



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

Issued by the Chief Inspector

Name of designated centre:	Thornvilla Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	16 January 2024
Centre ID:	OSV-0001936
Fieldwork ID:	MON-0042168

About the designated centre

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

Thornvilla Community Group Home provides full-time residential care and support to adults with an intellectual disability. The centre can accommodate male and female residents over the age of 18 years. The centre comprises of a two-storey detached house set in its own grounds in a residential area of a town. The centre is in close proximity to a range of local amenities such as public transport, cafes, cinema and shops. Residents also have access to a vehicle at the centre to support them to access other activities and amenities in the surrounding area. In addition to their own bedrooms, residents living at the centre have access to community facilities which include a sitting room, kitchen and dining room. In addition, a large communal bathroom is available on each floor of the building. Residents are supported by a team of care assistants, with staff available during the day to support residents when they are not at their day service. At night-time, there are sleepover staff and waking night cover provided to support residents with their needs. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 January 2024	11:00hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was an unannounced follow up inspection to an inspection that took place in September 2023. At that time, the inspector found non-compliance in five regulations and there were concerns in relation to the safety of the service provided. Further to this, a cautionary meeting was held with the provider during which the provider was put on notice of further actions that would be initiated should they fail to address the areas of non-compliance and areas of risk identified.

In response to the findings of the September inspection, the provider submitted a compliance plan which detailed the actions that they planned to take in order to bring the centre into compliance. The purpose of this inspection was to assess the provider's capacity and capability to complete the actions required, to sustain their response and to return to compliance with the Care and Support Regulations (2013). On this inspection, the inspector found significant improvement in the capacity of the provider to ensure effective oversight of the service. From what the inspector observed, it was clear that improvements in the management systems in place had a positive impact on the lived experience of the residents at this designated centre. However, ongoing work was required in staff training and supervision which would further enhance the quality of the service provided.

Thornvilla is a two-storey detached house set in its own grounds within walking distance of a busy town. The centre is in close proximity to a range of local amenities such as public transport, cafes, cinema and shops. Residents have use of a vehicle at the centre which they use to attend activities and amenities in the surrounding area. In addition to their own bedrooms, residents living at the centre have access to community facilities which include a sitting room, kitchen and dining room. Communal bathroom facilities are available on each floor of the building. A garden is provided to the rear of the property.

On arrival, the inspector met with a healthcare assistant. The person in charge arrived shortly afterwards. There were three residents at home on the morning of inspection. There were observed moving freely around their home and completing activities of their choice. One resident was relaxing in the sitting room with their feet raised on a foot stool and some knitting nearby. It was a cold winter day and the staff member on duty told the inspector that the resident choose not to attend their day service. Another resident spoke briefly with the inspector about growing tomatoes and how they enjoyed the garden. Later, they were observed sorting plant pots for a new garden tunnel which was erected the previous day. The third resident spent time enjoying tea at the table and was also observed tidying and sweeping which they appeared to enjoy.

The healthcare assistant on duty had returned to work in the designated centre after a period of leave. They told the inspector that the person in charge had completed a return to work support meeting with them on the previous day. It was clear that they knew the residents very well and they were found to be very responsive to

their requests. The interpersonal interactions observed during the inspection were kind, gentle and caring.

Later, two residents returned from their day service. One resident spoke with the inspector and told them that they lived in a happy home where the staff were kind and the food was good. When asked, they told the inspector that they know what to do if they had a complaint or were worried about something. They said that they would speak with the staff or the person in charge. In addition, residents spoke about their family members and how contact with them was supported and facilitated by the staff team.

The inspector met with two staff members on the day of inspection. When asked, one staff member told the inspector that they had access to training in human rights and that because of this they encouraged residents to make their own choices. The inspector observed this during the inspection as residents were shown food options and encouraged to choose their favourite. In addition, the inspector found that easy to read information was available for residents use around the centre. This included a poster which was displayed on the sitting room door. This provided information on the provider's plans for the further governance of the centre. Furthermore, there was a picture based staff roster in the dining room which provided up-to-date information on the staff members on duty and those on leave.

Overall, the inspector found significant improvements in this designated centre. It provided a warm and welcoming home for residents and the atmosphere was relaxed. Residents were provided with a good quality service where person-centred care and support was provided. The person in charge was regularly available and improvements in governance and management systems were evident. These will be expanded on below. The staff employed were familiar with the residents and attentive to their wishes. Further improvements in staff training and supervision would further enhance the quality of the service provided.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found significant improvements in the provider's capacity and capability to provide a safe and person-centred service. Improvements in the governance and management systems used and more regular presence of the person in charge impacted on the quality and safety of the care and support provided. As outlined, further improvements in staff training and supervision were required. The provider had a plan in place to progress these which will be expanded on below.

The provider had a statement of purpose which was available to read in the centre.

It was reviewed in September 2023 and met with the requirements of schedule 1 of the regulation.

