



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

## Issued by the Chief Inspector

Name of designated centre:	Farmhill
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	26 March 2024
Centre ID:	OSV-0005533
Fieldwork ID:	MON-0033627

## About the designated centre

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

Farmhill service supports three female adults with a diagnosis of intellectual disability, who require a range of supports. Farmhill service is open seven days a week and provides full-time residential care. This service comprises of two apartments in an urban residential area. The apartments are centrally located and are close to amenities, such as restaurants, public transport, pharmacist and a church. All residents in the centre have their own bedrooms. The apartments are comfortably furnished and have communal areas to the front and rear of the buildings. Residents are supported by a staff team which includes the person in charge, nurses and care assistants. A waking night-time arrangement is used at this service.

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

Number of residents on the date of inspection:	3
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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
Tuesday 26 March 2024	09:30hrs to 15:30hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. From what the residents told us and from what the inspector observed, the residents living at this designated centre were enjoying a good quality of life, where their health and wellbeing was promoted and person-centred care was provided. This centre comprised two properties where the care and support needs of the residents varied from each other. This will be explained further throughout this report.

Farmhill comprised two ground floor apartments in an apartment complex. They were located in a residential area close to a busy town and within driving distance of scenic locations. One resident lived alone in the first apartment. They had an en-suite bedroom and open-plan kitchen/living room. In addition, there was a spare room with a table and chair which was used for activities. The person in charge told the inspector that they had a plan to decorate this room as alternative quiet space for the resident's use. The second apartment had two bedrooms. One bedroom in was en-suite. There was a separate bathroom for the second resident. It also had an open-plan kitchen-living rooms with doorways that opened onto a shared courtyard with a grass lawn nearby.

The inspection commenced at the first apartment where the inspector met with the person in charge and two staff members on duty. The residents living at this designated centre were provided with a 'nice to meet you' document in advance of the inspection. This meant that they had an opportunity to view a picture of the inspector and to discuss the inspectors visit in advance of arrival.

As outlined, this resident lived alone which was reported to be their preference. The inspector was invited into their bedroom which was nicely presented. They were observed sitting at their dressing table preparing for their day. They greeted the inspector and smiled from time to time. They showed the inspector their bathroom and where they stored their clothing. They appeared happy in their home and used a 'thumbs up' hand signal to indicate that they were content. It was clear that they had high support needs which staff said were best supported by clear routine and consistent support. The inspector observed that the staff on duty were familiar with the resident and their communication style. The interactions between them was caring and supportive. Later, they left the centre to go shopping using the resident's own transport which was parked outside.

In the afternoon, the inspector visited the second apartment where two residents resided. They were observed sitting at the table enjoying a cup of tea with a staff member. They were chatting amicably together. There were handmade greeting cards on the table and some knitting needles and wool. The inspector noted that the

residents were kind to each other and appeared to be content living together. In addition, the atmosphere was warm and welcoming and the staff on duty were competent and calm. One resident told the inspector that they liked their home and that they liked the staff. They said that they had their own bedroom with a television. The inspector observed that these residents were aging and reported to be experiencing some decline in their health and wellbeing. Although the ground floor premises provided suitable access, the internal space was limited. This meant that there was little space for the use of mobility aids such as the rolling walkers and wheelchairs provided. The person in charge assured the inspector that the residents' presentation was under ongoing monitoring and review with the provider and multi-disciplinary team. This will be expanded on later in this report.

During the course of the inspection, the inspectors met all staff members working that day. When asked, they told the inspector that they were provided with training in a human rights based approach. One staff member spoke about human rights principles and how they used their principles by offering choice and supporting independent decision making each day. Others spoke about equality of opportunity for all people and that simple choices were important such as what to have to eat and what to do. In addition, staff spoke about the choice to stay at home if that was preferred.

