



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

Issued by the Chief Inspector

Name of designated centre:	Sycamores
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	11 & 12 February 2020
Centre ID:	OSV-0005638
Fieldwork ID:	MON-0024198

About the designated centre

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

The designated centre provides a residential service to adults over the age of 18. Residents of this service have a moderate intellectual disability and some residents may also use services offered by the mental health team and behavioural support specialists. The centre comprises of one house which is located in a residential neighbourhood of a large town where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. A social model of care is offered to residents in this centre and a combination of registered nurses, social care workers and healthcare assistants make up the staff team. An integrated model of care, with both day and residential supports, is provided in the designated centre. One staff member supports residents during night time hours and two staff members support residents during the day.

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
Tuesday 11 February 2020	17:00hrs to 18:30hrs	Jackie Warren	Lead
Wednesday 12 February 2020	10:30hrs to 16:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with all three people who resided in the centre, two of whom discussed what it was like living there. Both residents told the inspector that they liked living in the centre, that they had good access to the local area, and that they enjoyed their meals. Another resident did not speak with the inspector, but it was very evident that this resident was happy and comfortable being in the centre, and was enjoying the activities that were taking place, and was involved with the local community.

Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe service was provided for residents who lived there.

There was a suitably qualified and experienced person in charge. The person in charge was responsible for the management of two designated centres and divided her time between each. She was very familiar with residents' care and support needs, and worked closely with the staff team. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had ensured that the service was subject to ongoing monitoring and review. Unannounced audits of the centre's practices were being carried out twice each year by the provider's representative. Audit records showed a high level of compliance with the regulations. There had been no regulatory breaches highlighted in recent audit, and any improvements required at previous audits had been addressed. Annual reviews of the care and support provided at the centre were also being carried out.

The provider had ensured that the records and documentation required by the regulations, such as a directory of residents, personal profiles and fire safety records, were being maintained and were available in the centre. The policies required by schedule 5 of the regulations were also available and were up to date. However, some healthcare information was not clearly recorded and required review.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records required under the regulations were maintained and kept up to date. Records were maintained in a clear and orderly fashion and were suitably stored. However, some healthcare intervention plans did not include sufficient detail to guide practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

Residents living at the centre received person centred care and support, which allowed them to enjoy activities and lifestyles that suited their needs and preferences.

The inspector could see that staff were supporting residents to develop independent living skills and community involvement. Residents were involved in activities that suited their abilities, such as taking part in sport, walking and taking exercise, family contact, and going for drives. Activities were planned daily based on each resident's wishes and preferences on the day, and included both home and community-based activities.

Residents were supported to communicate in accordance with their needs. Communication care plans and communication passports had been developed and there was an up-to-date communication policy to guide staff.

The centre suited the needs of residents. The house was clean, comfortably furnished and well maintained, and residents had been fully involved in choosing decor, paint colours schemes and furnishing for the house.

The provider had measures in place to ensure the safety of residents. These included fire safety management arrangements, and procedures to reduce the risk of infection in the centre. There were measures in place to manage the risk of fire. Fire safety equipment was being checked and serviced, and all staff had received fire safety training. Frequent fire evacuation drills involving residents and staff were being carried out and these were being completed in a timely manner. However, there had been no evacuation drills completed while residents were in bed to establish the effectiveness of drills while residents were sleeping. In addition, while personal emergency evacuation plans had been developed for each resident, these did not reflect night-time evacuation arrangements.

Arrangements were in place in the centre to ensure that residents' rights were being respected and supported. These included rights to live their lives as they wished, and to have access to choice, religious and civil involvement, and advocacy. Furthermore residents had control their own money and property as appropriate, and there were robust arrangements in place to ensure that these were managed safely.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of support in this area of care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services including speech and language therapy, psychology and psychiatry were supplied by the provider. Other services such as chiropody,

audiology and optical services were also arranged as required. Guidance on the management of residents' identified needs, including recommendations of healthcare professionals, were recorded to guide staff. There were no residents eligible to attend national health screening programmes.

Residents' nutritional needs were well met. Residents had access to a speech and language therapist, and a dietician. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any identified nutritional needs.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places, and to contact relatives by telephone.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had measures in place to support residents to retain control of their personal property and finances and arrangements were in place to ensure that these were managed securely. Residents had access to suitable furniture and storage space for their personal belongings and clothing. Residents also had access to laundry facilities in the centre.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met, and residents had choice around meals and food . Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had infection control measures in place to reduce the spread of infection in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that measures were in place to protect residents and staff from the risk of fire. However, improvement to fire evacuation drills and residents' personal evacuation plans was required.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sycamores OSV-0005638

Inspection ID: MON-0024198

Date of inspection: 11 & 12/02/2020

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: PIC in conjunction with the Clinical Co-ordinators has completed a review and audit of all healthcare needs, and has updated care plans in line with the assessed needs of each person being supported.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Night-time fire evacuation was completed on 26th February at 07:30 and PEEPs updated to reflect nighttime (waking-from-sleep) evacuation arrangements.	

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	13/02/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	26/02/2020