While the documentation required review and updating, the inspector found that this did not impact on the overall care provided to residents.

Regulation 26: Risk management procedures

Risk management assessments required improvements to ensure that all risks were accurately documented, contained all the control measures that were in place and that the correct risk ratings were applied to the assessments in line with the organisational procedure for rating risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were good systems in place for the prevention and control of infection; including risk assessments which were reviewed as required, contingency plans in the event of an outbreak of infection, staff training and educating residents on measures to prevent and minimise infection transmission.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments of needs completed which assessed their health, personal and social care needs. The documentation of the annual review meetings required improvements, as it was not evident that the maximum participation of residents at these meetings were achieved. For example, the attendance record of one meeting did not state if the resident attended and there were gaps in documentation which made it difficult to assess whether the annual review took place.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health with plans of care developed for assessed needs in relation to health related matters. Residents were facilitated to attend a range of allied healthcare professionals where this need was identified.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training, discussion at residents' meetings, care plans for personal and intimate care and a review of incidents and accidents in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted about the running of the centre, and there was evidence that residents' choices and decisions about their lives were listened to and respected.

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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Thornvilla Community Group Home OSV-0001936

Inspection ID: MON-0030689

Date of inspection: 23/10/2020

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Board of Directors have nominated a Senior Manager other than the PIC who is not involved in the day to day running of the Designated Centre to carry out unannounced visits every 6 months together with the Annual Review of Quality and Safety of Care in the Centre. The Senior Manager will prepare written reports to be approved by the Board of Directors.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All staff have been scheduled for refresher training in relation to identification of Risk, Risk Management and rating of identified risks.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Annual review dates have been forwarded to each service user, family representatives and relevant MDT. Minutes from the previous Annual Review will be gone through taking into account the effectiveness of each service users personal plan, taking into account any changes in circumstances. Full participation of each service user will be paramount using an easy to read Personal Plan which the Service User can take ownership of and be involved in completing.

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	11/11/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/12/2020
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	10/12/2020

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			