From discussions held with residents and staff, it was clear that residents had a good quality of life and were supported to have good contact with their family and friends. One resident liked to go shopping in a particular location as they had a friend working there. At other times, family members came to visit and this was welcomed. Some residents enjoyed trips home for overnight stays. In addition, residents had active lives and were supported to be involved in their local community. This will be expanded on later in this report.

Overall, this inspection found that residents living at this designated centre had high support needs which were different in each of the two areas of the centre. The provider acknowledged this, additional staff were provided and health and wellbeing was regularly monitored. At the time of inspection it was clear that residents were provided with a person-centred service and that their choices and rights were upheld. Improvements in staff training and development and the recruitment of a core staff team would further add to the quality of the service provided.

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

## Capacity and capability

The inspectors found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to

residents met their needs and was under ongoing review.

As outlined, this was a registration renewal inspection and the provider's insurance arrangements were reviewed. An insurance contract in place which was up to date and met with requirements. Furthermore, the provider had submitted a full application to renew the registration of the centre. Although some updated information was required to ensure that it was in line with requirements.

The statement of purpose was available to read in the centre. Some changes were made on the day of inspection to ensure that it provided an accurate reflection of the service provided. The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre.

The management structure consisted of a person in charge who reported to the provider representative. The person in charge was one year working in the centre and they had responsibility for the governance and oversight of two designated centres which were located close to each other. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role. They told the inspectors that they were supported by their management team to fulfil their role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. For example, one resident had a 2:1 staff ratio and this was consistently provided by the same staff team. However, out of the eight staff members employed to support the resident, seven were employed by an external agency. The provider was aware of this risk and the person in charge was progressing a recruitment process in order to establish a core staff team in this part of the service. In addition, when the person in charge was not available a cover arrangement was in place. Furthermore, an emergency on-call system was used, which was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when both core and agency staff had attended training. In addition to mandatory training, training in human rights, assisted decision making and dementia was offered to staff. However, not all mandatory training in positive behaviour support was up to date. In addition, not all staff performance management meetings had occurred. The person in charge had a clear plan in place to progress these matters.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. Although agency staff were used they were consistent in the centre. Team meetings were taking place on a regular basis and the minutes were available for review.

A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was reviewed regularly. In addition, the inspectors completed a review of incidents occurring and found that they were reported to the Chief Inspectors in a timely manner and in accordance with the requirements of the regulation.

Overall, the inspectors found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided. Improvements in staff training and development and the recruitment of a core staff team would further enhance the quality of the service provided.

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

The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated. However, the following required review;

- To ensure that the process in place to recruit a core staff team is progressed in a timely manner

Judgment: Substantially compliant



## Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. However, the following required review;

- To ensure that all mandatory training modules are provided in line with the requirements of the service and the provider's policy
- To ensure that staff have access to a formal schedule of staff supervision and performance management.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The provider had a new admission to the service in June 2023. The directory of residents was updated accordingly and met with the requirements of the regulation.

Judgment: Compliant

## Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

<b>Regulation 3: Statement of purpose</b>
The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge ensured that monitoring notifications were reported to the Chief Inspectors in a timely manner and in accordance with the requirements of the regulation.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.
Judgment: Compliant
<b>Quality and safety</b>
<p>This inspection found that residents living at this designated centre were provided with person-centred care and support. The systems in place ensured that residents were consulted about the centre and that their health and wellbeing was regularly monitored. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community if they choose to do so.</p> <p>Residents had comprehensive assessments of their health, personal and social care needs. These were reviewed annually during which residents' goals were identified for the coming year. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. For example, resident enjoyed attending active age groups and community based day services if they choose to do so. In addition, they went horse riding, had reflexology and enjoyed trips to the beach and to religious</p>

shrines. One resident was actively planning their birthday celebration.

In addition, residents had access to a range of multi-disciplinary supports such as specialist nursing staff, general practitioner (GP), allied health professionals and consultant-led care if required. The inspector found that where multi-disciplinary assessments made recommendations, these were included in an overarching support plan. For example, where a speech and language therapist made a recommendation, this was included in the resident's behaviour support plan and as a control measure in risk assessments. This ensured that a consistent circle of support was provided.

