



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

Issued by the Chief Inspector

Name of designated centre:	Cnoc Gréine
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	06 March 2023
Centre ID:	OSV-0007814
Fieldwork ID:	MON-0030179

About the designated centre

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

The centre was registered to support up-to-two residents with an intellectual disability. Residents who use this service may also need assistance with their behaviours. A combination of nursing staff and health care assistants support residents, with four staff members allocated during daytime hours and three waking night staff allocated during night-time hours. The centre is located in a rural location and transport is provided to assist residents in accessing their local community. Each resident has their own living area and they share a central communal kitchen.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Monday 6 March 2023	10:30hrs to 17:50hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to monitor compliance with the regulations as part of the application to renew the registration of Cnoc Greine. This inspection found a service that was person-centred and designed to support the individual preferences of each resident living there.

Cnoc Greine was a detached bungalow located outside a town in Co. Sligo. The house could accommodate two residents and was designed to support each resident to have their own living space within the house, while sharing a communal kitchen. Each resident had access to their own transport to support them to access activities in the wider community.

On arrival to the centre the inspector met with staff and the person in charge. One resident was resting on the couch in their sitting-room and greeted the inspector briefly. Another resident was relaxing in their living area and spoke with the inspector briefly. They chose not to speak with the inspector at that time as they were waiting to go on an outing. The inspector met, and spoke with, them later in the evening after they returned from their day out.

Through a review of documentation, observations on the day and discussions with staff, it was found that residents were supported to participate in activities and interests that were important to them. Both residents had very good family contact also and families were found to be involved in decisions and included in consultation about residents' lives. One resident in particular was reported to enjoy weekly visits home to family and daily phone calls.

Both residents were at home at the time of inspection, and the inspector was informed that one resident would be resuming an external day service in the coming weeks, while another resident chose not to attend day services. On the day of inspection both residents were supported to do various activities of choice such as going to the gym, going to a religious amenity, going for a drive, going shopping and having lunch out. Both residents had two staff each during day hours, and there were waking night staff each night assigned to support each resident. This staffing arrangement supported each resident to engage in activities and interests that were of interest to them. This also helped to ensure that residents' needs were met at all times.

As part of this announced inspection, questionnaires were provided to seek resident's views on aspects of the service. One questionnaire was completed and indicated that the resident was very satisfied with the service including areas such as; bedroom, meals, visitors, rights, staff and activities.

Through a review of documentation, including a review of accessible personal plans which contained photographs; residents were found to enjoy a variety of activities and leisure interests. These included; horse-riding, day trips to amenities in other

counties, swimming, surfing, going to the gym, going on the train, baking, and gardening. A raised bed for gardening was located in the garden, and was used by residents to grow vegetables. One resident was supported to be involved in the care of sheep in a nearby field, which they were reported to really enjoy. In addition, residents had access to technology to keep in contact with family, and to look up interests on the internet. Staff spoke about how one resident was supported with this and there was a risk assessment in place to promote safety online, however this was required to be more specific to ensure clearer guidance on supports required.

The house was found to be bright, spacious and homely. Some aspects of the premises required improvements in the general upkeep and maintenance. When this was highlighted to the management team during the walkaround, they responded by alerting their maintenance department on the day.

The house itself was divided into two main areas, which allowed for each resident to have their own living space. The kitchen and utility area were shared and there were locks on some doors dividing both sides of the house, for safeguarding reasons. It was noted on action plans that there were plans to extend one side of the house. The local management team reported that a multidisciplinary meeting (MDT) was to be held to further discuss this, and which would review and discuss recommendations that were recently made by the MDT involved with one resident's care.

There was a spacious back garden which contained a basketball hoop, garden furniture and a raised vegetable bed. Residents' bedrooms were decorated in line with resident's wishes and preferences with one resident report to prefer minimal furnishings. Each resident had access to their own bathroom which had level access showers. One resident was reported to enjoy watching sports on television (TV) and they were observed to have access to a large TV to watch their preferred sports channels.

The house had visual notices and easy-to-read posters throughout. Residents were consulted and given information about the house through regular resident meetings. In addition, a range of social stories and a visual choice board was used to further support residents to make choices about their day-to-day lives and to help them to understand various topics.

Staff spoken with talked about the supports provided to residents and about how choices were offered and made. Staff were seen to be supporting residents with dignity and respect and they were responsive to residents' needs and communications. Staff members spoken with appeared knowledgeable about each resident's likes, interests and care and support required. Care plans in general were comprehensive; however some documentation was found to be inconsistent about how to support one resident with behaviours. This will be discussed later in the report.

Overall, the inspector found that Cnoc Greine provided person-centred care and support and that residents were observed to be happy and content in their homes and with staff.

The next sections of the report describe the governance and management arrangements and about how this impacts on the quality and safety of care and support provided in the designated centre.

Capacity and capability

Overall, the inspector found that Cnoc Greine had a robust governance and management structure with good arrangements for ongoing oversight. Some improvements were required in risk management, care plan documentation, premises and fire safety, which would further enhance the good quality of care and support provided.

