



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

Issued by the Chief Inspector

Name of designated centre:	Termonn Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	08 April 2025
Centre ID:	OSV-0008937
Fieldwork ID:	MON-0045869

About the designated centre

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

This service comprises two buildings. Each building provides single occupancy living accommodation for one adult with an intellectual disability and mental health diagnosis. The centre is located in a residential area close to a busy town. One to one staffing is provided during daytime hours and there is a waking night support arrangement in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 8 April 2025	11:15hrs to 17:15hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that this service provided a good quality of care and support to the residents living there. However, there were significant concerns relating to the accessibility of the fire evacuation pathways at the back of the building which will be expanded on later in this report. In addition, a review of the safeguarding processes used would further improve the quality and safety of the service provided.

This inspection was the first inspection of a centre that was registered in December 2024. Its purpose was to monitor and review the arrangements the provider had in place since registration and to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

Two residents lived at this centre. Each had their own single occupancy accommodation which the inspector found was suitable to their assessed needs. The inspector met with both residents during the course of the inspection and visited both houses. They found that the premises provided were spacious, bright, clean and tidy. They were cheerfully decorated and items of interest to each resident were displayed in line with their wishes. The kitchens were well equipped and there was a good supply of nutritious foods provided. Each house had laundry facilities.

The inspector held conversations with both residents during the course of the inspection. They told the inspector that they were happy in their new homes. One resident said they could have a rest and go out in the car if they wanted to. They spoke about picking furniture for their bedrooms and how they loved the storage units in their bedroom. The inspector found that the provider considered the human rights of each residents and that positive risk taking was incorporated into their daily care and support arrangements. One resident spoke about improvements in their independence since moving. They showed the inspector the arrangements that the provider had in place which ensured that they had opportunities to be independent and to have privacy in their home, while at the same time, knowing that they had access to staff support if required. It was clear that they were pleased with this arrangement and they said that they felt safe. However, during a later conversation a resident pointed out their concern regarding the steps to the garden and they said that they were worried that they might have an accident.

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

Capacity and capability

The inspector found that in the main, the provider had the capacity and capability to provide a good service. The findings relating to fire and safeguarding arrangements will be reviewed under the quality and safety section of this report.

This service was well governed and lines of accountability were clearly defined. The person in charge was skilled and knowledgeable and met with the requirements of the regulation. They had good oversight of the service.

There was a sufficient number of staff employed with the relevant skills required to meet with residents' needs.

The provider had maintained good governance arrangements through routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded on a quality improvement plan. Actions to address issues found were documented, however, at provider level, there was a delay in taking action in response to some risks identified.

The inspector completed a review of incidents arising at the centre found that the provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations.

Further detail relating to the findings of each regulation is provided below.

Regulation 14: Persons in charge

The person in charge worked full-time. They had the appropriate qualifications, skills and experience for the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had sufficient staff employed with appropriate skills and experience to meet with the assessed needs of the residents in line with the statement of purpose and the size and layout of the service.

The inspector reviewed a sample of planned and actual rosters from 1 March 2025 to 8 April 2025. They were well maintained and provided an accurate account of the staff on duty on the day of inspection. Where additional staff were required this was planned for. The inspector observed that staff were familiar with the residents which meant that consistency of care and support was provided.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training and development which provided mandatory and refresher modules in matters relevant to the centre. This meant that they had the necessary skills required to support residents assessed needs.

The inspector reviewed the training matrix for the centre and found that it was well maintained and all mandatory training required was completed.

Staff were provided with individual supervision meetings with their line manager on a quarterly basis. A sample of three supervision records were reviewed by the inspector and this found that meetings were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had good governance and management arrangements in this centre. As the residents had recently moved to their new homes, the good systems and practices in place ensured consistency and stability during a time of change for the residents. However, while practices at service level were effective, not all risks identified by the staff team were addressed by the provider in a timely manner and this required review.

There were clear lines of accountability which meant that staff knew who to report to. The inspector viewed team meeting records and found that they were taking place on a regular basis. In addition, staff spoken with told the inspector that they felt supported and free to raise compliments or concerns if required.

The person in charge had an audit folder which the inspector reviewed. This found that audits were completed in line with the provider's schedule. The six monthly provider-led audit and annual review of care and support were not yet due.

Overall, the inspectors review of the documentation systems found that they were clear and comprehensive and this ensured consistent guidance for staff. These included daily logs, monitoring documents, assessments, care plans and support plans.

