



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

## Issued by the Chief Inspector

Name of designated centre:	Radharc Cnoc
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	17 January 2023
Centre ID:	OSV-0007770
Fieldwork ID:	MON-0029702

## About the designated centre

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

The centre provides residential services to five adults with an intellectual disability, and is located in a rural town, close to a range of local amenities. The centre is a single storey building, comprising five bedrooms, a sitting room, kitchen and dining room, a sunroom and bathroom facilities. There is a large garden to the rear of the property and a vehicle has been provided for residents' use. Nursing support is provided during the day, along with support from care assistants, and at night time support is provided by care staff, with on call nursing support available from a nearby centre if required. Residents can access a general practitioner in the community and support from allied health care professionals can be accessed by referral from the Health Service Executive.

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

Number of residents on the date of inspection:	5
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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
Tuesday 17 January 2023	10:30hrs to 16:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection conducted in order to monitor on-going compliance with the regulations and to inform the decision to renew the registration of the designated centre.

On arrival at the centre, the inspector found that the home was kept clean and well maintained, and that current public health guidelines were being adhered to. Staff were supporting residents in their choice of morning routine, some were getting on with their day, and some had made a last minute decision not to go out on their planned outing, because the day was too cold. Alternative activities were already underway when the inspector arrived, including nail painting.

There was a communication board with information for residents, including which staff were on duty, and possible activities for the forthcoming day. Residents completed this board themselves each evening with support from staff.

Some residents were happy to spend time in the presence of the inspector, and were supported by staff to communicate when their verbal communication was limited. It was evident that the staff communicated very effectively with residents, and that they understood and could interpret what residents were saying. One of the residents sat with the inspector and shouted for support from a staff member, which was immediately forthcoming. The resident received the staff member with a big smile, and staff understood what they were asking for support with.

The centre was a spacious and bright home, with various communal areas including living areas and pleasant gardens. Each resident had their own personal bedroom, and one had an ensuite bathroom. Access to this area was wheelchair friendly to support the resident who used the space, and sometimes prefers to use a wheelchair.

All the residents' rooms were nicely decorated, and residents had been assisted in picking the colours of their decor with colour charts. Each had their own personalised furniture, and various personal items such as family photos and photos of holidays and trips were displayed as they chose. Various favourite items were kept in their rooms, and some people were observed to enjoy sorting out their things, such as handbags and makeup.

Some residents required particular items to help with anxiety, and the inspector observed such items were constantly available.

There was easy-read and accessible information throughout the centre, and information individual to the needs of residents had been made available to them, and was in their possession. Where residents need assistance with this information, staff read out the information to them in a way that helped them to understand it.

Within the communal areas, residents had various preferences, for example they each had their own favourite spot in the living room, and their preferred chair at the table, both for meals and when socialising. There was a pleasant sunroom at the back of the house, and one resident in particular chose to spend a lot of time in this room.

Residents were supported with multiple and varied activities, both in their home, in their local community, and further afield for trips. Staff supported them to both learn new skills and to broaden their opportunities for different experiences. Favourite activities were on-going, and new activities were introduced in accordance with the wishes and preferences of the residents.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice for residents, and ensuring that their voices were heard.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

There was a well-defined management structure with clear lines of accountability. Various monitoring strategies were in place, and these were noted by the inspector to be effective in both ensuring safe services, and in supporting quality improvement in the designated centre. An annual review and six-monthly unannounced visits on behalf of the provider had taken place, and there was a suite of audits undertaken by the person in charge.

The person in charge was appropriately skilled and qualified, and demonstrated clear oversight of the centre, and a detailed knowledge of the support needs of residents.

There was a consistent and competent staff team, and effective communication strategies between staff members, and between staff and management were in place. Staff training was up-to-date, and included both mandatory training and additional training in relation to the specific support needs of residents.

There was a clear and transparent complaints procedure, and although there were no current complaints, the process was readily available to residents and their representatives.

The centre was adequately resourced, and all required equipment was made available to residents,

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

All the documentation required to support the application to renew the registration of the centre was submitted by the provider.

Judgment: Compliant

## Regulation 14: Persons in charge

There was an appropriately qualified and experienced person in charge at the time of the inspection. She had clear oversight of the centre, demonstrated and in-depth knowledge of the care and support needs of residents.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and a nurse on duty every day to support their nursing and healthcare needs. A planned and actual staffing roster was maintained as required by the regulations.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, and were observed to be offering care and support in a kind and respectful manner, and in accordance with the documented care plan for each resident.

