



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

Issued by the Chief Inspector

Name of designated centre:	Maryville
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	10 October 2019
Centre ID:	OSV-0005520
Fieldwork ID:	MON-0027010

About the designated centre

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

This is a residential service managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. This centre comprises of a two-storey dwelling and can accommodate up to four female residents with low to moderate intellectual disability from 18 years of age to end of life. The centre comprises of a hallway, four residents' bedrooms, one staff room, a kitchen and dining area, a utility room, a shared bathroom, a shared toilet and two sitting rooms. Residents also have access to well-maintained gardens to the front and rear of the centre. During the day, one resident receives one to one staff support and a second staff supports the other two residents. At night, residents are supported by a waking night staff, to ensure their health and safety needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
10 October 2019	09:30hrs to 17:00hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

On the day of inspection, the residents had gone to work when the inspector arrived at the centre. The inspector spoke with the staff nurse working day shift and the care staff who was on night duty the night before. Both staff said that they had witnessed significant improvements in the support provided to residents and the governance and management of the centre since the last inspection. In particular, they said residents health and safety and quality of life had greatly improved. They contributed this change to the new person in charge and the robust governance and management arrangements put in place by the provider in the past few months. In particular, they stated that the additional staffing resources had made a significant improvement in service delivery. The inspector was also told that residents' concerns and family members' views were now been listened to, and the management team were communicating more effectively with the residents and their families. This has ensured any concerns they have had were addressed in a timely manner.

Capacity and capability

This inspection was completed as a risk-based inspection following the findings of a monitoring event completed in April 2019. In April, a significant number of health and safety risks were identified in the centre, that resulted in a number of non-compliances being issued to the provider. As a result, a cautionary meeting was held with the provider, and the centre's risk profile was escalated, and a regulatory plan put in place to bring the centre into compliance.

Since the last inspection, the provider had implemented robust operational and corporate governance arrangements in the centre which ensured an effective and efficient delivery of services in the centre. The provider had completed an external review of the centre and findings resulted in a quality assurance plan being implemented to improve the overall governance and management of the centre and to address the health and safety risks; for example, fall management, choking risks and safeguarding concerns.

The provider also appointed a new person in charge, who was suitably qualified and experienced to manage the designated centre. The person in charge, had completed support and supervision meeting with all of the staff, and she had ensured that all staff working in the designated centre had completed appropriate training to meet the residents care and support needs. The person in charge had also completed a full review of the residents' care and supports needs, and put appropriate arrangements in place to address identified risks and care needs at the centre. This was found to greatly reduced the number of incidents occurring in the centre. However, the person in charge confirmed to the inspector that while an additional

increase of over four full-time staffing posts was put in place in the centre, these posts had not been fully approved and were only covered by agency staff. There was no assurance that these staffing arrangements would continue, and agency staff did not ensure residents continuity and support needs would be met in the long term.

The inspector met some of the staff team, and they told the inspector that they found working in the centre safer, and that residents needs were now being met more effectively as they were individualised and person centred. The inspector found that the providers actions had made significant improvements in the governance and management of the centre

Regulation 14: Persons in charge

A new person in charge was appointed since the last inspection. She had the skills, experience and qualifications to manage the centre. She was present daily in the centre, and had ensured effective governance, operational management and administration of the designated centre on a day-to-day basis.

Judgment: Compliant

Regulation 15: Staffing

The provider had put temporary staffing arrangements in place to address significant risks in the centre; however, the provider had not approved the revised staffing arrangements in place, to ensure that residents' assessed needs would continue to be met in a timely manner,

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had arrangements in place which ensured that staff had regular access to mandatory training to meet both the assessed needs of resident and regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had implemented robust operational and corporate governance arrangements in the centre which ensured an effective and efficient delivery of service in the centre. These arrangements were regularly reviewed by the person in charge and the person participating in the management (PPIM) of this centre. The provider ensured there was regular updates on the progress of the quality improvement plan and ensured resources were available to meet the care and support needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose (SOP) was currently under review due to recent changes in the governance arrangements for the centre. A revised and updated copy of the centre's SOP was forwarded to the Chief Inspector following the completion of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Since the last inspection, the provider had completed a retrospective review of incidents in the centre and advised the chief inspector that a significant number of NF03 and NF06 notifications had not been reported as required. However, since the appointment of the new person in charge all notifications have been submitted to the Chief inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider was managing complaints in line with the organisation's complaints procedure.