As outlined, a review of the following would further enhance compliance under this regulation;

- The inspector found that concerns relating to the steps at the back doors of the houses was identified and escalated in January 2025. However, this was

yet to be rectified at the time of inspection.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
<p>Residents were admitted in December 2024 and their admission was in line with the recommendations of the statement of purpose for the centre and the admissions policy. While the admissions policy was in process of review, this matter is reported on under regulation 4 above.</p> <p>The registered provider employed a transitions manager who had oversight of the process in consultation with the person in charge. The inspector reviewed a transition plan for one of two residents. They found that it provided clear and comprehensive information and documented eight opportunities for the resident and their representatives to visit the property prior to living there.</p> <p>A written contract for the provision of services was completed and was reviewed by the inspector. It was signed by the resident and met with the requirements of the regulation. In addition, the inspector saw that residents had their own tenancy agreements and were supported to visit the housing provider in order to fully understand their terms of residence. This was completed in gradual steps in order to ensure understanding and in line with their assessed needs.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The inspector reviewed the incidents arising in the centre from 1 January 2025 to 8 April 2025. All notifiable information was submitted for the attention of the Chief Inspector in line with this regulation.</p>
Judgment: Compliant
Regulation 4: Written policies and procedures
<p>The provider had written policies and procedures which were available for review in the centre.</p> <ul style="list-style-type: none"> • The majority of policies were implemented and updated in line with the regulations. However, the policy relating to admissions to the designated was

under review and yet to be finalised.

Judgment: Substantially compliant

Quality and safety

The inspector found that while this centre provided a good quality service, improvements were required to the fire safety arrangements and safeguarding processes used.

The registered provider ensured that a person-centred service was provided in this centre which promoted the human rights of the people living there. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place. Staff were provided with clear streamlined information in order to support residents' assessed needs. Where required, residents had positive behaviour support plans which were subject to regular review.

The provider had risk management arrangements and where risks were identified, they were assessed and control measures were put in place. However, as outlined under the first section of the report, not all risks were addressed in a timely manner.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 12: Personal possessions

The registered provider recognised the importance of resident's personal property. From discussions with the residents and a tour of the properties, the inspector was assured that residents had access and control over their belongings along with adequate storage facilities to keep their possessions safe.

Residents told the inspector that they loved their bedrooms and that they were involved in decisions about how they were decorated. Each resident had adequate space for their clothing and they were supported to care for and launder their clothing in line with their preferences.

In addition, residents were supported to manage their finances and easy to read documentation was available. The inspector reviewed individual financial assessment completed and found that each resident had their own banking arrangements.

Judgment: Compliant

Regulation 17: Premises

A tour of the both premises provided found that the internal properties were designed and laid out to meet with the assessed needs of the resident. Matters relating to access points are outlined under regulation 28 in this report.

They were of sound construction, in a good state of repair. Each room provided adequate space and they were nicely decorated with items of interest to the residents.

Each resident lived alone, which suited their assessed needs and meant that they had adequate privacy in their homes.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had implemented good systems for the assessment, control and ongoing review of risk.

The inspector reviewed the centre's risk register which was updated on 25 March 2025. It was comprehensive and the risks identified were specific to the service.

Residents had individual risk assessments. The inspector reviewed four of these, all of which were in line with the provider's policy and provided clear guidance on how to control the risks identified. If required, additional guidance for staff was in place. For example, risks in relation to smoking were managed through a related care planning process and review by the human rights committee. The inspector found that risk relating to falls were managed with the support of the multi-disciplinary team, post fall audits, care planning and use of assessment tools.

Where risks were identified through the centre's audit system, these were addressed or an action plan was in place. A risk relating to steps in the premise is expanded on under regulation 28 in this report.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place, however, the inspector was not assured that all residents had adequate means of escape in the event of a

fire. This meant that in the case of emergency, they were at a high risk of trips and falls.

- The inspector completed a tour of the centre and found concerns relating to exit routes to the gardens at the back of the premises. There were steps at the back of the premises and as the residents living at this centre required support with their mobility at times, this did not provide suitable means of escape in the case of emergency.
- In addition, the inspector reviewed the emergency lighting provided in order to illuminate the evacuation pathways. This review found that not all areas of the designated centre had adequate lighting provided. There was a reliance on external street lighting provided. As this was the route to the assembly point this arrangement required review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had individual folders with assessments of their health, social and personal care needs.

The inspector reviewed each residents' assessment and found that they were well presented, well maintained, in date and subject to regular review.

They documented goals such as going to sporting events, planning overnight trips and planning gatherings in their home.

Overall, the inspector found that staff were provided with clear information through support plans and activities of interest were arranged with the input of residents, their representative if appropriate and in line with individual preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare support which took their personal plan into account.

The inspector reviewed both residents medical records and found that they had a general practitioner (GP) and where medical treatment was recommended this was supported by the staff team.

In addition, a review of healthcare files completed by the inspector found that residents had access to allied health professionals such as occupational therapy,

physiotherapy, audiology, chiropody and dental appointments. In addition, access to national screening programmes was provided.

Where residents declined to attend clinic appointments, home visits were arranged. This meant that a comprehensive circle of support was provided for each resident in order to ensure that they remained well during the time of transition to their new homes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents living at this designated centre had a range of complex assessed needs. The inspector found that the provider had effective positive behaviour support arrangements in order to support these needs.

A review of the positive behaviour support policy completed by the inspector found that it was up to date. In addition, a review of the training matrix found that training in positive behaviour support was provided.

The inspector read two behaviour support plans and found that information to guide staff was clearly documented. The support of the specialist in behaviour was provided on a regular basis with monthly visits to the centre at the time of inspection.