The person in charge worked full-time and was responsible for two other designated centres. They were supported in the operational management of the centre by a staff nurse, who worked full-time in Cnoc Greine, both of whom were met with throughout the inspection.

The centre was staffed with a skill mix of nurses and health care assistants. Each resident had two staff supporting them during day hours and there were three waking night staff each night. There was a consistent staff team working which helped to ensure continuity of care. Staff meetings occurred regularly which facilitated staff members to participate in, and raise concerns about, the quality of care and support provided. Staff spoken with said that they felt well supported and could raise any issues to management if required.

There were good arrangements for auditing the service and for the ongoing oversight by the management team. An audit schedule was in place which included audits in areas such as finances, personal plans, medication, restrictive practices, complaints, fire safety and health and safety. In addition, the person in charge completed regular reviews of incidents that occurred. From a review of incidents, it was found that the person in charge submitted all required notifications to the Chief Inspector of Social Services as required in the regulations.

The provider ensured that unannounced six monthly visits occurred and that an annual report of the quality and safety of care and support was completed. However, the annual review did not consult with, or include residents' representatives' feedback on the service.

The centre had a quality improvement plan (QIP) which included actions arising from inspections, provider audits, and risk assessments. This was found to be comprehensive and kept under ongoing review for progress of the QIP actions.

In general, the governance and management of the centre was robust; however some improvements as mentioned throughout the report were required to achieve full regulatory compliance.

Registration Regulation 5: Application for registration or renewal of registration
A full and complete application to renew the registration of the designated centre was received.
Judgment: Compliant
Regulation 15: Staffing
There appeared to be the numbers and skill mix of staff to meet the needs of residents and in line with the statement of purpose. A planned and actual staff rota was in place which was well maintained and accurate as to who was working on the day of inspection.
Judgment: Compliant
Regulation 22: Insurance
The provider ensured that there was up-to-date insurance in place for the designated centre.
Judgment: Compliant
Regulation 23: Governance and management
<p>There was a good governance and management structure in place, with clear roles and responsibilities for members of the management team. However, the following was found in relation to consultation about the service as part of the annual review;</p> <ul style="list-style-type: none"> • While the unannounced provider audit consulted with one resident's representatives, the annual review of the service did not include consultation with residents' representatives on the quality and safety of care provided.
Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had been recently reviewed and updated, and which included all the requirements under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre demonstrated that all notifications were submitted to the Chief Inspector, as required in the regulations.

Judgment: Compliant

Quality and safety

It was found that residents living in Cnoc Greine were provided with care and support that was person-centred and that respected their individuality and life choices. Arrangements for monitoring care and support ensured that residents' assessed needs were kept under regular review. However, some improvements were required in the documentation associated with behaviour supports, in an aspect of fire safety and risk management.

Each resident had a comprehensive assessments of needs completed to assess their health, personal and social care needs. There were up-to-date care plans in place where the need was identified. In addition, each resident was supported with their healthcare needs and were supported to access the services of allied healthcare professionals and multidisciplinary team (MDT) members.

Residents who required support with behaviours of concern had plans in place which outlined behaviours of concern and included the proactive and reactive strategies to support with this. This included MDT input. However, a strategy spoken about by staff and recorded as a control measures in a risk assessment as a response to a particular behaviour, was not included on the behaviour support plan. On discussion with the management team, they clarified that this strategy was not used and undertook to follow up with the relevant MDT to review this. In addition, the restrictive practice record included a strategy that the inspector was informed was no longer required. This was addressed on the day by the person in charge who updated this documentation.

Safeguarding of residents was found to be promoted. Plans to ensure resident's safety were kept under regular review by the local management team to ensure that measures were effective. The provider had recently implemented a policy on safe internet usage. The policy included an easy-to-read version for residents to support with understanding. There was a risk assessment completed for safe internet usage, however this was found to be non-specific and did not provide clear information on the supports and control measures to ensure one resident's safety online. This is covered under the risk management regulation.

There were a range of easy-to-read documents to aid understanding of topics such as abuse, complaints and rights. In addition, social stories were used to support residents' understanding of topics of particular relevance to them. For example, social stories on road safety and car safety was developed for one resident to aid their understanding of how to keep safe. Resident's rights were promoted through regular meetings where residents were consulted about their day-to-day lives.

There was a risk management policy and procedure, and corporate and site specific safety statements and emergency plans in place. The centre had a risk register which was found to be comprehensive, up-to-date and included risks for the centre. However, some ratings were not reflective of the actual impact and likelihood of the risks, and this was addressed on the day by the person in charge.

There were arrangements for fire safety including, fire containment measures, emergency lighting, fire fighting equipment and fire safety checks. However, the notice regarding the floor plan located beside the alarm panel did not include clear information on the zones in the house. This was followed up on the day by the local management team, through seeking to get updated floor plans from the relevant personnel.

