



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

## Issued by the Chief Inspector

Name of designated centre:	Grand Priory
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	17 November 2021
Centre ID:	OSV-0002569
Fieldwork ID:	MON-0028063

## About the designated centre

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

This designated centre provides full-time residential services to five adults with intellectual disabilities both male and female over the age of 18 years. The centre is based in a small town in County Meath. The centre is a detached two story house with an independent living studio apartment also on the grounds. The main house has eleven rooms consisting of a kitchen, sitting room, office, utility room, four bedrooms three of which have en-suite facilities, one separate bathroom, one toilet with wash hand basin downstairs and a staff office upstairs. There is a patio area and garden to the back of the house and a small garden at the front. The studio apartment consists of bedsit, small kitchenette area and an en-suite bathroom. The person in charge also works in another designated centre and divides her time evenly between this centre and the other. Staff support the residents during the day and night. The centre has its own vehicle and access to other vehicles of the organisation if required.

**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
Wednesday 17 November 2021	10:00hrs to 18:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

On arrival at the designated centre, the inspector found the house to be well maintained and homely, both inside and out. It consisted of a four bedroomed house and a separate self-contained small apartment.

There were five residents on the day of the inspection, and the inspector had the opportunity to have a chat with them all. During the morning two of the residents were preparing for an overnight mini break, which was planned to facilitate a music event to celebrate one of their birthdays. There was much excitement, and the residents and staff were packing and preparing. Outfits were being discussed, and residents were checking that they had all their items for the event. One of the residents invited the inspector to see their personal room, and proudly showed their family photographs and awards they had achieved which were displayed in their room. They told the inspector how family visits had been managed during the COVID-19 restrictions via window visits.

The house was nicely decorated and had a homely feel. There was a comfortable sitting room with homely soft furnishings and a comfortable suite of furniture. Each resident in the main house had their own room, three of which had an en-suite bathroom. The main bathroom was for the sole use of the other resident. One of the residents had their own studio apartment which was separate from the house.

Whilst the house was nicely maintained and decorated, it was too small to meet the needs of residents. This had been identified by the provider, and a new, more spacious house had been purchased. Residents and their families had been included in the decision to move, and residents were excited about the move, with some concerns that were being taken into account by the provider.

Later in the day the other residents arrived home from their various activities, and each had a chat with the inspector as they chose. One of the residents looked for the support of staff for their chat with the inspector, and outlined some of their anxieties around the forthcoming change. They chose to close the chat after several minutes, and later came to the inspector to invite them to their room. They showed their personal possessions, and together with the staff member there was a conversation about a pictorial timeline which was positioned on the wall of their room. This timeline was clearly a useful tool whereby staff helped them to alleviate their anxiety, and facilitated the resident to look forward to the move to their new home.

One of the residents invited the inspector into their apartment, and was proud to show their personal space. They told the inspector about their various activities and occupations. They had a particular interest in gardening and showed the inspector their planting and herb garden, and the painting of garden furniture they had undertaken. They had a part time job, and were proud to explain how this role had developed. They were keen to maintain their independence in the planned move,

and this was discussed with the provider at the close of the inspection.

Throughout the day the inspector observed the interactions between staff and residents, and it was clear that residents trusted the staff to support them. They told staff about their day, and looked for assistance in a familiar and comfortable manner. They knew who their keyworker was

Residents said that they felt safe and comfortable in their home. Whilst some people outlined that they disliked some of the shouting from others, it was clear that this issue had been addressed, and would be further mitigated with the move whereby there would be much more space, and several communal areas so that residents would not have to share the same living rooms if they chose to be apart.

In summary, the inspector found residents' safety and welfare was supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The provider had ensured that there was a clear management structure in place that was led by a person in charge, and which led to the effective delivery of care. The person in charge was appropriately experienced and qualified, and demonstrated an in-depth knowledge of the needs and abilities of residents.

