



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

Issued by the Chief Inspector

Name of designated centre:	Innisfree
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	12 August 2020
Centre ID:	OSV-0002627
Fieldwork ID:	MON-0029748

About the designated centre

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

Innisfree is a centre run by the Health Service Executive and is located on the outskirts of a town in Co.Sligo. The centre provides residential care for up to four male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of one bungalow with residents having access to their own bedroom, shared bathrooms, communal areas and garden space. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 12 August 2020	10:25hrs to 13:25hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with three of four residents who live at this centre. The resident that the inspector didn't meet with was being supported to attend a day trip.

These residents led very active lifestyles, which was attributed to by the adequacy of staffing and transport resources available to them. Since the introduction of public health safety guidelines, in the absence of day services, these residents were being supported by staff to take part in alternative day time activities. Some residents had a keen interest in gardening and were growing vegetables in the back garden. These residents also completed various improvement works to the back garden in recent months and brought the inspector out to see this. Positive risk-taking was also promoted, with some residents accessing the local community independent of their peers and staff. One resident invited the inspector into their bedroom to see their new reclining armchair. This resident said they were involved in decorating their own bedroom and were very pleased with how it had turned out. All three residents were preparing to go on an outing that day and were being supported to do so by a staff member on duty.

The inspector observed residents to access all areas of the centre and appeared very comfortable in doing so. Staff and resident engagement was seen to be very friendly and staff spoke very respectfully with the inspector about the residents and their assessed care needs.

Capacity and capability

This was a well-resourced and well-run service that provided residents with a very good quality and safe service.

The person in charge held the overall responsibility for the centre and she was present to meet with staff and residents on a very regular basis. She was supported by her line manager and staff team in the running and management to this service. Since the last inspection, additional nursing support was put in place at this centre and the person in charge told the inspector that this additional resource had greatly enhanced her capacity to effectively fulfill the duties associated with her role. She held very strong knowledge of each resident's needs and of the operational needs of the service delivered to them. She was proactive in overseeing the quality of care delivered to residents through her regular presence at the centre and from her regular engagement with staff and residents.

The number and skill-mix of staff was subject to very regular review, which ensured

that residents had access to the staff support that they required. At the time of inspection, the person in charge was in the process of reviewing the night-time staffing arrangement and a business case was submitted seeking additional resources. In the interim, the provider had put additional measures in place to support staff to meet the care needs of residents at night. A sample of rosters were reviewed by the inspector as part of this inspection and these were well-maintained and clearly identified staff names and their start and finish times worked at the centre.

The provider had ensured this centre was adequately resourced, ensuring residents had access to what they required in line with their assessed needs. Since the introduction of public health safety guidelines, staff meetings were replaced by one-to-one engagement between the person in charge and members of her staff team. Management team meetings were also occurring by teleconference, which ensured that any issues arising within the service continued to be discussed and reviewed on a scheduled basis. The annual review and six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, action plans were put in place to address these.

Where incidents were occurring, the person in charge had a system in place to ensure these were recorded, responded to and reviewed on a very regular basis. She also had ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required.

Regulation 14: Persons in charge

The person in charge regularly visited this centre to meet with staff and residents. She held strong knowledge of each resident's needs and of the operational needs of the service delivered to them. She held responsibility for two other designated centres and the provider had ensured that current arrangements supported her to have the capacity to also manage this service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured an adequate number and skill-mix of staff were available to support the four residents who live at this centre. At the time of inspection, night-time staffing arrangements were being reviewed to ensure suitable staffing arrangements were in place to meet the needs of residents at night. Planned and actual rosters were in place which clearly identified staff names and their start and finish times worked at the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre had access to the resources required by residents, including, staffing, transport and equipment. Staff and management meetings were regularly occurring, which ensured any areas of concern were subject to frequent review and discussion. The annual review and six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, action plans were put in place to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the identification, reporting and review of incidents occurring at the centre. She had also ensured that all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

The provider had ensured that this centre was operated in a way that promoted residents' rights, gave due consideration to their changing needs, while also ensuring all residents had regular opportunities for social engagement, in accordance with current public health safety guidelines.

The centre was located on the outskirts of a town in Co.Sligo where residents had their own bedroom, shared bathrooms, kitchen and dining room, sitting room and recreation/office room. The layout of the centre gave due consideration to the mobility needs of some residents, with level access available in bathrooms and at the front and back door to ensure these residents could easily and safely access these areas. A well-maintained garden was accessible to all residents, which provided residents with a lovely area to sit out in. One resident who met with the inspector showed improvement works they had completed to the garden. This resident had a very keen interest in gardening and had various vegetables growing

and was preparing to harvest. Another resident showed the inspector their new reclining chair in their bedroom. This resident demonstrated to the inspector how they like to use the chair and said that they had chosen their own bedroom decor and were very happy with it. Overall, this was found to be a very clean, comfortable and spacious house that provided residents with a very homely environment to live in.