In summary, this inspection found a service that was well managed and that ensured residents were supported with their assessed needs. Some improvements as discussed throughout the report would further enhance the quality of care and support provided.

Regulation 13: General welfare and development

Residents were supported to take part in activities and leisure interests in line with their individual needs, wishes and personal preferences. Residents had opportunities to engage in recreation and leisure interests both inside the house and in the wider community.

Residents had good family contact and this was supported in the centre in line with residents' wishes.

Judgment: Compliant

Regulation 17: Premises

The following was found in relation to premises;

- The medication cupboard was rusty in parts.
- There was a crack in a tile in one bathroom.
- There was a socket in a sitting room that was loose.
- The window frame in one bedroom had peeling paint and sticky residue on it.
- The flooring on one part of the house had what appeared to be staining coming through from the underside of the floor covering.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a guide for residents in place which outlined the information as required under the regulations about the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy and procedure in place which included arrangements for the identification, assessment and ongoing review of risks. However, the following was found in relation to risk identification and assessment;

- The risk assessment completed for safe wi-fi usage in the centre was generic and was not specific to the resident's risks and the control measures that staff said were in place to ensure the resident's safety online.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were good arrangements in place for fire safety and fire prevention, with regular checks of fire equipment and safety measures occurring. Regular fire drills occurred which ensured residents could be safely evacuated. However, the following

issue was found;

- The floor plan notice located beside the alarm panel did not provide clear information on what the zones were in the designated centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and care plans kept under regular review. Annual review meetings were completed and included participation with residents and their representatives, as appropriate. Residents were supported to identify and achieve personal goals for the future.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve good health and wellbeing, by being facilitated to access allied healthcare professionals, undergo annual health reviews and access vaccine programmes in line with their wishes and needs. Residents were supported to understand about interventions through social stories and a desensitization programme for getting bloods taken, where required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff received training in behaviour management and there was evidence of MDT input in providing supports around behaviours of concern. However, there were some gaps in documentation which could cause confusion and impact on staff's knowledge on how to best support residents;

- There was inconsistent information between what staff spoke about as an intervention to support with behaviours and what was on the behaviour support plan, For example; staff spoke about the use of a seat to direct a resident to in the event of particular behaviours. This was also included on a risk assessment as a control measure; however this was not included on the behaviour support care plan as an intervention.
- The restrictive practice log included a physical intervention that the inspector was informed was not in use. This was addressed on the day by the person in

charge by updating this documentation.

Judgment: Substantially compliant

Regulation 8: Protection

Residents' protection were promoted through ongoing review of incidents and the ongoing review of safeguarding plans. Staff received training in safeguarding and staff spoken with were aware of what to do in the event of a safeguarding concern.

There were policies and procedures in place for safeguarding and the provision of personal and intimate care which further promoted residents' safety and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents were provided with person-centred care and support that promoted rights and enabled them to make choices about how they lived their lives. It was evident through talking with staff that residents' rights and choices in their lives were respected, including residents' wishes with regard to spirituality and in expressing themselves through their choice of clothing.

Regular house meetings occurred which demonstrated that consultation occurred with residents, and residents were supported to make choices and decisions in their day-to-day lives.

The provider had identified an action from the last provider audit for training and information sessions to be given to staff on rights, which would further support a rights based service. This was due to be completed by June 2023.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cnoc Gréine OSV-0007814

Inspection ID: MON-0030179

Date of inspection: 06/03/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> The Registered Provider will ensure The Annual Review of the service will include consultation with residents' representatives and Families on the quality and safety of care provided in the Designated Centre. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> The Registered Provider has ensured that the premises of the designated centre are of sound construction and are kept in a good state of repair, both externally and internally The Person In Charge has ensured the medication cupboard has been repaired completed 31/3/2023 The Person In Charge has ensured the crack in a tile in one bathroom has been replaced. Completed 4/4/2023 The Person In Charge has ensured the wall surrounding the socket in the sitting room has been repaired. Completed 24/3/2023. The Person In Charge has ensured the window frame in one bedroom has been repaired. Completed 24/3/2023 The Person In Charge is awaiting the fitting of the flooring by the outside Vendor. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> The Registered Provider has ensured that there is systems in place in the designated Centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. 	

<ul style="list-style-type: none"> • The Person in Charge has ensured that the risk assessment completed for safe wi-fi usage in the centre is individualised and specific to the resident's risks and all control measures are now in place to ensure the resident's safety online. Completed 10/3/2023 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The Registered Provider has ensured that effective fire safety management systems are in place within the Designated Service. • The floor plan notice located beside the alarm panel provides clear information on what the zones are in the designated centre 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The Person in Charge has ensured that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging, and continues to support residents to manage their behaviour. • The Person in Charge has ensured there is a protocol around the use the sofa as per PMAV training. Completed 10/3/2023 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	06/05/2023
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	12/07/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a	Substantially Compliant	Yellow	10/03/2023

	system for responding to emergencies.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	14/04/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	10/03/2023