



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

## Issued by the Chief Inspector

Name of designated centre:	Sycamores
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	14 & 15 December 2023
Centre ID:	OSV-0005638
Fieldwork ID:	MON-0033770

## About the designated centre

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

The designated centre can provide a residential service for up to three adults over the age of 18 who have a moderate intellectual disability. The centre comprises of one house which is located in a residential neighbourhood of a large town where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. A social model of care is offered to residents in this centre and a combination of registered nurses, social care workers and healthcare assistants make up the staff team. Staff are available to support residents both during the day and at night.

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

Number of residents on the date of inspection:	3
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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
Thursday 14 December 2023	14:15hrs to 18:00hrs	Jackie Warren	Lead
Friday 15 December 2023	09:30hrs to 12:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. However, some minor improvement to the complaints policy was required, although this issues did not impact on the quality of life enjoyed by residents.

This inspection was carried out to monitor the provider's compliance with regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met, spoke with, and observed, the residents who lived in the centre. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

On the day of inspection, two residents were present and the third resident was absent from the centre. On the inspector's arrival at the centre, both residents were out. One had gone for a walk and the other was at a day service activity. On their return, the inspector met with both residents. One knew why the inspector was there, and was happy to talk about what it was like to live there, while the other preferred not to interact with the inspector. The resident who spoke with the inspector said they were very happy with all aspects of living in the centre. This resident said that they were well supported by staff, who provided them with good care. They said that they made their own choices around how they liked to spend their days and that staff ensured that they could do this. The resident explained that they liked to spend a lot of time out of the centre, doing things in the local area, such a walking, shopping, meeting friends and having meals and coffee out.

This resident told the inspector that they enjoyed their meals in the centre. They explained that they had choices around what they wanted to eat and that staff prepared meals that they liked, at the times that suited them. The resident enjoyed grocery shopping and often did this accompanied by staff. Residents enjoyed taking part in everyday community activities such as going to the barber, attending medical appointments and going to the supermarket for grocery shopping. One resident went swimming frequently. They also said that they often went out for something to eat and that they enjoyed this.

Day service activities were available to residents on a flexible basis, and residents could choose which events they preferred to attend. These included going to the cinema, bowling, traditional music sessions, football matches and social forming.

The centre consisted of one house and was centrally located close to a busy town, which gave residents good access to a wide range of facilities and amenities. The centre was domestic style, spacious, and comfortably decorated with photographs

and pictures displayed. Televisions, musical equipment and Wi-Fi were available for residents' use. The house was decorated for Christmas and a resident told the inspector that they were very happy with the Christmas tree and they had been involved in decorating it and had chosen where it would be placed. During the afternoon and evening residents relaxed in different areas. As there were two sitting rooms, residents had plenty of space to relax and carry out their preferred activities independently if they close to. A resident watched television in one sitting room while another enjoyed music in the second sitting room. Other individualised activities in the centre included reflexology, music therapy and listening to and playing musical instruments.

It was clear during the inspection that there was a good rapport between residents and staff. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their home. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and offering meals and refreshments to suit their preferences.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the autonomy and independence of residents.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

## Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there. However, improvement to guidance on the complaints process was required.

There was a clear organisational structure in place to manage the centre. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was very involved in the running of the service and that the residents knew him. The person in charge was the manager of two designated centres and was frequently present in this centre, and

worked closely with staff and with the wider management team.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Auditing of the service was being carried out in line with the provider's audit schedule for 2023. Audits were being carried out both by staff and external specialists. Unannounced audits of the service were carried out twice each year on behalf of the provider. A comprehensive review of the quality and safety of care and support of residents, which provided for consultation with residents, was also being carried out annually. These combined audits showed a high level of compliance and any identified actions had been addressed as planned. Findings from audits, reviews and reports formed a quality improvement plan which was being addressed and updated as required.

The provider also had a process for management of complaints should this be required. Overall this process was effective, although there was no clear guidance available to guide staff on the process for recording complaints.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of a suitable, safe, clean and comfortable environment, transport, access to Wi-Fi, television, appropriate insurance cover, and adequate levels of suitably trained staff to support residents with both their leisure and healthcare needs. A range of healthcare services, including speech and language therapy, physiotherapy, and behaviour support staff were available to support residents as required.

Records required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning files, directory of residents, audits, staff recruitment and training records, and residents' service agreements. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. While documents and records were being managed to a high standard, service agreements required improvement to ensure that they fully reflected the service to be provided to residents.

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns and certain absences of the person in charge, to the Chief Inspector of Social Services within specified time frames. Records of adverse events were also being recorded as required. A review of accident and incident records indicated that these notifications had been made appropriately.

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

The prescribed documentation for the renewal of the designated centre's

registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

### Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Furthermore, the provider's recruitment process ensured that all staff documentation required under Schedule 2 of the Regulations had been obtained.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other relevant training.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records required by schedules 2, 3, and 4 of the regulations were in place, were maintained in a clear and orderly fashion and were kept up to date.