The provider and person in charge had established and maintained processes to ensure the oversight of the centre, and to ensure a high standard of care and support of residents. An annual review of quality and safety of care and support in the centre had been completed, and six monthly unannounced visits had been conducted. A suite of audits was undertaken regularly in the centre, and required actions identified by these processes had been implemented.

Regular team meetings were led by the person in charge, and a review of the minutes of these meetings indicated that multiple issues were discussed and required actions both identified and implemented.

All required notifications had been made to HIQA as required, and the person in charge was familiar with the requirements.

The rostered staffing numbers and skills mix were appropriate to meet the needs of residents and there were sufficient staff on a daily basis however, while the need for

a part time nurse had been identified, the availability was inconsistent.

All staff training, including that of any agency staff, was up to date, and regular formal supervision was undertaken by the person in charge. A sample of staff files was reviewed, and they were found to contain all the information required by the regulations.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

#### Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The numbers of staff were adequate to meet the needs of residents. However there was an identified need for nursing support which was met by a part time nurse who was on duty for 39 hours per fortnight. When this nurse was on leave there was no replacement identified. For a period of leave in the month prior to the inspection there was no nurse on duty for two weeks.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Staff training was up to date.

Judgment: Compliant

#### Regulation 19: Directory of residents

A directory of residents was in place, but it did not include all the information required by the regulations. There was no record of the dates of admission or the

referring authority for any resident.

All of the other required information was present, including the dates that residents were absent from the designated centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

All the required processes were in place, including an annual review, 6 monthly unannounced visits on behalf of the provider and a suite of audits.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

### Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents knew how to make a complaint and who to approach for help with complaints.

Judgment: Compliant



## Regulation 4: Written policies and procedures

A sample of policies reviewed indicated that they were regularly reviewed and updated, and that there were local protocols in place to support them.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that promoted and respected the rights of residents.

There were detailed personal plans in place for each resident. These were based on comprehensive and current assessments of needs and abilities. Person centred planning meetings took place regularly, and accessible versions of plans had been made available to those residents who chose to have them. Goals had been set for residents, and there was evidence of some of these having been achieved. Regular notes on progress were maintained.

Healthcare was well managed, and the various healthcare needs of residents were supported and managed. Changing needs had been addressed, and on-going needs, including mental healthcare needs for some, were continually monitored. Residents had access to allied healthcare professionals in accordance with their needs, and the guidance from appointments with these professionals was recorded and followed.

Medications were well managed, and there was a local protocol in place together with the organisation's policy. There was safe storage of medicines, and clear stock control. 'As required' medications were administered in accordance with the local protocol, and all decisions were supported by a registered nurse. There was also evidence of some medicines in relation to mental health having been reviewed and reduced.

The house and the apartment were both nicely decorated and furnished, and each resident had chosen the decor and items in their personal rooms. However, while a small room upstairs had been set aside as a staff office, there was also a wall of office presses with various staff signs on the doors in one section of the kitchen, which detracted from the homely feel. There was a pleasant and spacious outside area, and some residents were involved in gardening and maintaining garden furniture. However, the house was too small to meet the needs of residents, and the sharing of communal areas meant that the behaviour of some residents was having a negative impact on others. This had been recognised by the provider, and alternative housing had been procured.

In the meantime various strategies had been put in place to support residents with behaviours that challenge. There were clear behaviour support plans which included both pro-active and reactive strategies. Various changes had been made in order to reduce the impact of residents' behaviours on others, including changes in routine and staggered mealtimes.

These issues had been recognised by the provider as presenting a safeguarding issue for some residents, and there were safeguarding plans in place. Staff were in receipt of training in relation to safeguarding, and were knowledgeable about their role in this area.

There were very few restrictions in the centre, and any in place had been assessed as being essential to ensure the safety of residents. There was no restrictive practices log maintained in the centre, but this was quickly put in place and implemented during the course of the inspection.

