



## Office of the Chief Inspector

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

Name of designated centre:	Ivy House
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	09 October 2019
Centre ID:	OSV-0003371
Fieldwork ID:	MON-0022519

## About the designated centre

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

This designated centre is a 24 hours nurse led residential service for men and women over the age of 18 years who have an intellectual disability. The house is a large dormer bungalow just outside a large town in Co. Meath. The house comprises of fifteen rooms consisting of a kitchen/ dining room with sun room, sitting room, office, utility room, relaxation room, 7 bedrooms 5 of which have en-suite facilities, 1 separate bathroom. The house has a large garden area to the front and back of the house. It has adequate parking facilities at the back of the house. The centre has accessible transport available for residents to bring them to community and social activities in the local town and to appointments when required. The person in charged is employed on a full-time basis. In total there are six nurses and nine care assistants employed in this centre.

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

Number of residents on the date of inspection:	6
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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
09 October 2019	10:30hrs to 18:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet all the residents during different times of the day. The inspector reviewed a number of Health Information and Quality Authority (HIQA) questionnaires which had been completed by residents and their families. Furthermore, the inspector reviewed feedback collated by the centre as part of their annual review. Where appropriate, residents' views were relayed through staff advocating on their behalf.

Residents talked to the inspector about how they were supported to engage in meaningful roles. One resident advised of their involvement in the centre and in particular their responsibilities around the centres' three vehicles and the recycling system in place. Another resident talked with the inspector about their volunteer work in a local charity.

Overall, residents who spoke with the inspector said that they enjoyed living in the centre. A number of the residents were happy to show the inspector their bedroom and talked about how they had been consulted and involved in the décor. Many of the residents noted on their questionnaires that their bedroom was decorated exactly how they wanted it.

The inspector saw that from time to time residents moved to different rooms in the house to better meet their needs or to support their personal development and independence. There was choice in the rooms offered and rooms were decorated in consultation with resident and in line with each resident's wishes and preferences. On speaking with the residents the inspector found that not all residents were happy about moving rooms however, where that was the case, they were supported to make a complaint and have their views on the matter listened to and followed up in line with the centre's complaints policy and procedures.

On the day of the inspection the inspector met and spoke with some of the residents' family members who were very complimentary of the service being provided. Family members praised the the person in charge and staff who they felt were kind, caring, attentive and respectful to their family members. They advised that there was good communication between families and the staff and that they always felt welcome when they came to visit their family member.

Family members informed the inspector that there was plenty of choice for residents in the centre and that residents were encouraged to try out new experiences and live their lives to their full potential. Families who spoke with the inspector advised that the were really happy that their family member was living in the this centre and that they felt assured they received good quality and safe care at all times.

Overall, the feedback from both the HIQA questionnaires and the centre's own questionnaires demonstrated very positive responses from families and residents and in particular regarding the care and support provided. Residents were

complimentary about the food in the centre and in particular about the choice of meals offered. Residents also noted that they were happy with the choice of activities within the centre and outside the centre. Many residents advised that they enjoyed the on-site mass celebrations which were a way of remembering past residents. Residents also enjoyed on-site parties to celebrate milestone birthdays and special occasions. Residents advised that they really liked the new garden space out the back where there was the opportunity to go for walks around the newly installed garden pathway.

Throughout the day the inspector observed friendly, jovial and caring interactions between staff and residents and it was evident that residents' needs were very well known to staff and the person in charge. The inspector observed that the residents appeared very comfortable in their home and relaxed in the company of staff.

## Capacity and capability

The inspector found that the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents. The service was lead by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. The inspector found that improvements from the last inspection had been completed and had resulted in positive outcomes for the residents.

The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. The inspector found that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. Staff who spoke with the inspector advised that the person in charge was very approachable and supportive at all times.

At the time of the inspection the staffing arrangements in place included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was a continuity of care so that attachments were not disrupted. The person in charge informed the inspector that where agency staff were employed the same staff members were requested. Furthermore, staff who had previously been employed as agency staff were now employed on a full-time basis in the centre. The inspector reviewed the roster and saw that there was flexibility afforded on a regular basis to support residents attend seasonal activities which often took place in the evenings and at weekends.

