



Office of the Chief Inspector

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

Name of designated centre:	Crobally House
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	23 July 2019
Centre ID:	OSV-0002120
Fieldwork ID:	MON-0027261

About the designated centre

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

Crobally House is situated in a rural setting, on six acres of land. The centre comprises of two separate buildings, a bungalow and a two storey house. There is capacity to provide a residential service to three adults on a full time or shared care basis in the bungalow. An overnight respite service is provided to over 24 adults. At any one time, a maximum of four residents may access the respite service provided in the two storey house. Both services in the centre are provided to adults with an autism diagnosis. Staff are available to residents 24 hours a day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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
23 July 2019	09:30hrs to 13:00hrs	Lisa Redmond	Lead
23 July 2019	09:30hrs to 13:00hrs	Lucia Power	Lead

What residents told us and what inspectors observed

On the day of inspection, inspectors had the opportunity to meet and interact with four of the residents currently accessing respite services in the designated centre. Inspectors observed residents getting ready for the day ahead and it was evident that supports provided were carried out in a positive and supportive manner.

Although some of the residents could not tell the inspectors their views, staff spoke with inspectors about the residents and their daily routines. It was evident that staff were able to interpret residents' signals, needs and preferences and that supports provided were person centred.

Two of the residents spoke with inspectors and said that they were happy and that they enjoyed going to respite. Residents spoke about going to the shops, Cafés and swimming. The residents appeared comfortable and relaxed in the presence of staff members.

Capacity and capability

The inspectors reviewed the capacity and capability of the designated centre and found that significant progress had been made since the last inspection. Inspectors met with the person in charge on the day of the inspection. The person in charge spoke with inspectors about the governance and management systems in place to ensure effective oversight of the designated centre. This included local operational team meetings, senior operational team meetings and governance and management meetings, which occurred on a regular basis.

An annual review of the quality and safety of care and supports in the designated centre had been carried out; however this review had not provided for consultation with residents and their representatives. An unannounced visit to the designated centre had been completed however, this had occurred on an annual basis and not six monthly as required. Inspectors spoke with staff members who advised they were well supported by the person in charge, and that they received regular updates regarding the management of the centre.

Inspector viewed a number of residents' contracts for the provision of services in the designated centre. These agreements included the details of the services to be provided to each resident and the fees to be charged. The person in charge informed inspectors that although contracts had been sent to all residents and their representatives, a number of these had not been returned to the registered provider. It was evident from the documentation observed that the person in charge was actively engaging with residents and their representatives regarding the receipt

of the contracts for the provision of services.

Inspectors viewed the Schedule 5 policies and procedures in the designated centre. It was noted that a number of these policies and procedures had not been updated or reviewed as required. The inspectors also reviewed the designated centre's statement of purpose. The statement of purpose contained the information required under Schedule 1.

Regulation 23: Governance and management

The registered provider had not ensured that the annual review of the quality and safety of care provided to residents, provided for consultation with residents and their representatives. The registered provider had not ensured that an unannounced visit to the designated centre was carried out at least once every six months.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that an agreement in writing, relating to the terms on which the residents will reside in the designated centre was provided to residents and their representatives. The agreement included the support, care and welfare of the resident in the designated centre and details of the services to be provided for each individual resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured that the policies and procedures referred to

in Schedule 5, had been reviewed and updated as necessary.

Judgment: Substantially compliant

Quality and safety

Inspectors reviewed the quality and safety of care and supports provided in the designated centre and found that a number of improvements had been made since the last inspection. Inspectors viewed the personal plans of residents and found that they were comprehensive in nature. There was evidence of multi-disciplinary input in line with residents' assessed needs. However, one residents personal plans had not been reviewed as required. This had been highlighted in a recent audit however had yet to be completed by staff members.

It was evident that the health and well-being of residents was promoted and supported in the designated centre. Residents' were supported through their personal plans, providing guidance for staff regarding the residents' health care needs in areas including epilepsy and constipation. A 'Hospital Passport' was also developed for residents to ensure that key information in relation to their assessed health and support needs were communicated in incidences that they required emergency access to acute health services.

Inspectors viewed a communication dictionary for one resident, which provided examples of vocalisations they made and their meaning. It was evident that staff members on duty were familiar with the vocalisations of the resident, ensuring that they were supported to effectively communicate their needs and wishes. Staff members were also observed to support a resident to communicate their wishes through the use of assistive technologies. Visual schedules were also available and in use in the designated centre. It was evident that input was provided by an allied health professional, identifying where supports were required regarding communication, the supports to be provided and the individual responsible for ensuring that these supports were in place.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported at all times to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that the personal plan was subject to a review of the effectiveness of the plan, as required.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided to each resident, in accordance with their personal plan.

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 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Crobally House OSV-0002120

Inspection ID: MON-0027261

Date of inspection: 23/07/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An unannounced Reg. 23 visit has been scheduled for October 2019 PIC will ensure that this will provide for consultation with residents and their representatives.</p> <p>PIC will ensure that residents and their representatives are consulted during the next annual review.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A full review of Schedule 5 policies has taken place and relevant dates for review have been amended.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The personal plan in question has been accordingly audited, reviewed and updated. Further to this, the monthly personal plan audit schedule has been updated to ensure that all personal plans are examined as to their effectiveness and to ensure relevant documentation is in date.</p>	

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)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/10/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	31/10/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals	Substantially Compliant	Yellow	18/09/2019

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	13/09/2019