



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

## Issued by the Chief Inspector

Name of designated centre:	Holly Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	11 February 2020
Centre ID:	OSV-0004071
Fieldwork ID:	MON-0025083

## About the designated centre

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

Holly Services is a centre run by Ability West. The centre provides respite care for up to eight children aged from 0-18 years of age with an intellectual disability. Holly services comprises of one building located on the outskirts of Galway city and is within walking distance of local amenities such as shops, leisure facilities and cafes. The centre comprises of 10 bedrooms, of which eight are used by residents who access the centre. The remaining two bedrooms are used by staff for overnight accommodation when required. Communal facilities available to residents include kitchen and dining rooms, bathrooms, sitting rooms, a sensory playroom, utility, staff office and outdoor play area. Staff are on duty both day and night to support the residents who avail of this service.

**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
Tuesday 11 February 2020	10:15hrs to 14:50hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector met with two children who were availing of this respite service. Although both children interacted briefly with the inspector, neither spoke directly about the care and support they received.

The inspection was facilitated by the person in charge and a number of staff were also on duty. The centre's current staffing arrangements allowed for children to avail of one-to-one staff support, which was observed by the inspector to work very effectively. Staff were observed to support residents to communicate their wishes through the use of verbal prompts, gestures and pictorial references. Picture signs were also displayed on each room door to support children to know what rooms they were entering. One resident was being supported by staff to take part in laundry duties, which the inspector was informed was part of his daily routine while at respite. Residents were also supported by staff to leave the centre, while others were preparing to go home to family after their day.

Both children appeared very comfortable in the company of the staff who were on duty and were observed to come and go from the staff office to interact with staff as they wished. In general, there was a very friendly and pleasant atmosphere in this centre.

## Capacity and capability

Overall, the inspector found this was a well-run and well resourced centre that provided residents with a good and safe quality respite service.

The person in charge held responsibility for the service and she was present full-time at the centre. Her regular presence at the centre had a positive impact on ensuring regular oversight of care was occurring and also provided her with multiple opportunities to meet with residents, their families and staff members. She was supported by her line manager and staff team in the running and management of this service. The provider had ensured she had allocated administration time each week, which gave her the capacity to satisfactorily fulfil the duties associated with her role.

Due to the nature of this respite service, staffing levels were subject to very regular review by the person in charge. Following a recent increase in residents' needs, the centre's staffing arrangement was reviewed to ensure additional staff support was available to the residents that required it. Following recent recruitment, a number of new staff members had commenced working at this centre and the person in charge had ensured adequate induction was made available to them so that they were

supported to get to know each resident and their assessed needs. Staff received mandatory training and had access to refresher training as and when required. Each staff member also received supervision from their line manager, which had a positive impact on promoting staff welfare and development within this service. However, some slight improvement was required to the roster to ensure it at all times identified the start and finish times worked by staff at the centre.

The provider had ensured the centre was adequately resourced to provide residents with a good quality of service in areas such as transport, equipment and staffing. The person in charge held regular meetings with her staff team, which facilitated staff to raise and discuss any concerns directly with her regarding the safety and welfare of residents. The person in charge was also in regular consultation with her line manager to discuss and review operational issues, which ensured prompt action was taken as and when required. The provider had monitoring systems in place, including, an annual review of the service, six monthly provider-led visits and regular internal audits. Where improvements were identified, action plans were put in place to address these. However, upon review of the most recent six monthly provider-led audit that was completed, the inspector observed that due to the extensive nature of this audit, it failed to identify specific improvements required within this service to areas such as risk management.

#### Regulation 14: Persons in charge

The person in charge had the qualifications and experience required to carry out her role. She was present full-time at the centre and the provider had ensured she was adequately supported to have the capacity to effectively manage this service.

Judgment: Compliant

#### Regulation 15: Staffing

Adequate staffing levels were in place to meet the assessed needs of residents. However, some improvement was required to the roster to ensure it all times clearly identified the start and finish times worked by staff.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Staff received the training they required to carry out their role. They also received regular supervision from their line manager, which had a positive impact on staff

development in this service.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage this service and that the centre was at all times adequately resourced. However, improvement was required to the centre's monitoring system to ensure its overall effectiveness in identifying specific improvements required within this service.

Judgment: Substantially compliant

### Quality and safety

The provider had ensured adequate systems were in place within this service to enhance residents' overall personal and social development. Staff ensured activities were appropriately selected and planned for so as to maximise residents' overall well-being and enjoyment during their respite stay.

Effective assessment and personal planning systems ensured that residents' needs were assessed for and regularly reviewed. Staff were very aware of residents' needs and of their role in supporting them, particularly where some residents' needs had recently changed. Residents had access to a wide variety of allied health care professionals and suitable arrangements were in place to ensure residents' health care needs were consistency met. However, some improvement was required to the documentation in place to support residents' health care needs, particularly in areas such as mobility and nutrition. Although the person in charge had strong knowledge of the daily role staff played in supporting residents in these areas, the documentation available didn't capture or adequately guide on the specific health care interventions that staff carried out each day.

The centre comprised of one large two-storey building that provided residents with their own bedroom, dining and kitchen areas, sitting rooms, sensory room, art room, utility and large rear garden area with an appropriate and safe play area. Children were facilitated to choose their preferred bedroom upon each respite stay. The layout and design of the sensory room and sitting rooms was playful and provided children with age appropriate recreational and sensory items. Prior to this inspection, the provider had installed projector televisions in all recreational rooms and redecoration of communal rooms was also in progress.