The inspector saw that staff mandatory training was up-to-date which enabled staff

provide care that reflected evidence-based practice. Staff training in areas which was specific to some of the residents' recent changing needs had been identified and had a planned completion date by the end of the year. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and endeavoured to ensure that they were met in practice. Furthermore, staff were knowledgeable of policies and procedures which related to the general welfare and protection of the residents.

One to one supervision meetings alongside performance management meetings were taking place to support staff perform their duties to the best of their ability. Staff who spoke with the inspector advised that they found these meetings to be beneficial to their practice.

Governance and management systems in place ensured residents received the delivery of a safe and quality service. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. The inspector found that there was a robust auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents. Provider audits and unannounced visits were also taking place and ensured that overall, service delivery was safe and that a good quality service was provided to residents.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. It was evident that the centre strived for excellence through shared learning and reflective practices; for example in an effort to reduce the recurrence of incidents the person in charge had developed a tool to support effective learning and reflection on incidents which was currently being used in the centre and planned to be shared across other centres.

All required written policies and procedures were adopted and implemented in the centre. They were reviewed at the required intervals or more often, where necessary, to reflect best practice. The person in charge informed the inspector that there was a 'policy of the week' system in place where by staff reviewed and discussed one policy each week amongst themselves which encouraged continued review and reflection on the policies on procedures.

## Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

There was evidence to demonstrate that the person in charge had appropriate qualifications and experience in line with the regulatory requirement.

Judgment: Compliant

#### Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were supported to develop professionally in an atmosphere of respect and encouragement.

Judgment: Compliant

#### Regulation 19: Directory of residents

The directory of residents was made available and was up-to-date with all the required information.

Judgment: Compliant

#### Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.



Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 written policies and procedures were adopted and implemented, made available to staff and reviewed when required.

Judgment: Compliant

## Quality and safety

The inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. The inspector found that since the last inspection there had been many improvements in the centre and in particular from decorative and structural upgrades throughout the house which had resulted in positive outcomes for residents.

The inspector looked at a sample of residents' personal plans and found them to be up-to-date and reviewed on a regular basis. Residents' plans were continuously developed and reviewed in consultation with the resident, relevant keyworker, allied health professionals and family members where appropriate. The residents' plans reflected the continued assessed needs of the resident and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. However, the inspector found that some improvements were warranted around the setting and monitored of residents' goals.

Appropriate healthcare was made available to residents having regard to their personal plan. The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take responsibility for their health. One resident who spoke with the inspector advised that they were being supported by staff to have a healthy lifestyle through eating healthy foods and taking regular exercise such as swimming and walking. Furthermore, the inspector was advised of a new dance class which had commenced in the centre on Thursday mornings which was part of an initiative to support residents attain a healthier weight in an enjoyable way.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. Residents were supported to develop their knowledge, self-awareness understanding and skills required for self care and protection through accessible information and weekly residents' meetings which frequently promoting safeguarding information.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Overall, systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. The inspector saw that there had been a decrease in the number of environmental restrictions in the house which impacted positively for residents. Furthermore, on the day of the inspection another reduction of an environmental restrictive practice took place. However, the inspector found that improvements were required to the centre's reviewing procedure to ensure that the remaining environmental restrictive practices were at all times the least restrictive.

Medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. The

registered provider had created a culture of safe appropriate care and support in a safe environment that residents could use. The inspector found that staff were innovative in finding ways to support the residents live life as they chose, and in a way that balanced risk and opportunities in a safe manner. Residents had been assessed around suitability to self-medicate and at the time of inspection one resident was working towards being responsible for their own medication management to support them work towards their goal of independent living.

The design and layout of the premises ensured that the resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the house. The physical environment of the house was clean and in good decorative and structural repair. The inspector saw that a new kitchen had been installed with new flooring in both the kitchen and laundry room. New armchairs and couches had been purchased for the sitting room. Outside at the back of the house the ground had been levelled and a new garden area was now in place with a clothes line, pathways, a raised flower bed and an outdoor eating area.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. Since the last inspection an unused room had been transformed in to a relaxation room for residents; the room included soft lights, sensory equipment, music and furnishings. A number of the residents informed the inspector that they were really happy with this new addition to their home.

