

# eDeposit Ireland

## Ceol na hAbhainn Residential Service, OSV-0001778, 27 February 2019

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Ceol na hAbhainn Residential Service, OSV-0001778, 27 February 2019', [report], Health Information and Quality Authority, 2019-07-25, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-04-20 03:10:57
Link to Item	<a href="https://hdl.handle.net/20.500.14765/98994">https://hdl.handle.net/20.500.14765/98994</a>



## Office of the Chief Inspector

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

Name of designated centre:	Ceol na hAbhainn Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	27 February 2019
Centre ID:	OSV-0001778
Fieldwork ID:	MON-0022431

## About the designated centre

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

Ceol na hAbhainn residential service can offer full-time residential care and support to two residents who are diagnosed with both autism spectrum disorder and an intellectual disability. The service can support both male and or female residents. The service can support individuals aged from 18 years upwards and can provide support for their communication, sensory, behavioural and social needs. The centre comprises of two self-contained apartments with a large sensory garden and individual private back gardens. Residents at Ceol na hAbhainn residential service are supported by a staff team that includes; a person in charge, health care assistants and social care workers. Staff are based in each apartment in the centre when residents are present, including at night-time.

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

Current registration end date:	18/07/2019
Number of residents on the date of inspection:	2

## 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
27 February 2019	11:15hrs to 17:25hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with both residents who used this service, although they did not discuss their views about living there. The inspector observed, however, that residents appeared to be comfortable and relaxed in the company of staff and in their surroundings, that they had choice, and that they were involved in activities that they were clearly enjoying.

## Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe service was provided for residents who lived there. The provider and management team had addressed issues that had been identified in the previous inspection report, and had introduced further measures to improve quality of life for residents.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care, support and safety being provided to residents living at the centre. Six-monthly unannounced audits of the centre's practices were being carried out by the management team. Records showed these were comprehensive, and that audit findings were being addressed in a timely manner.

The person in charge was based in the centre, and did not have responsibility for the management of any other centres. They were very familiar with residents' care and support needs, and worked closely with the staff team in the centre. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

There were sufficient staff on duty to support residents' assessed needs, including their activity programmes. Rosters confirmed that this was the normal staffing level. There was evidence that staffing arrangements ensured that residents were able to take part in the activities that they enjoyed and preferred.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. There were also monthly staff meetings at which staff discussed and planned around any issues relating to the welfare of

residents.

The provider had ensured that the centre was suitably resourced to meet residents' needs. This was achieved by the allocation of adequate staffing levels, provision of an autism considered design to the centre, and the availability of sufficient vehicles for residents' use. The provider had also ensured that the centre was suitably insured, that there was an up-to-date statement of purpose that reflected the service being provided to residents, and that the service had been agreed with residents' representatives.

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

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector as required.

Judgment: Compliant

#### 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. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

There were suitable staffing levels and skill-mixes to meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge, these were updated to reflect actual arrangements and were accurate at the time of inspection.

Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding. The person in charge carried out training needs analyses to identify further training needs.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
There was a directory of residents which included the required information relating to each resident who lived in the centre.
Judgment: Compliant
<b>Regulation 21: Records</b>
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 manner and were suitably stored.
Judgment: Compliant
<b>Regulation 22: Insurance</b>

There was a current insurance policy in effect for the service.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, and staff meetings to ensure that the service was provided in accordance with residents' needs and wishes, and was as described in the statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was informative, described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge.

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 residents were going out and about in the community as they wished, and had become involved in local activities, such as going to a gym and taking part in sport, shopping and dining out, walking and taking exercise, and visiting with family and friends. 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 plans had been developed with the involvement of a behaviour specialist and speech and language therapist. Information was supplied to residents in appropriate formats to aid their understanding of it.

The centre suited the needs of residents. Both apartments were clean and comfortable, and were decorated and furnished in a manner reflective of the needs of people with autism. The person in charge explained that the decor, furnishing and surroundings were under ongoing review and assessment and would be updated based on residents' assessed needs.

The provider had measures in place to ensure the safety of residents. These included fire safety management arrangements, and measures for the management of behaviours that are challenging. The management team, staff and residents had been working closely with a behaviour specialist. There was evidence that this had been beneficial to residents, that the level of behaviour-related incidents had reduced considerably, and consequently, that residents' quality of life and access to the community had improved. There were strong measures in place to manage the risk of fire. Fire safety equipment was being checked and serviced, all staff had received fire safety training and staff had a sound knowledge of residents' evacuation plans. Since the last inspection, the person in charge had developed a planned approach to fire evacuation drills to ensure that each staff member took part in at least one fire drill each year. However, some improvement to the recording of fire drill outcomes was required.

Annual personal planning meetings took place, at which residents' support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met.

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, physiotherapy, psychology and behaviour support were supplied by the provider. Other services such as chiropody, dental and optical services were arranged in the local community. Guidance on the management of residents' identified needs, including

recommendations of healthcare professionals, were recorded to guide staff. This ensured that residents' healthcare requirements were being appropriately delivered.

Residents' nutritional needs were well met. Residents had involvement in choosing, shopping for and preparing their own food. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any identified nutritional needs.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

### 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 were supported to receive visitors in the centre, and the layout of the centre ensured that they could meet with visitors in private. Staff also supported residents to meet with, and visit their families and friends in the local community.

Judgment: Compliant

### Regulation 13: General welfare and development

Suitable support was provided to residents in-line with their individual choices and interests, as well as their assessed needs as described in their personal plans. Staff and the management team ensured that residents took part in a range of social and developmental activities both at the centre and in the community.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and the needs of residents who lived there. The centre was clean, comfortable, suitably equipped and furnished to meet residents' needs, and was well maintained both internally and externally.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents took part in choosing, and shopping for their own food. Suitable foods were provided to suit any special dietary requirements of residents.

Judgment: Compliant

## Regulation 20: Information for residents

Information was provided to residents about the services and facilities available at the centre. This included information in user friendly format about staff on duty each day, activity planning and meal choices. There was an informative residents' guide that met the requirements of the regulations and was also made available to residents in a suitable and easy-read format.

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. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents. However, the outcomes of fire evacuation drills were not being suitably recorded and required improvement. This presented a risk that

opportunities for learning from fire evacuation drills could be lost.

Judgment: Substantially 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, which included the resident or their representatives, were being held. Residents' personal goals were agreed at these meetings.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. The health needs of residents were being assessed. Guidance based on each person's assessed needs was available to inform staff care and support practices.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. Behaviour support plans had been developed with input from a psychologist and behaviour support specialist. These plans were being implemented and, as a result, there had been a significant reduction of incidents arising from behaviour that challenges. Consequently, this increased residents' involvement in community events and activities, and their quality of life had improved. Staff were very clear about the required behaviour support interventions for individual residents.

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>Views of people who use the service</b>	
<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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Ceol na hAbhainn Residential Service OSV-0001778

Inspection ID: MON-0022431

Date of inspection: 27/02/2019

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. Individual Fire drill records will be maintained for each apartment in the residential centre. 2. Fire Drills will be conducted with the minimum staff levels on duty at any one time. This will be done by all staff in the residential centre.	

## 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 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	30/04/2019