



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

## Issued by the Chief Inspector

Name of designated centre:	Blath na hOige Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	30 January 2020
Centre ID:	OSV-0001769
Fieldwork ID:	MON-0025565

## About the designated centre

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

The designated centre provides a residential service to three full-time residents and a respite service to one resident on two set nights per week. Residents using this service have a primary diagnosis of intellectual disability. The centre can accommodate residents with moderate to severe care needs and additional care needs such as epilepsy and sensory deficits. Residents are supported by a primary care team which consists of both social care workers and social care assistants. Additional social care hours are deployed in the centre in response to residents' social needs. Both night duty staff and a sleep in arrangement are in place to meet the needs of residents. An integrated service is offered to one resident in the centre and all other residents access day services away from the centre. The centre comprises of one house and each resident has their own bedroom. There is also ample communal, kitchen and dining facilities as part of the design and layout of the centre.

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

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 30 January 2020	09:00hrs to 14:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector met with three residents and four staff members, including the person in charge on the day of inspection. The inspection was conducted from a central kitchen and dining area where interactions and work practices could be observed.

On the morning of inspection, residents were busy having their breakfast and getting ready for the day. Two residents were sitting at the table and two staff members were present to assist them with their needs. One resident had arranged some magazine cut outs on the table and they seemed to enjoy referring to these throughout the morning. Staff members advised the inspector that it was important not to touch these cut outs and the resident was happy to let the inspector sit with them. They spoke frequently in regards to characters on these cut outs which the resident liked. Two residents used verbal communication. One resident stated that they liked their home while the other did not indicate whether they liked their home or not. The third resident interacted with the inspector on their own terms and they appeared to enjoy their surroundings. Staff spoke with residents in a very kind manner and a staff member who attended the service later in the morning was welcomed with a warm smile and hug from a resident who they would be supporting that day. Overall, the inspector found that residents appeared to enjoy their home and that they liked the staff who were on duty on the day of inspection.

Staff members chatted freely with the residents, who appeared to enjoy this interaction. Staff did acknowledge that the presence of a new face in the centre may increase some anxieties and on two occasions a resident displayed some verbal and physical behaviours which were directed at staff. Another resident who was present during this behaviour did not appear upset and the inspector noted that both staff members reacted in a manner which did not cause the incidents to escalate and had a calming effect. Following these incidents a staff member described in detail how they managed the situation and they also explained how they knew by the resident's presentation and pitch and tone of voice that the situation could be resolved in a calm manner which had minimal impact on the atmosphere in the centre.

Also, on the morning of inspection, staff members reminded a resident on several occasions that a day centre staff member was on their way to bring them to their day service. The resident seemed pleased to hear this and they also frequently referred to this day staff member. When the day centre staff member arrived at the centre, the resident became anxious and initially voiced their dissatisfaction and an incident of challenging behaviour occurred. Again, staff members responded in a calm manner and their interactions assisted in supporting the resident through this transition from their home. Following this incident, a staff member described how transitions were difficult for this resident and that reminding them about their day service throughout the morning assisted in preparing them to transition. Again, there was another resident present during this episode but they did not appear

upset at this incident.

Some residents who were using this service had sensory impairments and the inspector observed that staff members promoted their inclusion and independence. A resident with a visual impairment was supported to make their own breakfast and tangible objects were used to indicate a timeline for tasks to be completed. A resident was also supported to know the day of the week through the use of scents, with a lime scent diffuser and lime hand cream used on the day of inspection. An audible staff rota was also in place and a staff member described how a resident with significant sensory impairment was assisted to know which staff member was on duty through the use of bracelets. The staff member explained that each staff member had a specific bracelet assigned to them, each with different shapes and textures, and that this resident would touch the bracelet when a new staff member would come on duty.

Although, there were some incidents of challenging behaviour, the centre appeared to have a homelike quality which was enhanced by the approach to care by staff members and the person in charge. Residents did present with behaviors of concern; however, the inspector observed that staff were generally able to manage these situations in a manner which did not impact on the atmosphere in the centre. The inspector will describe later in the report that some recent incidents had occurred, which some residents did find stressful, but the provider through their oversight arrangements was aware of these incidents and a critical incident review meeting was due to occur on the afternoon of the inspection.