Judgment: Compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to the resident who lived there.

Judgment: Compliant

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

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which accurately described the service to be provided, and was being reviewed annually by the person in charge.

Judgment: Compliant
<b>Regulation 30: Volunteers</b>
There were no volunteers involved with residents in the centre. The provider did not use volunteers in their services.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. A review of information in the centre indicated that these notifications had been made appropriately.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
The provider was aware of the requirement to notify the Chief Inspector of specific absences of a person in charge.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>

Although there had been no complaints made in the centre, the provider had suitable arrangements in place for the management of complaints should this be required.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

This regulation was not examined in full at this inspection. However, the procedure to guide staff on the recording of complaints was not documented in the complaints policy or other guidance document.

Judgment: Substantially compliant

### Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a good level of person-centred care. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice.

The centre was in a residential area of a busy town. The inspector found that the centre was comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The centre was kept in a clean and hygienic condition, and internal surfaces were of good quality, and were well maintained. Since the last inspection of the centre, the provider had made the required improvements to internal surfaces to ensure ease of cleaning to enhance infection control. The location of the centre enabled residents to visit shops, coffee shops and restaurants and other leisure amenities in the area.

The person in charge and staff were very focused on ensuring that residents' general welfare, social and leisure interests, and community involvement were well supported. Residents could take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. There were flexible arrangements around residents' attendance at day service activities. Residents had the option of attending this service, or to receive a home-based service in the centre.

Family contact and involvement was seen as an important aspect of the service. Residents could have visitors in the centre as they wished and could also meet

family and friends in other places. There were also systems to manage and record any temporary absences of a resident from the designated centre.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings. Residents' personal planning information was comprehensive, up to date, and suitably recorded.

The provider had ensured that residents had access to medical and healthcare services to ensure their wellbeing. Residents had access to general practitioners (GPs) and attended annual health checks. Additional professional services and medical specialist consultations were arranged as required. Residents were also supported to attend national health screen programmes.

Information was supplied to residents through interaction with staff, easy-to-read documents, and information sharing at residents' meetings. There was also a written guide for residents which contained relevant information about the service. The provider had also ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Arrangements in place to support residents to communicate included an up-to-date communication policy, involvement of a speech and language therapist, development of clear communication plans.

Although risk management was not examined in full at this inspection, there was evidence that the provider had good measures in place to safeguard residents from risks and harm. This included infection control, which had been identified as a area for improvement at a previous inspection, had been suitably addressed. There were safe practices in the centre for the ordering, administration and storage of residents' medications and procedures were also in place for the safe management of residents' private property and finances. However, some improvement to an aspect of fire safety management was required. Overall, there were good measures in place to safeguard residents, staff and visitors from the risk of fire. Fire evacuation drills involving residents and staff were being carried out frequently. However, night-time or night simulation evacuation drills were not clearly documented, and did not demonstrate that effective measures were in place for evacuation while resident is sleeping.

## Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and were supported to meet with family and friends in other places.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had access to, and control of, their personal property and possessions and were supported to manage their financial affairs. Each resident had suitable space to store their belongings and clothing, and there were suitable facilities in the centre for the laundry of residents' clothing and personal bedding. There were also robust auditing systems in place to ensure that residents' finances were securely and appropriately managed.

Judgment: Compliant

## Regulation 13: General welfare and development

Resident was supported to take part in a range of social and developmental activities at the centre, at day services and in the local community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the resident. The centre was well maintained, clean and comfortably decorated.

Judgment: Compliant

## Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans, the annual review and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure that where a resident was temporarily absent from the designated centre that the hospital or other place was supplied with relevant information. All such absences were being recorded.

Judgment: Compliant

## Regulation 27: Protection against infection

Infection prevention and control was not examined in full at this inspection. However, the required improvements identified in the previous inspection report were reviewed and had been suitably addressed. Improvement to guidance documents and infection control processes had been introduced. The centre was clean and well maintained throughout.

Judgment: Compliant

## Regulation 28: Fire precautions

There were measures in place to safeguard residents, staff and visitors from the risk of fire. Fire evacuation drills involving residents and staff were being carried out frequently. However, night-time or night simulation evacuation drills were not clearly documented, and did demonstrate that effective measures were in place for evacuation while residents are sleeping.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the management, storage and disposal of medication. Risk assessments had also been carried out to assess residents' capacity to manage their own medication.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals was arranged as required. Plans of care for good health had been developed for residents based on each person's assessed needs. Residents who were eligible for national screening programmes were also supported to attend these services as they wished.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Sycamores OSV-0005638

Inspection ID: MON-0033770

Date of inspection: 14/12/2023 & 15/12/2023

## 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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: PIC has drafted a change to current complaints policy which will be reviewed by the PPPG team and implemented within 8 weeks.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Discussions had with team around recording of fire drills.	

**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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/02/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/04/2024