Residents' needs were reviewed on a very regular basis and updating of personal plans was completed in a timely manner. Staff who spoke with the inspector were very aware of each resident's assessed needs, particularly in areas such as social care and medication management. Additional nursing support was provided to the centre since the last inspection and this enhanced the oversight of re-assessment of residents' needs and personal plan reviews. Staff were very proactive in ensuring the quality of life experienced by residents with specific health care needs was at all times monitored and improved upon, as and when possible. For example, one resident who required support with their mobility needs was supported by staff to attend day trips independent of their peers. Staff had ensured this resident had access to appropriate transport, information and staff support, which had a positive impact on maintaining this resident's independence.

The provider had clear systems in place for the the identification and response to risk at this centre, which meant that any risks to the quality and safety of care were quickly addressed. Staff were also very vigilant of the importance specific supervision arrangements played in ensuring residents were maintained safe, particularly where residents required support with their mobility needs. In addition, the person in charge engaged regularly with staff and also trended incidents on a monthly basis, which effectively informed the centre's risk management activities. However, the assessment of risk did require some improvement. Although the provider had effectively identified and was in the process of responding to current risks at the centre, the additional control measures that the provider was implementing were not always supported by an appropriate risk assessment, particularly in areas such as medication management, falls management and staffing arrangements. This impacted on the provider's ability to accurately assess the effectiveness of these additional measures in successfully mitigating against these specific risks.

Effective fire safety precautions were in place, including, fire detection and containment measures. Regular fire drills were occurring and the provider was proactive in responding to any issues arising from these drills. For example, a recently completed fire drill identified some issues in the timely evacuation of residents requiring support with their mobility. Following on from this, this residents' personal evacuation plan was updated with new evacuation arrangements, which meant that this resident was now being evacuated in a more prompt manner. The centre's fire procedure was prominently displayed in the centre, which gave clear guidance to staff on what to do in the event of fire at the centre.

Where residents wished to self-administer their own medicines, they were supported to do so. Appropriate risk assessment and protocols were put in place and reviewed

on a very regular basis. Staff also regularly engaged with these residents, offering support with administration as and when required. Controlled drugs were in use at the centre and at the time of this inspection, the provider was in the process of reviewing the protocols that were in place to support this practice.

Regulation 17: Premises

The centre comprised of one bungalow dwelling, which was well-maintained, spacious and nicely decorated. Level access was available in bathrooms and at the front and back door to ensure residents with mobility issues could easily and safely access these areas. Residents each had their own bedroom which was decorated in accordance with their personal taste. The garden area was also well-maintained and provided residents with a comfortable and spacious place to enjoy.

Judgment: Compliant

Regulation 26: Risk management procedures

The effective identification of risk at this centre was largely attributed to regular discussion between management and staff and through monthly trending of incidents. Since the last inspection, the provider had made improvements to the assessment of risk at the centre, ensuring risk-ratings now reflected the effective management and on-going review of risk at this centre. However, although some current risks were in the process of being responded to by the provider, some improvement was required to ensure these identified risks were adequately supported by risk assessment, in areas such as falls management, staffing and medication management.

Judgment: Substantially compliant

Regulation 27: Protection against infection

In response to public safety guidelines, the provider had implemented a number of infection prevention and control measures to ensure the safety and welfare of residents and staff at all times. Contingency plans were in place and were subject to regular review by senior management, should an outbreak of infection occur at the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured adequate fire evacuation arrangements were in place to ensure all staff and residents could effectively evacuate the centre in a prompt manner. Fire drills were occurring on a very regular basis and a prominently displayed fire procedure clearly guided staff on what to do in the event of fire at the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe administration of medicines at this centre. Where residents wished to self-administer their own medicines, they were supported by staff to do safely do so. At the time of inspection, controlled drugs were in use at the centre and the provider was in the process of reviewing the protocols in place supporting this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured residents' needs were assessed for on an on-going basis. Personal plans were put in place to guide staff on their role in supporting residents with their specific needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support they required. Residents also had access to a wide range of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had support plans in place to guide staff on how best to support these residents. There were no restrictive practices in use at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. All staff received training in safeguarding and procedures were in place to support staff in the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Innisfree OSV-0002627

Inspection ID: MON-0029748

Date of inspection: 12/08/2020

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge has ensured that the recommended improvements to identified risk assessments in the areas of Falls Management and Staffing have been completed and a risk assessment for Medication Management is now in place.	

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 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	02/09/2020