Where proactive recommendations were made, these were followed. For example, the inspector observed that residents were supported calmly in a low arousal environment on the day of inspection. Furthermore, the provision of individual living accommodation supported resident's behaviour support needs and this resulted in a reduction in safeguarding concerns.

Where restrictive practices were used, the inspector found that protocols were in place. They were reviewed monthly to ensure that they were the least restrictive, used for shortest time possible and removed if possible.

Judgment: Compliant

Regulation 8: Protection

The residents living at this centre had their single occupancy houses which reduced the risk of interpersonal safeguarding matters arising. This was in line with their assessed needs and as outlined it meant that safeguarding risks were reduced.

The inspector found that the safeguarding policy was up-to-date. Staff had training

in protection of vulnerable adults and when asked by the inspector, they were aware of what to do should a concern arise.

However, the following required review;

An allegation of abuse was reported in March 2025. The inspector reviewed the safeguarding process used at that time. While the provider took appropriate action to investigate the allegation, further work was required. For example, evidence was not provided to show that the matter was reported to the national safeguarding and protection team for screening in line with local and national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that a rights based approach was embedded in the service offered to residents. Through observations and discussions the inspector held with staff, it was clear that they were aware of the core principles of dignity, respect, choice and autonomy.

The inspector observed the interpersonal interactions between staff and residents. This included the promotion of decision making when making plans for the day, which were then respected and actioned. In addition, staff were observed to request permission to enter residents' bedrooms. When asked to complete a task, this was attended to promptly by staff and clarification was sought by the staff to ensure that they fully understood the resident's request.

At provider level, the support of a human rights committee was provided. The inspector reviewed the documentation provided and found that its role was to assist with the monitoring and review of practices at the centre. The person in charge provided an example of a reduction in the use of restrictions for one resident since their move to single occupancy living. This related to the use of kitchen appliances and meant that the resident was supported to use these at appropriate intervals and as required.

Overall, the inspector found that the living accommodation provided combined with practices at the centre meant that the promotion of the residents human rights were promoted and respected. This was enhanced by the move to their new homes.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Termonn Service OSV-0008937

Inspection ID: MON-0045869

Date of inspection: 08/04/2025

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:	
There are a number of steps taken by MCL to address this issue:	
1). At team leader level maintenance logs/requisitions are to be a subject of audit each month and have now been added to the audit cycle in all areas.	
2). Outstanding maintenance issues across the MCL service has now been added as a standing topic on team leader/area managers meeting's agenda. These meetings are held every 2 weeks. This will ensure that outstanding maintenance issues are at the forefront of senior manager's agenda and are managed in a prompt manner.	
3). Senior management will endeavor to ensure that all maintenance issues are seen to promptly and resolved. Where issues are not resolved they will be placed on a risk assessment form and escalated further where a timely resolution is not possible locally. These measures should ensure that issues needing attention/review/replacement/implementing will not go unaddressed for long period as was the case with the issue identified in Termonn Service at the rear exits to both properties. Maintenance items that are not resolved will be discussed at the Mayo Community living (MCL) Health & safety Meeting and if a suitable outcome is not found, it will be escalated and discussed at the Community healthcare west Health & safety meeting.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	

MCL has a constant policy review schedule to ensure that policies remain in date and up to date with best practice and current legislation. MCL has now reviewed all policies and scheduled reviews for policies due to expire in the coming months/year have been identified and reviews commenced in a timely manner thus mitigating against any policy expiring. The admissions policy has now been reviewed and will be signed off at the Quality and safety oversight Committee meeting on May 29th and will be available to the service and staff on May 30th 2025.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The steps at the rear exits of Termonn Services had been highlighted as an issue but no remedial works had been completed at the time of the inspection to improve this issue. Hand rails have now been fitted at the steps in both homes to aid the residents when they exit the buildings at the rear. This is also in line with the recommendations of Occupational therapist assessment and review.

The emergency lighting has been reviewed at both exits in both homes in Termonn Service and additional emergency lighting will be installed at the 2 front doors to improve exit lighting and no longer have a reliance on street lighting. There is emergency lighting at the rear of the properties but this is to be enhanced and made brighter to further light exits from the homes.

This work is expected to be completed by 15.06.2025.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

The allegation of abuse reported in March in Termonn service has now been reported to the national safeguarding and protection team in line with national policy.

MCL has committed to ensure that all incidents will be triaged and reported to the national safeguarding and protection team going forward where there is a safeguarding concern/allegation and within the correct reporting time frames.

A review of incidents across the service at MCL has been completed to identify any further safeguarding concerns that were not reported to the national safeguarding and protection team.

The designated officer will carry out enhanced unannounced visits to Termonn Service throughout the year as an ongoing safeguarding support.

The safeguarding policy has been discussed with the staff team in Termonn Service and all staff have re-read and signed same.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	26/05/2025
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	15/06/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3	Substantially Compliant	Yellow	30/05/2025

	years and, where necessary, review and update them in accordance with best practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	26/05/2025