

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

## Issued by the Chief Inspector

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| Name of designated centre: | Maynooth Designated Centre |
| Name of provider:          | Gheel Autism Services CLG  |
| Address of centre:         | Kildare                    |
| Type of inspection:        | Announced                  |
| Date of inspection:        | 04 September 2024          |
| Centre ID:                 | OSV-0003498                |
| Fieldwork ID:              | MON-0036277                |

## About the designated centre

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

Maynooth Designated Centre specialises in providing residential and respite services in a personalised homely atmosphere for residents with a diagnosis of Autism. The centre comprises of three separate houses each located within the geographical area of Maynooth and prosperous town in county Kildare. Each of the houses has bathroom facilities, kitchen/dining room, living room areas, laundry facilities and access to large gardens. Each resident has their own bedroom. Overall the centre can accommodate 7 residents over the age of 18 years at any one time. A maximum of three residents can be accommodated in one of the houses with two residents in each of the other two houses. Residents are supported 24 hours a day by a person in charge, social care workers and care workers.

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

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| Number of residents on the date of inspection: | 6 |
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## 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 (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 4 September 2024 | 10:00hrs to 16:00hrs | Maureen Burns<br>Rees | Lead |

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents in each of the three houses visited had a good quality of life in which their independence was promoted. However, improvements were required in relation to the maintenance and upkeep in two of the houses.

The centre comprised of three separate houses and was registered to accommodate up to 7 residents. There was one vacancy at the time of inspection and consequently there were only six residents living across the centre. The composition included, three residents in one house, two residents in the second house and only one resident living in the remaining house with the one vacancy. As part of the provider's registration renewal application in 2022, the provider had reconfigured the service, reducing the bed numbers from 17 to seven residents and reducing the foot print of the centre from five to the current three houses.

For the purpose of this inspection, the inspector visited the inside of two of the centre's three houses. The resident in the third houses made it clear, on meeting the inspector outside their home that they did not want to interact with the inspector nor did they want the inspector to go inside their home. This resident's views were respected and consequently the inspector did not go inside their home and reviewed all documents pertaining to the resident and their home separately. The inspector met with four of the residents living in the two other houses. Warm interactions between the residents and staff caring for them was observed. The residents met with were unable to tell the inspector their views of the service but appeared in good form and comfortable in the company of staff. There was an atmosphere of friendliness in the houses visited. Staff were observed to interact with residents in a caring and respectful manner.

The first house visited was found to be comfortable and homely. However, maintenance and repair was required to a number of areas which consequently impacted upon infection control arrangements. This house was located in a rural setting and had a good sized garden for residents to use. The second house was also located in a rural setting and the third house was located in a quiet residential area of a town. Each of the residents, in their respective homes, had their own bedroom which had been personalised to their own taste, in an age appropriate manner. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. A bathroom and ensuite toilet in one of the houses had recently been refurbished to a good standard, There was adequate space for residents in each of the houses, with good sized communal areas. Residents had their own assigned sitting or relaxation room. A resident in one of the houses had a passion for trains and space was available in their assigned relaxation room to assemble their train track or to complete art work. There was an additional sensory room in one of the houses with low arousal lighting which it was reported that the residents in that house enjoyed using on occasion.

There was evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with some relatives across the service which indicated that they were happy with the care being provided to their loved ones. In preparation for this announced inspection, each of the six residents, with the support of staff, completed in parts, an office of the Chief inspector satisfaction questionnaire. These questionnaires indicated that residents were happy living in the centre and with the support that they were receiving.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources. Family visits were also facilitated and there were no restriction on visits in the centre.

Residents were supported to engage in meaningful activities in the centre. Five of the residents were engaged in an individualised programme coordinated from the centre which it was assessed best met the individual residents needs. The sixth resident attended a formal day service programme external to the centre. Examples of other activities that residents engaged in included, arts and crafts, 'train spotting', bowling, library visits, meals out, cinema, bowling and social club attendance. Each of the houses had a good sized garden for residents use which included a seating area. However, the garden furniture and decking area in the back garden of one of the houses required maintenance. Each of the houses had an assigned vehicle(s) for use by staff to support residents accessing community activities and home visits.