Judgment: Compliant

Quality and safety

Since the last inspection, the inspector found significant improvements in the quality and safety of care provided to residents. The provider had put measures in place to ensure that there were robust quality and safety procedures in operation at the centre, and that residents care, and support needs were being well met.

Inspectors found the provider had ensured that residents' well-being was promoted at all times, and that they received a good-quality service. Residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice. There was evidence that the residents actively participated in their local community and were supported to do so in a structured and varied plan of activities. Personal planning meetings had commenced, and arrangements were in place to ensure residents' personal goals were formulated and documented in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning process ensured that sufficient supports were available to assist residents in achieving their chosen goals.

There were effective risk-management procedures in the centre, and staff were aware of the organisations risk management procedures and policy. Each resident's individual risks were assessed and managed, and a centre specific risk register was also in place in the centre. The risk register enabled the management and staff to identify and monitor specific risks in the centre. This risk register was regularly updated and reviewed. This measure assured the provider that the safety of the residents was promoted in the centre and consistency of care was maintained to a good standard.

The management team had policies and procedures in place to safeguard residents from abuse. The person in charge had identified some occasions, where residents were vulnerable from other residents, however, the additional staffing supervision had ensured that residents were protected, and residents' safety was maintained.

There were good arrangements in place to management of behaviours of concern. All residents' behaviours of concern were reviewed by the appropriate allied health professional. The person in charge had ensured staff were aware of the recommendations of the behaviour therapist and where required, residents had behaviour support plans, which had resulted in a reduction of related incidents in the centre.

There were also some restrictive practices in use in the centre, which were required to support a resident independence in the centre. These related to a chair mat and audio alarms to alert staff to residents movement in their bedroom who were at risk of falls. The restrictions in place were appropriately documented and reviewed by the multidisciplinary team regularly.

The inspector found that one resident's mental health had deteriorated in recent months, and the new management team was actively reviewing the residents'

mental health condition and implementing recommendations of the multidisciplinary team and liaising with family members on how to best support the resident.

The inspector reviewed the residents' access to their personal possessions, including the management of their personal finances. Residents were supported to manage their finances effectively and there were robust arrangements in place by the person in charge to audit the financial management of residents' finances.

Regulation 12: Personal possessions

Residents had access to personal possessions in their bedrooms, including their finances. There were appropriate measures in place to check residents' finances were appropriately documented and managed in line with their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that risk management procedures were robust and risks were identified, monitored and managed effectively. These arrangements were reflected in staff practices and knowledge.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings had taken place, which included the involvement of the resident or their representatives.

Judgment: Compliant

Regulation 6: Health care

Health care plans and assessments were up-to-date, and residents were facilitated to access allied health professionals and to achieve the best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were supported to positively manage behaviours of concern and restrictive practices used in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents safety was well managed in the centre and where required, a safeguarding plan was in place, and they had been reviewed by the the multidisciplinary team.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	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 Maryville OSV-0005520

Inspection ID: MON-0027010

Date of inspection: 10/10/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">• The Register Provider and PIC have undertaken a full review of the staffing requirements in the centre, and the staff complement required to meet the needs of residents has been identified – completed 05-04-2019.• The relevant documentation to initiate recruitment of the required staff has been completed and submitted via human resources.• Pending permanent appointment of HSE staff to Maryville, staff vacancies are currently replaced with consistent agency staff.	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/06/2020
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2020