



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

## Issued by the Chief Inspector

Name of designated centre:	Blath na hOige Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	08 February 2023
Centre ID:	OSV-0001769
Fieldwork ID:	MON-0034813

## 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 three full-time residents and a respite service to one resident on two set nights per week. Residents using this service have a primary diagnosis of intellectual disability. The centre can accommodate residents with moderate to severe care needs and additional care needs such as epilepsy and sensory deficits. Residents are supported by a primary care team which consists of both social care workers and social care assistants. Additional social care hours are deployed in the centre in response to residents' social needs. Both night duty staff and a sleep in arrangement are in place to meet the needs of residents. An integrated service is offered to one resident in the centre and all other residents access day services away from the centre. The centre comprises of one house and each resident has their own bedroom. There is also ample communal, kitchen and dining facilities as part of the design and layout of the centre.

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

Number of residents on the date of inspection:	4
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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 (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
Wednesday 8 February 2023	10:30hrs to 16:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This is a centre that very much ensured residents are provided with the care and support they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations and follow up on actions identified on the previous inspection in June 2022. The centre comprised of one house, in a large town in Co. Mayo. The house comprised of four residents each, who had their own bedroom, adequate bathroom facilities, with hallway, kitchen and living area and shared a bathroom and kitchen area. There was ample outdoor space, and recreational space throughout the centre. The house was well-maintained, suitably decorated, and personalised to the choice of each resident with comfortable living spaces, however improvement was required due to scuff marks on paintwork in communal and where a coat hanger was removed.

The inspector met with three residents on the day of inspection. One resident was finishing their breakfast and getting prepared for their day ahead. Another resident briefly interacted prior to their planned activities with staff. Several residents were visually and hearing impaired but staff were clear about the support practices required and instructed the inspector on their arrival to the centre. The inspector also noted the use of multiple communication tools in place to support residents and enable them to be as independent as possible. They chose to relax in private and attend to their planned activities that day. It was clear that all residents had a good quality of life, had choices in their daily life, and were actively involved in meaningful, worthwhile activities, and that the provider and person in charge prioritised person centred care to all residents. This was evident from information that residents shared with the inspector, a visit to the centre, conversations with the person in charge and documentation reviewed during the inspection. Residents were happy to share information about their lifestyle, activities and achievements with the inspectors.

The adequacy of this centre's staffing arrangement largely attributed to the quality and consistency of care that residents received. Much effort was made by the person in charge and staff to ensure residents were as involved as possible in the planning of their daily care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them. Staff had worked with these residents for a number of years and knew them and their assessed needs very well. The person in charge regularly reviewed the number and skill-mix of staffing levels, meaning that where residents required additional staff support, this was quickly identified and responded to. Furthermore, in response to behavioural support needs of some residents, she would also ensure adequate safety arrangements were in place to ensure staff

safety while supporting these residents.

In summary, the inspector found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were involved as much as possible in the running of their home, however minor improvements were required to risk management and the maintenance of the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The monitoring inspection was carried out to ascertain the provider's continued compliance with the regulations. The centre was last inspected in July 2021, with a finding of substantially-compliant in governance and management, due primarily to the oversight and accountability of the management structure in place in the centre, training, premises, positive behaviour support, risk management, and a not compliance in fire precautions. Overall the inspector found that all of the issues were addressed satisfactorily.

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of their roles and responsibilities and the provider had ensured that the residents had a good, varied and meaningful quality of life, the inspector found that the person in charge went beyond the requirements of the regulations, and did promote effective oversight and accountability of the centre since their commencement in June 2022. In addition, the inspector observed the person in charge interacting with residents and three staff members during the inspection and found that they showed great familiarity, awareness and understanding of residents assessed needs and social goals in the centre. In addition, the person in charge spoke about the planning ahead for the service with hopes to reconfigure following completion of social housing for one resident.