There were two staff vacancy at the time of inspection and recruitment was underway for the positions. The vacancies was being covered by a small number of regular relief staff. The majority of the staff team had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

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

## **Capacity and capability**

There were management systems and processes in place to promote the service

provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each of the residents, and the requirements of the regulations. The person in charge held a degree in social care practice and a certificate in management. She had more than nine years management experience. The person in charge was in a full time position but was also responsible for one other designated centre and a community support service located a relatively short distance away. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by two location managers. The person in charge reported to the operational manager who in turn reported to the chief executive officer. The person in charge and operational manager held formal meetings on a regular basis.

The service had been reconfigured in 2022 by reducing the foot print of the centre from five houses to three and decreasing the bed numbers from 17 to seven residents. The person in charge and staffing arrangements in each of the houses had not changed and it was considered that the new configuration was working well.

The provider had completed an annual review of the quality and safety of the service and six monthly unannounced visits as required by the regulations. The person in charge and location coordinator had undertaken a number of audits and other checks in the centre on a regular basis. Examples of these included, medication practices, finance and staff documentation. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. At the time of inspection there were two staff vacancies across the centre. Recruitment was underway for this position and the vacancies was being filled by a regular relief staff member. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated by the location managers. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. This was considered to support staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the timelines required in

the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The person in charge presented with a good knowledge of the requirements of the regulations and of the care and support needs for each of the residents.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection there were two recent staff vacancies. Recruitment was underway for these positions and the vacancies were being filled by a regular relief staff member.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. All staff in the house visited had attended all mandatory training. Autism specific training had been provided for staff across the centre.

Judgment: Compliant

#### Regulation 21: Records

Records in relation to each resident as specified in schedule 3 and additional records as specified in schedule 4 were maintained in the centre. Suitable record retention practices were in place. The majority of records in the centre were held on computer versus hard copies. There was a complaints procedure in place and sample of complaints reviewed appeared to be dealt with in line with policy.



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| Judgment: Compliant  |
| <b>Regulation 23: Governance and management</b>  |
| There were suitable management structures and reporting arrangements in place. The provider had completed an annual review of the quality and safety of the service and six monthly unannounced visits as required by the regulations.   |
| Judgment: Compliant  |
| <b>Regulation 3: Statement of purpose</b>  |
| There was a statement of purpose in place which had recently been reviewed and was found to contain all of the information required by the regulations.  |
| Judgment: Compliant  |
| <b>Regulation 31: Notification of incidents</b>  |
| Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.  |
| Judgment: Compliant  |
| <b>Quality and safety</b>  |
| <p>The residents living in the houses visited, appeared to receive care and support which was of a good quality, person centred and promoted their rights.</p> <p>Overall the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, communication, personal and social care needs and choices. There was evidence that some person centred goals had been set for each of the residents and there was evidence that progress in achieving the goals set were being monitored.</p> |

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Trending of all incidents was completed on a regular basis. This promoted opportunities for learning to improve services and prevent incidences. Suitable precautions were in place against the risk of fire.

There were procedures in place for the prevention and control of infection. However, it was identified that in two of the three houses there was maintenance and repair required in areas which impacted upon infection prevention and control arrangements. ]The inspector observed that there was some worn and chipped paint on some walls and woodwork in two of the houses. In addition the kitchen in one of the houses had worn surfaces on press doors and on the cooking hob, the work top was broken in small areas and on the floor tiles. The wooden flooring in the dining and sitting area was worn in areas in this house. A cleaning schedule was in place which was overseen by the person in charge and location managers. Colour coded cleaning equipment was in place in each of the houses. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection prevention and control had been provided for staff.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Intimate care plans were on file for residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. It was noted that the behaviours of some residents could on occasions be difficult to manage in a group living environment but overall incidents were well managed. Support plans were in place for residents as required, and from a sample reviewed, these provided a good level of detail to guide staff. A register was maintained of all restrictive practices used in the centre and these were subject to regular review.