Regular staff supervision conversations had been conducted, and there was a schedule in place to ensure the regularity of these conversations. A sample of staff files was reviewed by the inspector, and all the required information was in place. In addition there was a memorandum of understanding between the organisation and the staffing agency sometimes used, so that there were assurances that all the documents required under Schedule 2 of the regulations were in place for all staff in the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff training was up to date, both mandatory training and training in relation to

the specific needs of residents, such as autism, dysphagia and communication with people with an intellectual disability.

The person in charge had clear oversight of the status of staff training via a matrix, and also maintained all certificates of training in file.

Staff were observed to be implementing various aspects of their training, and could speak about the learning from various courses.

Judgment: Compliant

## Regulation 22: Insurance

Appropriate insurance arrangements were in place.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The staff team was led by an appropriately skilled and experienced person in charge, and an identified area manager.

An annual review of the care and support offered to residents had been developed, and the required six monthly review on behalf of the provider had been conducted. There was also a monthly suite of audits undertaken by the person in charge. A sample of required actions arising from each of these processes was reviewed by the inspector, their implementation had been monitored, and all had been either completed within their identified timeframes.

Regular staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents, and included discussion about complaints, training needs and activities for residents.

Communication with the staff team was further supported by a task folder whereby routine tasks were allocated each morning, and both a diary and a communications book, neither of which identified individual residents by name.

Meetings were also held between the persons in charge and the area manager, and a review of the records indicated that these were meaningful discussions around all aspects of the management of the designated centres.



Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose and Function included all the information required by the Regulations, and adequately described the service offered in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear and transparent complaints procedure which was readily available to residents and their representatives, and was available in an easy read format to assist understanding.

Judgment: Compliant

## Quality and safety

Overall residents were supported to have a comfortable life, and to have their needs met. There was a detailed system of personal planning which included all aspects of care and support for residents, and healthcare was effectively monitored and managed.

Communication with residents had been prioritised, particularly where residents had difficulty in this area, and effective communication was observed through the course of the inspection.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire.

Both risk management and infection prevention and control were appropriate, and it was clear that all efforts were in place to ensure the safety and comfort of residents.

### Regulation 10: Communication

There was a section in each individual's personal plan in relation to communication which included a 'communication dictionary' where detailed information about how residents made requests, express themselves and indicated choice. Information about the meaning of each person's gestures, expressions and articulations was outlined in these dictionaries.

Also included was the way that each person understood communication, and guidance as to the best way to ensure understanding.

In addition, an assessment of the way in which each person might indicate discomfort had been completed.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported in a variety of ways to have a fulfilling life and meaningful days. Various activities were available, and there were several examples of staff teaching residents new skills so that more opportunities were available to them. For example, one resident had learnt how to manage lifts whilst managing their anxiety.

Detailed activity planners were maintained for each resident, which included outings and trips, as well as small daily activities in the home. There was an emphasis on supporting residents to engage with their local community if this was their choice, and residents were involved in various activities, for example one person helped out at a local charity shop.

Regular outings in the community took place, such as dinner in the local hotel, outings for coffee and lunch. Staff told the inspector that the residents were well known in some parts of the local community, and that they had their preferred places to go.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

Risks were appropriately risk rated, and there was a detailed risk management plan in place for each. The individual risk assessment and management plans in place for each resident included detailed guidance in order to minimise the identified risks, and there was evidence of the management plans being implemented. For example,

where a resident had severe anxiety around meeting medical professionals, the risk management plan was implemented successfully, and the resident has been assessed and was awaiting the required intervention.

Judgment: Compliant

### Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and cleaning records were maintained.

An inspection focusing solely on infection prevention and control had taken place in February 2022, and the findings of that inspection were that the centre achieved a high level of compliance, with identified required actions relating to maintenance and upkeep of the premises. All the required actions had been completed, and the good practices identified at that time had been maintained. For example individual risk assessments and management plans had been regularly updated in line with the changing situation and current public health guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, there was a current fire safety certificate and regular fire drills had been undertaken.

There was a detailed personal evacuation plan in place for each resident, which had been regularly reviewed, and included personal requirements, such as a reminder that a resident might require a certain item before they would agree to evacuate the centre in an emergency. They also included guidance in the event that a resident declined to engage in the evacuation.

Staff had all received training in fire safety, and all had been involved in a fire drill.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the management of medications. All residents had current prescriptions, and staff were knowledgeable about each residents' medication. Most medications were supplied by the local pharmacist in 'blister packs', and receipt of medication orders was carefully checked.

However, where medications were supplied in containers outside of the blister packs, there were insufficient checks of stock. There was no running total maintained following the administration of these medicines, in particular where these were 'as required' (PRN). Stock totals were only checked at the end of each month, so that if any errors occurred in either administration or stock control, these would not be identified in a timely way.