The inspector found that residents were supported to make decision about their lives in a way which maximized their autonomy. Residents had access to the local advocacy services; the inspector was informed that one of the residents in the house was a member of an advocacy group which they were supported to participate in on a regular basis. Residents were consulted and made decisions regarding the services and supports they received and their views were actively and regularly sought by the residential service; for example, the inspector was advised that the residents had been consulted and involved in all the recent structural and decorative upgrades.

The provider and person in charge were fully cognisant that the designated centre was the residents home and supported residents to define their service and make requests as part of the normal running of the service. One resident spoke with the inspector about the residents participation in the centres mission statement; over an eight week period residents discussed in group format what they wanted in the statement. Each resident was supported to chose a value that was important to them and that they wanted included in the statement. An accessible version on the centre's mission statement was produced in the form of a framed carved tree with each of the residents' chosen values written on the leaves of the tree. Residents who spoke with the inspector seemed proud of their participation in the activity and advised of the particular value they had chosen and why.

### Regulation 13: General welfare and development

The inspector found that residents were assisted to exercise their right to experience a full range of relationships, including friendships and community links, as well as personal relationships. Residents were engaged in their local community through many different social activities including music clubs, swimming classes in the local pool, attending local concerts and volunteering in local charity shops.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. There had been many upgrades and improvements to the house in the last year which resulted in positive outcomes for the residents. There was a new relaxation room created where residents could take time out to relax and unwind if they so wished.

Judgment: Compliant

### Regulation 20: Information for residents

A guide for residents was made available to residents and included all information specified under Regulation 20 in a clear and accessible format.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider and the person in charge ensured the delivery of safe care whilst balancing the right of residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk. Furthermore, the risk management policy in place included all the required information as per regulation 26.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Safe medicine management practices were in place and were appropriately reviewed. Medicines were used in the designated centre for their therapeutic benefits and to support and improve each resident's health and wellbeing.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector found that each resident had a personal plan that was reviewed annually and reflected in practice however, there were some gaps in the documentation that did not result in a medium to high risk to the residents. For example, some goals that had been discussed at a resident's annual personal plan review were not clearly documented in their action plan. Furthermore, the inspector found that in another personal plan, documentation regarding progress of the residents' goals did not fully reflect the practice in place.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were supported to live healthily and where appropriate take responsibility for their health and have their rights respected.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge and there were clear plans in place for staff to support residents manage their behaviour.

The inspector saw that since the last inspection there had been a decrease in the number of environmental restrictive practices in the centre. However, in relation to restrictive practices currently in place the documentation did not clearly

demonstrate that the procedures in place were the least restrictive; for example there was insufficient documental evidence to demonstrate that alternatives to the environmental restrictive practices had been considered.

Judgment: Substantially compliant

### Regulation 8: Protection

The residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ivy House OSV-0003371

Inspection ID: MON-0022519

Date of inspection: 09/10/2019

## 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 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:            Educational workshops will be rolled out with all relevant staff before 31 December 2019 to ensure staff have a sound knowledge and understanding when implementing the principles of the “SMART” system when recording resident’s goals and actions achieved. Resident’s goals are now an agenda topic at all staff meetings.            The PIC completes an audit of all resident’s goals every two months.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:            As and from 10 October, 2019 a new restrictive practice log is in place. The log identifies what restrictive practices are in place, their frequency of use and that these practices are reviewed on a monthly basis by the Person in Charge. The review will determine what strategies or alternatives can be put in place to reduce any restrictive practices. It will also ensure that the PIC and staff team explore and demonstrate that alternatives to any environmental restrictive practice in use has been considered and that ongoing review of all restrictive practices occurs on a monthly basis</p> <p>This use of restrictive practices is governed by the Positive Approaches Support Group. This is a MDT group which meets quarterly and reviews referrals for use of restrictive practices. The next meeting is scheduled for 28 November, 2019.</p>	

In addition, the PIC will carry out the HIQA Self -Assessment Questionnaire in the Restrictive practice thematic programme by 31 December 2019

In line with Regulations, all restrictive practices are reported through the relevant HIQA quarterly returns.

## 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 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	31/12/2019
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/12/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's	Substantially Compliant	Yellow	31/12/2019

	behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
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