## Regulation 17: Premises

The houses visited were found to be comfortable, homely and to meet the identified residents' needs. However, there was some worn and chipped paint on some walls and woodwork in two of the houses. In addition the kitchen in one of the houses had worn surfaces on press doors and on the cooking hob, the work top was broken in small areas and on the floor tiles. The wooden flooring in the dining and sitting

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| area was worn in areas in this house. In the second house, the garden furniture was covered in moss, the garden decking appeared unsafe in areas and the garden shed was over grown.  |
| Judgment: Substantially compliant   |
| Regulation 18: Food and nutrition   |
| Residents in each of the houses were supported to buy, prepare and cook some of their own meals when they so chose to do so. There were adequate facilities in place to store foods in hygienic conditions. There was evidence that residents were provided with a good variety of nutritious and wholesome foods. Residents had choices at meal times and dietary needs were being met.  |
| Judgment: Compliant   |
| Regulation 26: Risk management procedures   |
| The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.   |
| Judgment: Compliant   |
| Regulation 27: Protection against infection   |
| There were suitable procedures in place for the prevention and control of infection which were in line with national guidance. However, as outlined under Regulation 17, there were maintenance and repair issues identified in the two houses visited. This negatively impacted upon infection prevention and control arrangements and meant that identified areas were more difficult to effectively clean from an infection control perspective. |
| Judgment: Substantially compliant   |
| Regulation 28: Fire precautions   |
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| Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Self closing hinges were in place on doors in both of the houses visited. There were adequate means of escape in each of the houses visited and staff spoken with, were clear on the evacuation route. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. |
| Judgment: Compliant   |
| Regulation 5: Individual assessment and personal plan   |
| Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Some goals suitable to individual residents had been identified and there was evidence that progress in achieving these goals was being monitored.  |
| Judgment: Compliant   |
| Regulation 6: Health care   |
| Residents' healthcare needs appeared to be met by the care provided in the centre. Individual health plans, health promotion and dietary assessment plans were in place. There was evidence residents had regular visits to their general practitioners (GPs) and other health professionals.   |
| Judgment: Compliant   |
| Regulation 7: Positive behavioural support  |
| Residents were provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same and these were subject to regular review. It was noted that the behaviours of some residents could on occasions be difficult to manage in a group living environment but overall incidents were well managed. There were a small number of restrictions in place which were subject to regular review.   |
| Judgment: Compliant   |

## Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting residents intimate care needs. A small number of the residents presented with some behaviours which, on occasions, could impact others and or be difficult for staff to manage in a group living environment. However, it was found that these incidents were well managed.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they so wish. There was information on rights and advocacy services available for residents. There was evidence of active consultations with residents regarding their care and the running of the centre. 'Dignity and respect' was noted as a house rule. These house rules and rights were regularly discussed at residents' meetings. All interactions were observed to be respectful. Residents were provided with information in an accessible format which was appropriate to their individual communication needs.

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 14: Persons in charge                      | Compliant               |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 21: Records                                | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 3: Statement of purpose                    | Compliant               |
| Regulation 31: Notification of incidents              | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 18: Food and nutrition                     | Compliant               |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Substantially compliant |
| Regulation 28: Fire precautions                       | Compliant               |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 6: Health care                             | Compliant               |
| Regulation 7: Positive behavioural support            | Compliant               |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Maynooth Designated Centre OSV-0003498

Inspection ID: MON-0036277

Date of inspection: 04/09/2024

## 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:<br><br>Maintenance issues relating to the homes scheduled with Maintenance team for completion;<br>Area reviewed for any painting top ups required and any affected areas with chipped paint scheduled for repainting.<br>Rental home kitchen doors scheduled to have sealer applied.<br>Home with worktop issues scheduled for replacement.<br>Hob surface deep clean schedule to ceramic hob to ensure clean finish to surface.<br>Garden furniture clean completed.<br>Garden shed scheduled with maintenance to be cleared of ivy.<br>Review of decking floor for timbers with safety issues and replacement of same scheduled.<br>Costings for floor replacement underway and new flooring to be fitted to affected area. |                         |
| Regulation 27: Protection against infection  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Protection against infection:<br><br>As outlined under Regulation 17, maintenance issues are scheduled for completion.   |                         |



## 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 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      | 28/02/2024               |
| Regulation 27       | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow      | 28/02/2024               |