Where residents required behavioural support, the provider had ensured they received the care and support they required. Due to the adequacy of staffing levels

at this centre, most residents were provided with one-to-one staff support which had a positive impact on maintaining low levels of behavioural related incidents at this centre. There were some restrictive practices in place and the provider had identified further restrictions that may be required to promote residents' safety. These were currently in the process of assessment and review at the time of this inspection. However, during the inspector's visit of the centre, a number of locked doors were observed throughout the centre which weren't reviewed or considered in line with the centre's restrictive practice policy. This impacted on the provider's ability to demonstrate that the least restrictive practice was at all times used in this service.

Effective systems were in place for the identification and response to risk at this centre, with regular staff meetings and an incident reporting system contributing to effective risk mitigation. However, although the provider had effectively responded to identified risks at the centre, corresponding risk assessments required review to ensure these accurately reflected this. For example, identified risks associated with choking, transport and behavioural management were well-managed and subject to regular monitoring; however, associated risk assessments were not adequately risk-rated to demonstrate this. Furthermore, some risks that were actively managed at the centre did not have a supporting risk assessment in place, for example, risks associated with staffing levels and restrictive practices.

Effective fire safety arrangements were in place, including, adequate fire detection and containment systems, regular fire safety checks and up-to-date fire safety training for all staff. Regular fire drills were occurring which demonstrated staff could effectively evacuate all residents in a timely manner. The person in charge had implemented a system which ensured that all staff and residents participated in a fire drill on a minimum annual basis. The centre's fire procedure was available and was in the process of review by the person in charge to ensure it provided further clarity to staff. Internal and external emergency lighting was available at the centre and maintenance of this lighting was carried out on the day of inspection. Although personal evacuation plans were in place to guide staff on the supports required by each resident to successfully evacuate the centre in the event of fire, further review of these plans was required to ensure adequate guidance was provided to staff where residents may present with behaviours that challenge during an evacuation.

## Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that these residents received the care and support they required to communicate their wishes.

Judgment: Compliant



### Regulation 13: General welfare and development

The provider had ensured adequate transport and staffing arrangements were in place to support residents to access the local community and to take part in activities of their choice, in accordance with their developmental needs.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be clean, spacious and comfortable. Residents had access to their own bedroom and access to many communal areas. Adequate play areas for children were located outside and inside the centre. The centre was in the process of redecoration at the time of inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had effective systems in place for the identification and response to risk at the centre. However, some improvement was required to ensure risk assessments were accurately risk-rated to demonstrate the effective response to risk at this centre. Furthermore, some risks which were actively being managed did not have a supporting risk assessment in place, for example, staffing arrangements.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had effective fire safety precautions in place. However, some improvement was required to ensure adequate arrangements were in place to support the safe evacuation of all residents requiring behavioural support.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Suitable and effective systems were in place to ensure residents' needs were assessed for and regularly reviewed.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured residents' health care needs were assessed for and regularly reviewed. However, some improvement was required to personal plans to ensure these adequately guided on the specific health care interventions carried out by staff each day.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provider had ensured residents received adequate behavioural support, as and when required. However, a review of the centre's restrictive practices was required to ensure all restrictions are assessed for, reviewed and implemented in accordance with the organisational restrictive practice policy.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. Procedures were in place to support staff in the identification, response, reporting and monitoring of any concerns to the safety and welfare of residents. All staff had up-to-date training in safeguarding.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Holly Services OSV-0004071

Inspection ID: MON-0025083

Date of inspection: 11/02/2020

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Rota has been amended to 24 hour format, which clearly outlines start and finish times, names and grades of staff. Rota will not include any abbreviations going forward.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Registered provider will ensure that six monthly unannounced Audits continue to take place.</p> <p>Person in charge will liaise with internal auditor when audits occur to focus on particular areas throughout Provider Led unannounced audits.</p> <p>A schedule of internal Audits are in place, for example, Fire Safety, Medication Audits, First Aid Checks and financial audits.</p> <p>A review of the provider led audit process is taking place with a view to ensuring the process includes a more robust review in terms of identifying risks in the centre and the control measures in place to address these risks. This will be implemented in the next cycle of provider led audits.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Centre risk register is being updated to ensure all risks are accurately risk rated and have supporting risk assessments in place.</p> <p>Risk register will be amended to ensure that most urgent current risks are identified and staff made aware of same</p> <p>Schedule of review of Risk Register by Person participating in management and Person in charge in place. This will take place Quarterly or more often as required.</p> <p>Individual Risk assessments to be reviewed and amended appropriately to ensure accuracy in terms of risk rating given the remedial actions in place.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Centre Emergency Evacuation Plan is being reviewed and updated to provide clear guidance on Evacuation procedures.</p> <p>All Personal Emergency Evacuation Plans to be updated and more individualised to provide clear guidance to staff.</p> <p>Guidance will be included in these to support service users and staff with evacuations in different scenarios including during times of behaviours that challenge.</p> <p>Fire Drills will continue to take place and learning from these will be shared at team meetings.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All Health care plans are being reviewed to provide clear guidance to staff in relation to health interventions that may be required by children attending Holly Services.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	
A review of all restrictive practices within the service is being undertaken by the Person in Charge to ensure that all restrictions are implemented in accordance with the Registered provider's policies and procedures and reviewed regularly by the Restrictive Practices Committee.	
Chief Inspector will be informed of all restrictive practices via the Quarterly notification process	

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	18/02/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	31/03/2020



	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	20/03/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/03/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/03/2020