Monitoring of medications was prioritised, and several residents were being supported to reduce medications which they had been on long term, and which might no longer be effective. The outcome for residents of these changes was monitored closely, and changes made accordingly.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

There was a detailed personal plan in place for each resident, based on a thorough assessment of needs. Assessments included various areas of daily life, together with formal assessments of health needs. The personal plans were organised in various sections, including daily activities, healthcare needs and social needs, and were regularly updated.

Staff supported each resident to have a person centred plan (PCP) whereby goals were set with residents, and progress towards them monitored. These PCPs were regularly updated, and an annual PCP meeting was held for each resident, to which family members and representatives were invited. The input of representatives was clearly recorded, and helped to inform the development and review of the PCPs.

The PCPs included photos and memorabilia of friends and family members, and of events enjoyed by residents. Goals set in the PCPs were meaningful to residents, and achievements were recorded here.

Judgment: Compliant

## Regulation 6: Health care

Changing healthcare needs were responded to in a timely manner, and some residents had been referred for assessments in relation to changes. Others were undergoing medication reviews, which included a gradual reduction of medication

for some people. It was clear that staff were vigilant in observing for changes in residents, particularly where they might not be able to communicate any changes they were experiencing.

Personal plans included sections on healthcare needs, and interventions were monitored and recorded.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required support with behaviours of concern, and behaviour support folder was maintained in which all the relevant and current information was readily available.

A record of any incidents including the strategies used to manage the situation was maintained for each resident, together with any recommendations for the future management of similar incidents.

There were also a detailed behaviour support plans in place which outlined both proactive or preventative strategies, together with reactive strategies which outlined the appropriate response required for different presentations.

Regular behaviour support meetings were held, three times a year, and records of these meetings were maintained in the files.

Changes in behaviour or presentation were recorded and referred to the appropriate members of the multi-disciplinary team. For some residents infections had been discovered via this type of observation, and treated in a timely manner. For others referrals to mental health professionals had been made.

There were very few restrictive interventions in place, and clear evidence of steps having been taken to reduce the requirement for restrictions. Staff had taught one of the residents how to undo the lapbelt on their wheelchair, to maximise independence and ensure that the equipment was not restrictive.

Judgment: Compliant

### Regulation 8: Protection

There was a clear safeguarding policy, and all staff had received training in the protection of vulnerable adults. All staff engaged by the inspector could outline the learning from this course, and knew their responsibilities in relation to safeguarding

residents.

Any accidents or incidents were recorded in detail, and the records included the identification of any required actions, both immediate and follow up, to minimise the risk of recurrence. The person in charge had oversight of any required actions, and monitored their implementation.

Judgment: Compliant

## Regulation 9: Residents' rights

All staff had completed a training module in human rights, and residents were supported on a daily basis to make choices, and to be supported to fulfil their choices. Most of the residents chose to go to mass on Sundays, and one resident chose a different activity each week, and was supported to go there instead.

Some residents had expressed an interest in animals and pets, so a regular visit to the house by a pet dog had been organised.

There were weekly residents' meetings at which decisions about the running of the house were made, and where information was shared with residents. For example, staff meetings included a 'policy of the week' and this policy was also shared with residents at their meeting. Other items discussed at these meetings included advocacy, making complaints and the possibility that an inspector from HIQA could visit the house.

There were various examples of staff supporting residents to maximise their opportunities and choices, such as teaching new skills, reducing medication and increasing access to, and involvement in the local community. Choice making was encouraged, and staff knew how people who did not communicate verbally indicated choice, and responded to their choices, for example by preparing alternative meals or snacks when a resident indicated that they were not keen on the one offered.

Some of the residents became involved in a charity walk in their community, and a resident who uses a wheelchair was supported by staff to be equally involved. Staff wore the step counter so that the input of the resident was included along with the others.

The views of the families and representatives of residents had been actively sought, and where representatives required further information in order to complete their questionnaire, this had been facilitated and welcomed by the person in charge and the staff team.

It was evident that the rights of residents were prioritised, and all interactions between staff and residents observed by the inspector were respectful and caring, and based on a detailed knowledge of both the support needs and the preferences

of each resident.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Radharc Cnoc OSV-0007770

Inspection ID: MON-0029702

Date of inspection: 17/01/2023

## 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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: New template devised and implemented on 22.01.23 for any medication in tablet form that is not blister packed inclusive of P.R.N to record running total following administration of such medications and also weekly balances	

## 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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	22/01/2023