## Capacity and capability

The inspection was facilitated by the person in charge of the centre and they were found to have a good understanding of the residents' care needs and of the arrangements which were implemented to meet those needs. Staff who met with the inspector stated that they felt supported by the person in charge and that they could go to them if they had any concerns.

Prior to the inspection, some minor incidents had occurred in the centre which the person in charge was keeping under review. There had also been an incident in the days before the inspection which some of the residents found stressful and resulted in staff members using both proactive and reactive measures to resolve. The inspector found that the person in charge and the provider were aware of the impact that this incident had on the delivery of care and a critical incident review had been scheduled to occur on the day of inspection.

The provider had completed all reviews and audits as required by the regulations and these were used to provide oversight in regards to the delivery of care and to assist in driving overall improvements for residents. Through these audits the

provider had been made aware of a frequency of low level incidents which were occurring. It was highlighted to the inspector that the designated officer and senior management of the centre were keeping these incidents under close review. The inspector found that the provider's incident reporting system was critical in highlighting issues which impacted on the quality and safety of care and the person in charge stated that all incidents which occurred on the morning of inspection would be recorded on this system to ensure that any trends in the delivery of care could be effectively monitored.

As mentioned earlier, staff who were supporting residents on the morning of inspection appeared kind and considerate in their approach to care. Overall, residents appeared relaxed in their company and when incidents of behaviours of concern occurred they managed these incidents in a manner which had the least amount of impact on residents. The provider also had a training programme which ensured that staff had received training which was appropriate to their role and staff members who met with the inspector spoke of the importance of knowing the resident when responding to their needs. It was clear from the observations of the inspector that staff members had a good rapport with residents and they were in-tune with each resident's individuality. This assisted in creating a warm and person centred atmosphere.

#### Regulation 15: Staffing

The allocation of staffing supported residents to live a good quality and regularly participate in activities that they enjoyed such as shopping, meals out and swimming. The staff rota also allowed for a weekly variance of support hours which helped residents to access the community at a time of their choosing.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had a good understanding of the resident's individual care needs and the provider had a training programme in place which supplemented the delivery of care to residents.

Judgment: Compliant

#### Regulation 23: Governance and management

There were governance arrangements in place which provided for oversight of care practices in the centre. These oversight measures included ongoing review by the person in charge and external audits which were conducted by representatives of the organisation. These arrangements assisted in highlighting any issues of concern and helped to drive overall improvements in the standards of care which were provided to residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Residents had written agreements in place which outlined the services which were provided and the fees which they would be charged. Additions to the agreements had also been made where television subscriptions had been requested by a resident.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers supporting residents at the time of inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had submitted notifications to the Chief Inspector and acknowledged that a care practice which was identified on the day of inspection should have been previously submitted on quarterly returns. The person in charge indicated that this care practice would be submitted on future notifications.

Judgment: Compliant

## Quality and safety

On the morning of inspection, residents appeared to enjoy living in the centre and



photographs of families and important events in their lives gave the centre a real sense of home. Throughout the morning, residents were actively consulted in regards to upcoming events and a picture exchange communication system was used to inform a resident that they were going to the hairdressers, an event which staff members said they enjoyed. A review of daily notes indicated that residents enjoyed everyday life experiences and were actively present in their local communities. A resident had recently joined a local leisure centre and commentary in daily notes indicated that they really enjoyed both the gym and swimming. Daily notes were also written in a manner which showed that each resident's independence was promoted. For example, a resident with an interest in magazines was supported go to a local newsagents at a time of their choosing and pick out which magazines that they liked. Daily notes also mention that the resident was assisted to pay for their own purchases. The inspector found that daily notes, in general were written in a very personal manner which indicated that residents were the sole focus of care.