There was a risk register in place which included all the identified risks in the centre, and there was a risk management plan in place for each, including the risk associated with the size of the house.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and fire doors. Staff and residents could describe the actions they would take in the event of an emergency, and had all been involved in fire drills. These fire drills took place regularly, and included night time drills. The documentation of these fire drills, together with discussion with staff members, demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency, and that any learning from drills was identified and documented.

Infection control practices were in place, and a contingency plan had been developed for the event of an outbreak of an infectious disease. However, this plan did not include the plan to replace staff in the event of an outbreak which might affect multiple staff members.

The rights of residents were upheld for the most part, and where rights restrictions had been identified various steps. In particular, the behaviour of one of the residents was having an impact on others. This had been identified by the provider, and various strategies had been put in place to alleviate the effect on others. The strategies implemented as described above had reduced the number of incidents, and the planned move to larger premises was in response to these issues.

The resident who had their own apartment had some concerns about the proposed move. They currently had access to a local bus service and could come and go as they chose. They were concerned that there was no bus service from the proposed new premises, which were outside of the town. Whilst they had been assured that staff would provide transport for them, the resident said that this was not the same as being able to come and go as they pleased by going along to the local bus stop, which was what they were used to. They were also concerned that they might not have the independence that their current apartment afforded them. This was discussed with the provider who gave assurances that these issues were under

consideration, and that alternatives were being assessed. Whilst there is no current rights restriction, the inspector highlighted the importance of the rights of this resident and that they continue to be respected.

### Regulation 10: Communication

Residents were supported by staff to communicate and to have their voices heard.

Judgment: Compliant

### Regulation 11: Visits

Visits were welcomed and supported.

Judgment: Compliant

### Regulation 17: Premises

The premises were well maintained, and each resident had personal rooms. However the premises were too small to meet their needs. Some of the issues around altercations between residents were in some part due to there being insufficient space for residents to be in different rooms.

There was a section of the kitchen/dining room which was taken up with an office space for staff. Cabinets were locked for the security of personal information, and multiple signs on the cabinet doors related to staffing issues.

These issues had been identified by the provider, and were being addressed by the planned move to larger premises, however they remained at the time of the inspection.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were effective risk management strategies in place.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control practices were in place, and a contingency plan had been developed for the event of an outbreak of an infectious disease. This plan did not include the plan to replace staff in the event of an outbreak which might affect multiple staff members.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medications were safely managed and administered.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents and their families.

Judgment: Compliant

### Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Where these had not completed mitigated the associated risks, the provider demonstrated that plans were being implemented to resolve the issues.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse, and plans to mitigate the risk posed by the behaviour of residents to others.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were respected and upheld, and the provider undertook to ensure that rights would continue to be respected.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Grand Priory OSV-0002569

Inspection ID: MON-0028063

Date of inspection: 17/11/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The need for a part time staff nurse will be planned weekly as part of ongoing review of the roster to ensure a consistent availability to provide nursing support. The rostering of a part time nurse will be assigned based on resident's needs, daily planning and planned appointments.            PIC will also ensure that staff nurse will be on duty to support schedule in place for updating of files which will ensure that regular updating of resident's files and documentation takes place within agreed timeframes.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:            A directory of residents is in place for all residents which has been updated to include all the information required by the regulations on 18/11/2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            Insufficient space and storage within the house had been highlighted to Senior management as per unit specific risk register which supported successfully the need to</p>	



purchase a larger dwelling. A plan is in place to move to a larger residential dwelling by 30/06/2021. All paperwork has been signed in relation to the purchase of these premises and works will commence in Quarter 1 of 2022 to transition residents to their new home.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Contingency plan in place has been updated on 18/11/2021 by PPIM and PIC to reflect the arrangements in place to replace staff in the event of an outbreak which may affect multiple staff members. This update to contingency plan has been shared throughout the service to ensure all staff are aware of the contingency arrangements in the event of multiple staff reporting as unavailable for duty.

## 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 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/06/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	18/11/2021
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	30/11/2021

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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