



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

Issued by the Chief Inspector

Name of designated centre:	Moyne House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	04 October 2024
Centre ID:	OSV-0008263
Fieldwork ID:	MON-0044637

About the designated centre

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

Moyne house can provide residential service to five male or female residents with intellectual disabilities, autistic spectrum disorder and or/ acquired brain injuries. The house is a large dormer bungalow within walking distance of a village in Co. Meath. The house is close to amenities, such as shops, restaurants, and hairdressers. Residents receive support twenty-four hours from a team comprising team leaders and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 4 October 2024	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead
Friday 4 October 2024	09:30hrs to 15:30hrs	Caroline Meehan	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out with a focus on monitoring the provider's arrangements regarding safeguarding. Inspectors reviewed ten regulations to assess whether the residents were provided with a service that empowered them, their rights were respected and promoted, and that the governance and management arrangements ensured, that residents were provided with a safe and quality service.

Inspectors reviewed a large volume of information and interacted with the person in charge and a member of the provider's senior management team throughout the inspection. The findings from the inspection were positive. Out of the ten regulations reviewed, eight were found to be compliant, and 2 were found to be substantially compliant

The inspectors were greeted by the person in charge and a staff team member upon arrival. The person in charge showed the inspector around the residents' home. The house had recently been decorated with painting completed throughout the house, and new furniture was purchased. The house was well-presented, clean and free from clutter. Previous inspections had identified that this was not always the case so this was an area that had been improved.

The inspectors planned to meet with as many residents and staff members as possible. However, this was not possible on the day as residents living in this centred engaged in activities outside of their home each day and spend limited time in the house as per their wishes. For example, two residents had gone swimming and for a walk. One resident was attending their day service programme. The fourth resident requested to go shopping with staff, which was facilitated. The inspectors said hello to one resident when being shown around the house. A second resident chose not to meet with the inspectors. The other two residents were out on activities throughout the inspection.

While the inspectors did not meet with the residents, the review of information showed that they were being supported in identifying things they enjoyed and engaging in the activities they wanted to do. This was achieved through key working sessions and resident meetings. Residents were supported in identifying social goals, and there was evidence of the residents being supported in achieving or working towards the goals.

The inspectors reviewed staffing levels and staff training records, and the appraisal showed that the provider and the person in charge had ensured that staff practices relating to recruitment, staffing levels, training and skill mix were appropriate. The residents were supported on a one-to-one basis, which was important in caring for residents and managing potential risks in the service.

Before the inspection, the inspectors were aware that there had been occasions

where residents had negatively impacted one another and that the person in charge had identified these incidents as safeguarding concerns, as well as other incidents as safeguarding concerns. The inspectors reviewed the safeguarding practices relating to the response of the staff team, the person in charge, and the provider. The inspectors found that the response was appropriate and that those supporting the residents were focused on protecting and promoting positive experiences for each resident. Examples will be given later in the report on achieving this.

The next two sections of this report outline how governance and management impact on the quality and safety of the care delivered to residents.

Capacity and capability

One of the inspector's reviewed the provider's governance and management arrangements and found them to be appropriate. These arrangements ensured that, the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

Inspectors identified one area that required improvement and this related to staff members receiving supervision in line with the providers own guidelines. The impact of this will be discussed later in the report

Inspectors also reviewed the provider's arrangements regarding, staffing and staff training, The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

The inspectors were satisfied with the information demonstrating that the provider had appropriate staffing arrangements, which is a crucial aspect of compliance with regulations.

The inspector reviewed two of the four staff records on shift, ensuring that the person in charge had sourced and made available all the required information listed

under schedule 2 of the regulations.

An inspector studied the current staff roster and rosters from two weeks from June of this year. This showed that there was a consistent staff team in place, the comparison of the rosters also showed that safe staffing levels had been maintained across the periods reviewed. Residents were provided with one-to-one support during the day, and at night, the residents were supported by two waking night staff. The level of staffing support was identified as a risk control measure. The inspectors reviewed information where the person in charge had discussed the need to supervise the residents following a brief altercation between two residents when left unsupervised for a short period.

The inspector noted the proactive approach of the person in charge, who was ensuring that the staff team had the knowledge to best support the residents. This included a focus on, upskilling the staff team on areas such as the residents' rights and safeguarding practices, and promoting a positive homelike environment for residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors sought evidence that the staff team had been provided with appropriate training to care for and support the residents. The person in charge provided the inspectors with a training matrix to review. The appraisal of this document confirmed that the staff team had been provided with an extensive suite of training, including children first, adult safeguarding, a rights-based approach when supporting the residents, and training to focus on the assisted decision-making act. In summary, the inspectors were satisfied that the staff team had access to appropriate training, ensuring they had the knowledge to safeguard residents and promote and respect their rights. The inspectors did identify that there were some improvements regarding supervision practices.