As outlined, some residents living at this centre required support with significant behaviours of concern. The inspector found that access to behaviour support specialists was provided and comprehensive behaviour support plans were in place. Where instances of high risk behaviours occurred, these were reviewed promptly. Behaviour support plans were reviewed and emergency response plans prepared. The inspector found that these were detailed and clearly outlined proactive and reactive strategies which the staff spoken with were aware of. For example, one resident experienced a time of crisis when transitioning to the service. The inspector found that a comprehensive review of incident occurring ensured that an effective plan was in place should they occur again. In addition, it was clear that the plan in place was working well as the number of incidents had reduced and the resident was observed to be settling in well. Restrictive practices were used in this centre and protocols were in place.

There were systems in place to ensure risks were identified, assessed and managed within the centre, for both residents and staff. All incidents were reviewed by the person in charge and discussed and escalated to the registered provider as appropriate. A review of incidents indicated that although significant incidents had occurred in the past, these had reduced in number. Where risks were identified in relation to residents, there were corresponding care plans and protocols in place. As outlined, this meant that there was a co-ordinated approach to the management of risk and the care and support provided.

The provider had arrangements in place to reduce the risk of fire in the designated centre. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans. These were adapted to meet with residents' needs. In addition, the provider had a fire alarm system and fire extinguishers in place. All staff had completed mandatory fire training.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. Improvements in staff training and development and the recruitment of a core staff team would further enhance the quality of the service provided.

Regulation 26: Risk management procedures
The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.
Judgment: Compliant
Regulation 6: Health care
Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs. Residents were provided with a good quality of care and support up to and including end of life care if required.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents that required positive behaviour support had access to specialist supports and behaviour support plans were in place. The provider's policy was up to date and

staff had access to training in positive behaviour support.
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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	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

# Compliance Plan for Farmhill OSV-0005533

Inspection ID: MON-0033627

Date of inspection: 26/03/2024

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• The Registered Provider in conjunction with the Human Resources Department is currently undertaking a Health Care Assistants (HCA) recruitment campaign to recruit permeant HCA's for this centre. This campaign has now closed to application on 11/04/2024 and interviews will be arranged in due course.</li><li>• The current core staffing for this designated centre has been reviewed and assessed as requiring 15 Whole Time Equivalents (WTE). Presently 5 WTE are HSE directly employed staff and 10 are employed through agency. Staff employed through agency are consistent staff. The person in charge has updated the Statement of Purpose to reflect the current staffing requirements. Completed 19/04/2024.</li><li>• The Person in Charge has an updated the centres risk assessment to identify the number of consistent agency staff used in the Designated Centre and the existing controls in place to manage this. Completed 19/04/2024.</li><li>• Communication regarding current agency conversion is ongoing with the General Manager and Director of Nursing. Completed 19/04/2024.</li><li>• The person in charge ensures all agency staff avail of all HSE mandatory training and are included on the centres training matrix. This is monitored on a continuous basis.</li><li>• The person in charge has implemented a schedule for the supervision and performance management for all consistent agency staff in the centre. Completed 19/04/2024.</li></ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• The person in charge has implemented a schedule for the supervision and performance management for all consistent agency staff in the centre. Completed 19/04/2024</li><li>• The Person In Charge has ensured that all mandatory training modules are provided in line with the requirements of the service and the provider's policy. Completed 22/04/2024</li><li>• The Person in Charge continues to liaise with the trainers within the organisation for all training, in particular refresher training that is required for Studio 111 training. Completed 22/04/2024</li><li>• Site specific training has been identified and there is now a training schedule in place for all staff in this Designated Centre to complete studio 111 training. Completed</li></ul>	



22/04/2024

## 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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	19/04/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	22/04/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	22/04/2024