The provider also undertook required unannounced visits which were detailed and identified a number of issues, which were all completed by the specified timescales. There was also an annual report for 2022 which included the views of the residents and relatives. These were very complimentary as to the care and support provided.

The number and skill mix of staff was suitable to meet the needs of the residents with one-to-one staffing available during the day. Nursing care was not required by the residents and a social care model was in place in the centre. The staffing levels ensured that the resident's individual support support and preferred activities were provided.

According to training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned. Specific training had been provided for staff, where the behaviours presented were of a more challenging nature. The staff spoken with were very knowledgeable as to the supports necessary for the residents. Formal supervision processes for staff were in place and completed as scheduled. There was evidence that frequent team meetings were held which promoted good communication and consistency of care for the residents.

Overall, the inspector found that the oversight of day-to-day care practices was of a good standard; however, actions required in risk management and maintenance of premises will be discussed in the next section.

### Regulation 16: Training and staff development

Effective training arrangements were in place to ensure all staff had access to the training they required suitable to their role. In addition, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was assured that the existing management structures and monitoring practices were appropriate. There were no improvements required to ensure that all aspects of the service were effectively monitored as the provider and person in charge had effective measures in place in this centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had ensured that all adverse events as listed in the regulations that occurred in the centre were reported within the prescribed period.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents. There were no active complaints at the time of the inspection and staff were clear that residents could clearly show their preferences in the centre.

Judgment: Compliant

### Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the services. Residents received person-centre care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe from all risks. However, improvements were required to minor paintwork in communal areas and review of the risk assessments in the centre were also required.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. During the inspection, the inspector saw that residents were spending most of their time out and about doing things they enjoyed in the local area. The inspector also reviewed documentation in a communal area of the centre which afforded observation of two residents interacting with staff whilst in the centre.

The provider had procedures in place for the management of risk in the centre, however improvement was required as the risk ratings did not reflect the controls in place and therefore did not provide assurance on the mitigation of risk in the centre.

Residents had personal plans in place which were found to be comprehensive and assisted staff in the delivery of care. Residents attended their individual planning meetings where they decided on personal goals which they would like to achieve. The inspector found that goals were specific to each individual's wishes and assisted with resident's personal development and community inclusion. For example, a resident was supported to go on work experience and take up art and cookery classes in the community. The inspector found that the arrangements which were in place to support residents with their chosen goals was positive in nature and assisted in ensuring that residents had a good quality of life. Review meetings took place annually, at which residents' support needs for the coming year were planned.



This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans reviewed during inspection were clearly recorded and up-to-date.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required, The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

Overall, the inspector found that residents were well supported in this centre and they were supported by a staff team who knew their needs and care preferences. However, as stated earlier, improvement was required to risk management and minor maintenance of the premises.

### Regulation 10: Communication

The staff team supporting residents were aware of their communication needs. Residents also had access to assistive communication technology if required. In addition, the inspector saw examples of various communication methods in the centre, such as communication board with objects of reference for visually impaired, coding for other residents and photographs where appropriate.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. However, improvement was required to

the paintwork in communal areas due to scuff marks and where removal of hanging rails in the hallway was noticeable.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the identification, response, assessment and monitoring of risk at the centre. However, the inspector found that the risk ratings were not appropriate to the controls in place and therefore did not provide assurance about how effective the current controls in place at the time of the inspection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire. The provider had addressed all of the actions from the previous inspection in fire safety.

Judgment: Compliant

### Regulation 6: Health care

Provision was made for appropriate healthcare.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Blath na hOige Residential Service OSV-0001769

Inspection ID: MON-0034813

Date of inspection: 08/02/2023

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Work completed on the damaged areas of the wall where handrails were removed. Painting works also completed.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk ratings on the risk register for the service have been reviewed and updated accordingly taking into account the current service provision needs. The risk register will continue to be reviewed on an ongoing basis to ensure it is up-to-date and accurate.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	03/03/2023
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	03/03/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	03/03/2023

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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