Discussions with the person in charge identified that staff members were scheduled to receive supervision from a team leader every month. The provider had adopted this process earlier this year. One of the inspector's requested to review the supervision records for three of the staff members on duty. The review of the information showed that, supervision had recently been completed for two staff members but that there were no records for the third. Further discussions identified that no supervision records were available for review for three other staff members.

This year, there were challenging periods relating to residents' impact on one another. The inspector found that some of the staff members had not been provided with supervision during this period, which was not in line with best practice or the providers own systems.

The person in charge and the provider had identified this as an issue prior to the

inspection, and steps were being taken to address this. However, they had not been completed at the time of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors found that the provider had ensured that the residents received a good and safe service. For example, the inspectors reviewed the provider's systems regarding the running of the service, how practices were monitored, and documents relating to how the residents were cared for and supported.

The provider had ensured they had completed the required reports and reviews per the regulations. The provider had conducted unannounced service visits at six-month intervals and prepared written reports on the safety and quality of care and support provided in the centre. The inspectors reviewed both reports completed this year and noted that the audit system had identified areas that required improvements.

A document called a corrective action plan was created following the audits, and a plan was developed to address any concerns regarding the standard of care and support. Inspectors found that the actions had been addressed. The provider also completed an annual review in early June of this year. Part of the review discussed safeguarding practices in the services, noting that there had been safeguarding concerns, discussing that safeguarding plans had been developed, and discussing that the safeguarding management processes had been followed.

An inspector reviewed the previous three governance reports. The provider's assistant director meets with the person in charge and reviews the governance and oversight arrangements in the service every month. The report reviewed restrictive practices, risk management, fire safety, residents' care plans, etc. The inspector also found that part of the review was focused on learning from adverse incidents. A document called "Lessons Learned" was created to review the incidents and potential learning, which was listed following the review by the person in charge and assistant director. Inspectors also found when reviewing team meetings (reviewed the last three meeting minutes) that incidents were again reviewed with the staff team, and there was a focus on generating learning and reducing the likelihood of incidents reoccurring.

The inspectors also found that following incidents, the person in charge sought consultation and support from members of the provider's multidisciplinary team. Residents had been provided with medication reviews and positive behavior support input if required. This demonstrated that the provider had ensured that the residents could access a range of supports if needed. The person in charge also completed an extensive schedule of audits each month. An inspector reviewed a sample of these and found that the audits added to the strong oversight of how the

residents were supported and cared for.

In summary, the inspectors were satisfied with the governance and management arrangements.

Judgment: Compliant

Quality and safety

The review of information and observations found that residents received a safe, quality service that respected their rights.

The provider assessed the residents' needs comprehensively, and support plans were developed. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

Inspectors did identify that the provider had not responded to recommendations made by an allied healthcare professional regarding a resident. This will be discussed in more detail, but it was an area that required improvement.

The inspector reviewed other aspects, including risk management, premises, communication, positive behaviour support and safeguarding. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team were found to be delivering a safe and good service to the residents, as evidenced by the review of information and observations.

Regulation 10: Communication

Residents' communication needs were assessed and met through a range of communication supports.

Residents' communication needs were assessed by a speech and language therapist and communication passports, and the use of specific communication approaches when talking with residents and picture aids were incorporated into plans, as recommended.

The person in charge showed the inspectors some of the communication systems in place for residents; for example, it was important for a resident to know who was cooking the dinner, which was written on a displayed whiteboard daily. Some residents were supported in communicating using pictures, and they used first and then pictures, and visual picture menus. The inspectors reviewed a communication

dictionary for a resident that outlined the communicative intent of vocalisations a resident made.

The mentioned information was available for residents in easy-to-read versions. It was used to communicate with residents about their needs, rights, safety and support.

Judgment: Compliant

Regulation 17: Premises

The person in charge showed both inspectors around the residents' homes. As mentioned earlier, the house's interior had recently been redecorated, and the house was well-presented. There were aspects of the house and garden that had been adapted to suit the needs of the residents. There were two sitting rooms for residents to relax in and gardens to the front and rear of the house.

In summary, the provider had ensured that the resident's home was well maintained and suited the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage risks, and the control measures were implemented in practice.

Individual risks relating to residents were assessed, and control measures were outlined, as well as the actions that the staff were to take to prevent incidents and mitigate the risk of harm to residents, visitors, and staff. A sample of control measures was observed with the person in charge, and they were found to be in place. These included, for example, one-to-one staffing during the day, mood monitoring, staff training, social stories regarding specific behaviours, implementing behaviour support plans, and providing specific clothing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' needs were evaluated, and individual plans were put in place to help the staff provide care and assistance. Two residents' information was reviewed,

including their health, social, and personal needs. Personal plans were created, covering individual support, healthcare, communication, and intimate care. These comprehensive plans offered guidance on how to best support the residents' needs. Each resident had an accessible plan with easy-to-understand information about their specific needs, along with social stories on visits, fire safety, healthcare interventions, and behavioral support. All personal plans had been recently reviewed.

