Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Sycamores
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	03 January 2019
Centre ID:	OSV-0005638
Fieldwork ID:	MON-0024192

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

To prepare for this inspection the inspector or 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
03 January 2019	09:00hrs to 15:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with three residents on the day of inspection. One resident spoke to the inspector at length and voiced their satisfaction with their home, they also appeared relaxed and were enjoying the company of staff members who were supporting them. The resident stated that they loved their new home and they were happy to show the inspector their own bedroom which they were very proud of. The other residents interacted with the inspector on their own terms and they appeared relaxed throughout the inspection.

Capacity and capability

This was the first inspection of this centre which was registered to support residents who had transitioned from a congregated setting. Overall, the inspector found that residents were living in a pleasant environment and that the supports which were implemented by the provider had ensured that residents were facilitated to lead a good quality of life.

The provider had produced a statement of purpose which clearly stated the service which the designated centre was providing and the supports which would be implemented to provide this service. The inspector found that overall, the service was delivered as described in this document and some minor adjustments were made to this document on the day of inspection which further reflected additional positive care practices which were occurring in the centre.

There was a robust management structure in place which ensured that there was sufficient oversight of care practices in the centre. The centre was supported directly by a person in charge and an area manager also attended the centre on a regular basis. The person in charge was conducting monthly audits of the service which was provided which assisted in ensuring that residents received a good quality service. The provider had also completed an unannounced audit of care practices in the centre which clearly indicated that residents were receiving a person centred service which was also in-line with the findings of this inspection.

The provider had recruitment practices in place which assisted in the safeguarding of residents. A review of staff files indicated that all required documentation such as vetting disclosures and employment histories, were in place for staff members who were directly employed by provider. There were some agency staff supporting residents in this centre and assurances had been provided from these agencies to the provider which stated that all prescribed information, as

stated in the regulations, was in place.

A review of the staff rota indicated the residents received continuity of care from both agency staff and staff members who directly employed by the provider. The inspector met with two staff members who had a good understanding of procedures within the centre. These staff members also had detailed knowledge of resident's individual care needs and throughout the inspection they interacted with the residents in an informal and pleasant manner.

To summarise, the inspector found that the move for these residents from a congregated setting to the community had been very positive. The care which was delivered was person centred and all residents were living a good quality of life. The provider had also put systems in place to ensure that this good quality of life was promoted at all times in the centre.

Regulation 15: Staffing

Staffing arrangements in the centre ensured that residents were living a good quality of life and were supported to attend their local community in-line with their individual preferences. A review of the staff rota indicated that residents were supported by familiar staff and all prescribed information was in place which assisted in the safeguarding of residents.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records in the centre indicated that all staff members were up-to-date with training needs.

Judgment: Compliant

Regulation 23: Governance and management

There were good oversight arrangements in this centre and regular audits of care practices were occurring. The provider had also completed an unannounced audit of the service which indicated that the quality and safety of care was maintained to a good standard. The annual review of the service was not due at the time of inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of written agreements which were signed by the resident and their representative. These agreements clearly stated the fees which the resident would be charged and the services which they would receive.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which clearly outlined the service which was provided in the centre. The inspector found that the service was delivered in-line with this document and some minor adjustments were made to this document on the day of inspection which further reflected additional positive care practices which were occurring in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in place on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of documentation in the centre indicated that the chief inspector had been notified as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A resident who met with the inspector said that they could freely complain to any staff member if they had a concern. Information on how to make a complaint was also readily available in the centre and residents were supported to understand the complaints procedure through the residents' meeting forum. There was only one received complaint in the centre which had been managed to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care which was provided to residents in this centre was maintained to a good standard.

The centre had a very homely feel and had been decorated for a recent seasonal event. Residents had access to all areas of their home and were either engaging with staff, relaxing or attending their local community on the day of inspection. There was a nice atmosphere in the centre and generally, residents interacted with staff members in a care free manner. A resident who met with the inspector also stated that they felt safe in the centre and that staff were very nice. Residents were also supported to understanding safeguarding procedures in the centre as safeguarding was regularly on the agenda at residents' meetings. Some residents were happy to show the inspector their bedroom which they were very proud of. There were also two reception rooms for residents to relax and an open-plan kitchen/dining room was clean and warm.

