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Sylvan Services

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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| Centre name: | Sylvan Services |
| Centre ID: | OSV-0001485 |
| Centre county: | Galway |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Ability West |
| Provider Nominee: | Frances Murphy |
| Lead inspector: | Jackie Warren |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 8 |
| Number of vacancies on the date of inspection: | 1 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 November 2016 15:30 To: 21 November 2016 19:30

The table below sets out the outcomes that were inspected against on this inspection.

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| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 08: Safeguarding and Safety |
| Outcome 13: Statement of Purpose |

Summary of findings from this inspection

Background to the Inspection:

This was a follow up inspection carried out to monitor compliance with the regulations and standards, and to assess progress in addressing issues identified during an inspection in May 2016. Four of the eighteen outcomes were examined at this inspection and the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with residents and staff members, observed practices, examined the buildings, and reviewed a sample of residents' files. The inspector met and interacted with all eight residents during the inspection, in addition to six staff and the person in charge. The person in charge's line manager was also present during the inspection. Residents who met with the inspector appeared to be happy and comfortable in the centre, and in their interaction with staff.

Description of the service:

There were two houses in this centre, one of which had been converted into two partially separate living units. The centre was located on the outskirts of a city and provided residential accommodation for nine adult men and women with an intellectual disability. Some of the residents availed of respite accommodation. Both male and female residents were accommodated in the service.

Overall judgment of our findings:

The inspector found that the provider had suitably addressed the issues identified at the last inspection in May 2015. This resulted in improved experiences for residents, the details of which are described in the report. During the inspection, the inspector found a high level of compliance with the regulations. Three of the outcomes reviewed were assessed as being compliant and one was judged as substantially compliant.

During this inspection the inspector found that residents received a good level of social care. They told the inspector that they had interesting things to do during the day, and were also supported by staff to integrate in the local community. There were measures in place to safeguard residents from any form of abuse. The centre was suitably staffed to meet the needs of residents and all staff had recently been trained in behavior management systems. Both houses in the centre were well maintained, comfortable and suitably furnished. Rooms were clean, warm and suitably decorated. Since the last inspection, work had been undertaken to personalise the centre, the laundry room had been suitably upgraded and some other reorganisation had taken place to provide a more person centered environment.

Although there was a statement of purpose which described the service being provided, it had not been updated to reflected recent changes in the organisational structure.

Since the last inspection a new person in charge had been assigned to the centre.

The reasons for these findings are explained under each outcome in the report and the regulation that is not being met is included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' social wellbeing was being supported. There was an individualised assessment undertaken for each resident and residents had opportunities to pursue activities appropriate to their individual preferences.

All residents had personal plans which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals and identified staff who would support residents to achieve these goals. These goals were reviewed and evaluated regularly, and there was evidence of some goals having been achieved. Since the last inspection, the person in charge and staff had also developed clear, colourful person planning posters, which were in a format accessible to residents.

There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing.

During the evening of the inspection, the inspector saw that residents were out and about enjoying activities in the local area. For example, one group of residents were going to a Christmas market and for something to eat. Others were going out with staff in the centre's transport. Residents spoke of going out to parties, meals out, shopping and concerts. During the inspection, residents were also involved in activities of their choice in the centre, such as art, watching television and looking at magazines.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

During the last inspection, the inspector found that parts of the physical layout of the centre did not meet the needs of residents and on this inspection this had been addressed.

During this inspection, the inspector visited both houses in the centre. One of these houses had been converted into two self-contained living units, each of which was allocated to accommodate one resident. During the last inspection, this work had not been suitably completed and this house did not meet the needs of residents. Renovation work to the house has now been suitably completed to meet residents' needs and the house is clean, comfortable and well maintained.

Since the last inspection, decorative and personal items, such as pictures, photographs and ornaments, have been provided throughout the house to give a personalised and homely feel. The use of two completely separate dwellings in the house had not been continued permanently and the practice of locking the interconnecting door at all times had been discontinued. While residents had their own individual bedrooms and bathrooms, they now shared the kitchen, dining room and sitting room for meal preparation, dining and leisure time. One resident also retained the use of a separate sitting room with some basic food preparation and storage facilities, where this resident chose to take breakfast and night-time snacks, and could spend time alone when preferred. The inspector observed residents sharing the communal space and noted that they were clearly happy, relaxed and comfortable in each other's company.

While during the last inspection, it was found that all main meals were supplied to this house from the second house in centre, this practice had now been discontinued. Residents were now involved in the preparation of their own meals, with appropriate support from staff. The inspector saw photographs of residents participating in meal preparation and baking in the kitchen.

During the previous inspection of this centre, the laundry room was unhygienic and was

not easily cleanable and this had been addressed. On this inspection in November 2016, the laundry room was clean, was freshly painted and new floor covering had been supplied. During the last inspection, the second house was found to be well maintained and suitable to meet the needs of the residents living there. However, further improvement had been made to the decor in this house, by the provision of additional pictures and ornamental features.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed in full at this inspection. The inspector reviewed the management of any allegations or suspicions of abuse that had occurred in the centre and found that they had been suitably managed and that there were measures in place to protect residents from being harmed or abused.

Members of the management team who spoke with the inspector, confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area. They clearly outlined the measures which would be taken in response to an abuse allegation. To date any allegations or suspicions of abuse that had occurred in the centre had been taken seriously, notified to HIQA and suitably investigated and managed.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers and on-going support strategies. There was a psychologist employed in the organisation who was involved in the development of these plans in conjunction with the person in charge and residents' key workers. These plans were regularly reviewed and updated. Since the last inspection, all staff had attended training in behaviour management support. It was evident during this inspection that some behaviour management issues had reduced considerably. The inspector observed staff interacting with residents in a respectful and friendly manner.

In addition, the use of environmental restrictive practices had been discontinued. While in the past, access to kitchens had been limited to reduce risks to some residents, this was no longer the case. The person in charge had explored and introduced alternatives to give residents free access to kitchen areas, while reducing the associated risks. The person in charge also discussed further planned improvements to the environment, which were intended to support residents and reduce behaviour management issues.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A copy of an updated statement of purpose to reflect the recent changes to the service had not been supplied to the Chief Inspector.

This was identified as a requirement during the last and had been suitably addressed following the inspection. However, in the interim, there had been further changes to the organisational structure and a further updated statement of purpose had not been supplied to HIQA to reflect these changes.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Ability West |
| Centre ID: | OSV-0001485 |
| Date of Inspection: | 21 November 2016 |
| Date of response: | 15 December 2016 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An updated statement of purpose reflecting recent changes to the organisational structure had not been supplied to the Chief Inspector.

1. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:

An updated statement of purpose reflecting organisational structure has been supplied to the Chief Inspector.

Proposed Timescale: 13/12/2016 Completed

Proposed Timescale: 13/12/2016