A review of staffing arrangements found improvements since the last inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. A daytime shift had resumed and this was reported to work well. An arrangement to transport residents to their day service was provided for. It was clear that the number and skill mix of staff met with the assessed needs of residents. Although there were vacant posts in the centre, the provider had a recruitment campaign in place. In the meantime, agency staff were used. However, they were reported to be consistent and familiar with the assessed needs of residents. In addition, the inspector found that the person in charge was regularly available in the centre. When they were not available a cover arrangement was in place.

Staff had access to training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of the training modules completed and outstanding. In addition to mandatory training, training in human rights, restrictive practices and advocacy was offered to staff. However, the person in charge told the inspector that due to staff leave not all training modules were up-to-date. A plan was in place to progress this.

A formal schedule of staff supervision and performance management commenced since the last inspection. The inspector found that two staff members had meetings completed and a third was scheduled to take place on the week following the inspection. Therefore, although not fully implemented, this action was progressing.

A review of governance arrangements found improvement. There was a defined management structure in place with clear lines of authority. As outlined, the person in charge was regularly available in the centre. A team leader was employed to support the role of the person in charge. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. A review of the documentary systems found that they were well presented with streamlined information which was easy to access. The provider completed a range of audits. The annual review of care and support was up to date and the six monthly provider-led audit had a corresponding quality improvement plan attached. Team meetings were taking place. They were well attended and the minutes were available for review. Where incidents occurred they were reported to the Chief Inspector in line with the requirements of the regulation.

Overall, the inspector found improvements governance of the service ensured that a good quality and safer service was provided. A number of actions from the provider's compliance plan were implemented and completed while others were in progress. These included ongoing work in relation to staff training and supervision. The next section of this report will describe the care and support people receive and if it was of good quality and ensured people were safe.

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of the training modules completed and outstanding. In addition to mandatory training, training in human rights, restrictive practices and advocacy was offered to staff. The following required ongoing work;

- Not all training modules were up-to-date. A plan was in place to progress this.
- Not all staff had staff supervision meetings provided. A plan was in place to progress this.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which was reviewed in September 2023 and met with the requirements of schedule 1 of the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had submitted relevant notifications as specified by the Chief Inspector and within the required timeframes.

Judgment: Compliant

Quality and safety

As outlined, the inspector found that improvements in the leadership and management of this designated centre had a positive impact on the quality and safety of the care provided. The residents living in Thornvilla were supported to live rewarding lives where their choices were respected and where they were active participants in their local community.

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents and their representatives were involved in setting goals through their personal planning meetings. Examples included the completion of craft activities, day trips on the train and music classes.

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example: residents attended speech and language therapy and public health nursing clinics. In addition, residents had access to consultant based services. The inspector found that a consultant's review appointments were completed in the resident's home recently. This put the resident at ease and supported a full assessment of the resident's needs. Onward referrals were completed in line with the

recommendations of healthcare professionals if required.

The inspector found improvements in the arrangements to support residents with behaviours of concern. Access to behaviour support specialists was provided and referrals were progressed in line with recommendations made. A behaviour support assessment was ongoing at the time of inspection. Restrictive practices were used in this centre. A restrictive practice policy was in place and staff had access to additional training on human rights and restrictive practices.

The provider had enhanced arrangements in place to ensure that residents were safeguarded from abuse. The safeguarding and protection policy was up-to-date and there were no open safeguarding concerns at the time of inspection. Information on safeguarding and protection was displayed prominently in the centre and was discussed at staff meetings. Staff spoken to were aware of how to identify a cause for concern and how to act accordingly. A resident spoken with was aware of what to do if they felt worried.

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The provider had a quality, safety and risk management forum which ensured effective oversight of matters arising. The safety statement was up-to-date and risk assessments were available for the service and for individual residents if required.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. Improved governance and management arrangements in the centre led to improved outcomes for residents' quality of life and care provided.

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The provider had a quality, safety and risk management forum which ensured effective oversight of matters arising. The safety statement was up-to-date and risk assessments were available for the service and for individual residents if required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have assessments completed of their health, personal and social needs. A review of the information provided ensured that it was up-to-date, clear, concise and of value to the residents.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found improvements in the arrangements used to support residents with behaviours of concern. Access to behaviour support specialists was provided and referrals were progressed in line with recommendations made. Restrictive practices were used in this centre. A restrictive practice policy was in place and staff had access to additional training on human rights and restrictive practices.

Judgment: Compliant

Regulation 8: Protection

The provider had enhanced arrangements in place to ensure that residents were safeguarded from abuse. The safeguarding and protection policy was up-to-date and there were no open safeguarding concerns at the time of inspection. Staff spoken to were aware of how to identify a cause for concern and how to act accordingly. A resident spoken with was aware of what to do if they felt worried.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Thornvilla Community Group Home OSV-0001936

Inspection ID: MON-0042168

Date of inspection: 16/01/2024

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff will have completed mandatory training by 29th February 2024. Courses booked as follows: <ul style="list-style-type: none"> o Safeguarding Adults at Risk (2 staff) – to be completed 2nd February 2024 o Patient Moving and Handling (1 staff) – to be completed 26th February 2024 o Emergency First Aid (1 staff) – 9th February 2024 o Fire Safety (4 staff) – 20th February 2024 • All staff will have staff supervision completed by 29th February 2024 	

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	29/01/2024