Residents who used this service required support in regards to some behaviours and a sample of behavioural support plans was reviewed on the day of inspection. The inspector observed that staff members were very skilled in responding to behaviours on the morning of inspection and their interventions resulted in prompt de-escalation of observed incidents. A review of adverse events indicated that there was an event which occurred on a regular basis which a resident found difficult and which also impacted on other residents in the centre. The provider was aware of this issue and, as mentioned earlier, a critical incident review was due to occur on the day of inspection. The person in charge indicated some of the measures which the staff team used to manage these situations, such as the use of de-briefing the resident following this event. However, the inspector found that improvements were required to the associated behavioural support plan which did not include any guidance on supporting the resident upon their return to the centre following this event.

As mentioned above, the staff team and arrangements which were implemented by the provider assisted residents with everyday activities such as shopping, meals out and enjoying leisure interests. Residents also helped out in their home and daily notes indicated that they assisted with their laundry and some residents would help set the table for dinner and clean up afterwards with the support of staff. Some residents' further development was facilitated through their respective day services but some improvements were required to assist a resident who received an integrated service as a formal assessment had not been completed in regards to their wishes for further personal development.

Overall, the inspector found that residents received a good quality service where their independence and community involvement was actively promoted.

## Regulation 11: Visits

Residents regularly went home for day and overnight visits and there were ample facilities for residents to receive visitors in the designated centre.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that any money which was spent on behalf of residents was carefully monitored. Regular audits of personal finances were in place to ensure that residents' finances were safeguarded.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had good access to their local communities, but some improvements were required to ensure that residents' preferences in regards to further personal development were sought.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risk management procedures were implemented to ensure that residents' safety was promoted at all times. Revised risk management procedures had been recently introduced in the centre and the person in charge was in the process of completing risk management plans which were specific to this centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

A review of medication administration records indicated that all medications had been administered as prescribed. Improvements had also been made to protocols which supported the administration of rescue medication with the maximum dosage to be administered in 24 hours now clearly stated.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to their general practitioner, specialists and allied health professionals. The person in charge also indicated that access to national health screening programmes had been discussed with resident's individual general practitioner as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff had a good understanding of residents' behavioural support needs; however, some improvements were required to behavioural support plans to ensure that they included guidance in regards to an event which a resident found stressful.

Judgment: Substantially compliant

### Regulation 8: Protection

Residents appeared to enjoy the company of staff and the provider and designated officer were keeping recent incidents under review to ensure that any potential safeguarding concerns were responded to.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Blath na hOige Residential Service OSV-0001769

Inspection ID: MON-0025565

Date of inspection: 30/01/2020

## 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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Person in Charge met with Community Inclusion Officer on 12/02/2020. Discussion took place with regards to possible opportunities in the community for the residents of Blath na hOige. This information was shared with the residents and their families to establish their preferences on what is available locally. From discussions art, cookery &amp; gym classes were identified as being both educational and meaningful for some residents. Places have been booked on the art course which is beginning on 25/03/2020 with dates for the cookery class to be confirmed. Plans are being put in place with regards to opportunities that are available in the gym setting with the individual and their support staff. These are short term courses which will afford each resident the opportunity to try this new experience. This will also help them in making an informed decision going forward for further long term educational opportunities which may enhance their personal development.</p> <p>The Community Inclusion Officer will attend staff meeting on 07/04/2020 to discuss what’s available in the community so the staff team along with the residents can explore further opportunities and plan for the future. It is important to note sampling will be an important aspect for the residents to ensure they have a variety of new experiences and that their needs are being met in a manner that’s meaningful to them. These will be reviewed on an ongoing basis and through formal circles of support.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

The Person in Charge has worked alongside the Behaviour Support Specialist to review and update the current Behaviour Support Plan. This plan now provides clear guidance on how to support the individual during identified stressful times. The personal risk management plan will also reflect this support requirement. The resident and her family have been consulted and are in agreement with this. The Person in Charge will also discuss at team meeting on 06/03/2020.

## 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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	07/09/2020
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	06/03/2020