During the information review, an inspector identified an area that needed attention. The provider had not acted on recommendations from an allied healthcare professional. It was found that additional support had been recommended for a resident's sensory needs. In August 2023, an occupational therapist suggested that a resident should have access to outdoor exercise equipment and therapy bands in the centre to meet their sensory needs. Discussions on that day revealed that the resident had regularly caused property damage in their home, negatively impacting others. Discussions had also been held about the resident's long-term suitability for living in the service. However, the provider had not taken steps to acquire the recommended equipment to support the resident's sensory needs. The inspectors reviewed minutes of multidisciplinary team meetings, and found no evidence that this occupational therapist recommendations had been reviewed since August 2023. This failure to act did not demonstrate good practice, and improvements were necessary.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were provided with the necessary support to manage their emotions and accessed the services of a consultant psychiatrist and behaviour support specialist.

Residents' needs in terms of their behaviour and emotions were identified, and residents were reviewed with a consultant psychiatrist as needed. A behaviour support specialist assessed residents' behavioural needs. Behaviour support plans were developed to help residents manage their emotions. The inspectors reviewed two behaviour support plans, and both plans had been reviewed within the past six months. Behaviour support plans identified the behaviours of concern and their functions and clearly outlined the support staff were to provide based on proactive and reactive strategies. The inspectors discussed a specific support related to a low arousal environment required for a resident. While the person in charge outlined that the environment did not consistently have low arousal, a referral was recently made to the occupational therapist to review the resident's sensory needs.

All staff had been trained to manage behaviours of concern and therapeutic techniques.

Judgment: Compliant

Regulation 8: Protection

The provider's arrangements for identifying and responding to safeguarding concerns were reviewed throughout the inspection. The inspectors found that the arrangements were appropriate.

The residents were provided with information about protecting themselves through their resident meetings. Also, there were information sessions on promoting positive interactions between the residents.

Following incidents, the person in charge followed protocols and notified the necessary parties, and safeguarding plans were developed. An inspector reviewed all safeguarding preliminary screening plans (eighteen plans in total) and found that the plans focused on reducing incidents and ensuring the residents were safe.

The person in charge had completed an impact risk assessment following an increase in safeguarding incidents. As mentioned earlier, additional MDT input had been sourced for some residents. Following this, evidence showed that some residents' negative impact on their peers had reduced.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, the inspectors found examples of the residents' rights being promoted and respected by the staff team. As mentioned earlier, residents were being supported in identifying what they wanted to do, and there was evidence of the staff team supporting the residents in achieving their goals or working towards them. The review of samples of information relating to residents' goals, key working sessions, residents meetings and discussions with management identified that each resident was provided with support and guidance that was specific to them.

During resident meetings, residents were provided with information in the most recent meeting, the residents were provided with information regarding safeguarding, their rights and how complaints are managed.

Evidence showed that residents were consulted about their care and support; for example, social stories were used to explain healthcare interventions and behavioural supports. Residents had also participated in decisions; for example, a decision for a resident not to have their bedroom painted was respected, another resident was actively participating in decisions regarding medicine changes, and

another resident used pictures to choose their preference of swimming pool to attend in the local area.

When reviewing team meeting minutes, the inspectors also found that the person in charge was ensuring that the staff members had up-to-date information regarding how to support residents using a rights-based approach. The person in charge was reviewing the assisted decision making act with the staff team and was promoting staff members' knowledge to enhance the service being provided to the residents. As mentioned earlier, the staff team had completed training focused on human rights.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moyne House OSV-0008263

Inspection ID: MON-0044637

Date of inspection: 04/10/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in this Designated Centre have received a supervision since this inspection. In addition, a schedule of monthly supervisions for staff has been developed by the Person in Charge. These supervisions will be completed by the team leads going forward and will be reviewed monthly by the Person in Charge.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A meeting held with the Senior Occupational Therapist, Senior Physiotherapist & Person in Charge on 24.10.24 to review the Sensory Assessment. Both Allied Health Professionals noted that on 03.11.23 they had met with the resident in the local GAA club where outdoor Gym equipment is available. They had completed an assessment of the resident using the equipment and found the equipment to be suitable for the residents needs. The Occupational Therapist & Physiotherapist agreed that it was more beneficial for the resident to access the equipment in the community rather than to place in-house, however this recommendation had not been updated in their report at that time. On 24.10.24 the previous recommendations were amended and a new report issued to include the most recent report findings & outcomes and is in place in the residents personal plan.	

The resident regularly accesses the outdoor gym equipment in his community as per his weekly plan.

Therapy bands of the residents preference are in place and he uses these regularly.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	25/10/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	25/10/2024