Residents had been consulted in regards to their further education, training and employment opportunities. One resident was supported to volunteer with a nearby animal sanctuary and other residents were supported to pursue further personal interests in music. One other resident considered themselves retired and was assisted to attend retirement groups. Residents had good access to their local community and on the day of inspection residents were coming to-and-from a range of different community activities. A review of records in the centre indicated this was part of everyday practices and these activities were in-line with each resident's individual preferences.

Residents had good access to a range of medical personal such as general practitioners, consultants and allied health professionals. A review of appointment details indicated that all recommended follow-ups had been completed as required and additional care planning, for some medical conditions, had been implemented to support the delivery of care for residents. However, some improvements were required as care plans had not been implemented for recently diagnosed medical issues and a care plan, which was in place, had not been fully implemented as prescribed at all times. The inspector found that some adjustments in the care provided in this area would further reinforce the good aspects of healthcare which

were offered in this centre.

There were some restrictive practices in place in this centre and a review of documentation indicated that the least restrictive option was trialled and implemented if possible. There was good oversight of these practices with family representatives and multi-disciplinary support involved in their ongoing review. There was one recent positive behavioural support plan which was due to be introduced to the staff team subsequent to the inspection. This plan had been introduced in response to the changing mental health needs of a resident and it provided comprehensive guidance to the staff team in a form which could be easily understood. This plan also gave clear guidance in the use of chemical interventions which was regularly reviewed by both the mental health team and general practitioner. The inspector found that the review process, for these interventions, ensured that residents were supported in a positive manner in regards to behaviours which may challenge and their changing mental health care needs.

Regulation 13: General welfare and development

Residents had good access to their local community and they had been assessed in regards to their preferences for further education, training and employment.

Judgment: Compliant

Regulation 17: Premises

There centre had a homely feel and was decorated in a warm and cosy manner. There was adequate communal living space and residents' personal living space was decorated in-line with their individual preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

There was good oversight of identified risks in the centre and additional risk management plans had been implemented for the use of high-risk medications on the day of inspection. Resident's individual independence was also supported through positive risk taking which was reviewed on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that appropriate fire safety systems and procedures were in place such as fire doors, emergency lighting and fire extinguishers. This equipment was installed by competent people servicing of this equipment was scheduled to occur in the weeks subsequent to the inspection. Staff were conducting regular checks of fire procedures in the centre and records of fire drills indicated that residents could be evacuated in a prompt manner at all times of the day and night.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A review of medication practices indicated that residents received their medications as prescribed. There was also additional information available on all medications (including high-risk medications) in the centre which listed their intended use and possible side-effects. Resident's independence was also promoted as they had been assessed to manage their own medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was reviewed on a regular basis by the staff team. Each plan was found to provide detailed information which assisted in ensuring that consistency of care was provided to all residents. Residents were also supported to identify and achieve personal goals. The inspector reviewed a sample of these goals and found that they had been achieved as stated in the resident's personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there was good oversight of residents' behavioural support needs and the use of restrictive practices in the centre. These care practices were

kept under regular review and the provider and staff team were found to be responsive to the residents' changing needs in this area of care.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to understand the centre's safeguarding procedures and the designated officer had visited the centre in the recent past to further support the safeguarding of residents. Residents stated that they felt safe and all observed interactions with staff members were found to be warm and caring in nature.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a range medical personal such as general practitioners, consultants and allied health professionals. However, some improvements were required as care plans had not been implemented for recently diagnosed medical issues and the inspector found that a care plan, which was in place, had not been fully implemented as prescribed at all times. The inspector found that some adjustments in the care provided in this area would further reinforce the good aspects of healthcare which were offered in this centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for Sycamores OSV-0005638

Inspection ID: MON-0024192

Date of inspection: 03/01/2019

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 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Staff have collaborated with one resident's GP and a Care Plan has been put in place for a recently diagnosed condition for that resident. All staff have read and signed this Care Plan Staff have collaborated with one resident's GP in relating to an existing Care Plan and adjustments have been made to enhance the healthcare provided. All staff are aware of their responsibilities around this Care Plan and have read and signed the updated Care Plan.	

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 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	18/01/2019