



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ivy House
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	25 October 2022
Centre ID:	OSV-0003371
Fieldwork ID:	MON-0028989

About the designated centre

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

This designated centre is a residential service for seven men and women over the age of 18 years who have an intellectual disability. The house is a large dormer bungalow outside a large town in Co. Meath. The house includes a kitchen/dining room with a sunroom, sitting room, office, utility room, relaxation room, seven bedrooms, five of which have en-suite facilities, and a separate bathroom. The house has a large garden area to the front and back of the house. It has adequate parking facilities at the back of the house. The centre has accessible transport available for residents to bring them to community and social activities in the local town and to appointments when required. The person in charge is employed full-time, and the centre is staffed by nurses and health care assistants daily and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

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 25 October 2022	10:00hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector was greeted by staff on arrival at the residents' home. Per the provider's guidelines, the staff member completed symptom checks with the inspector.

Residents were relaxing in a sitting room, and some were relaxing in the kitchen/dining area. The inspector observed that the environment was busy due to the number of residents and staff members supporting them.

Through the review of records and discussions with some residents and staff, it was clear that residents were supported to be active in their local community if they wished to do so. Residents were encouraged to decide on activities they would like to engage in. There was evidence of residents being supported to volunteer at charity shops, some of the residents went to a local gym, and others liked to go to concerts.

The inspector met with all seven residents during the course of the day. One of the residents chatted briefly with the inspector regarding their plans to relocate to a more independent living setting. The provider and the staff team supported the resident in working towards these goals. Residents had been helped to identify and work towards person-centred goals. Meetings had recently been held with residents and family members to identify new goals.

Another resident spoke to the inspector about their plan for the day, the resident was due to engage in beauty treatments with the support of staff. Later in the day one of the residents spoke to the inspector regarding their plan to visit their family. Staff spoke of the importance of this for the resident and that it occurred regularly. The inspection found that the staff team encouraged and supported residents to maintain relationships with family.

The inspector reviewed questionnaires that had been completed by family members regarding the service being provided to their loved ones. The feedback regarding the standard of care was positive. Some family members had identified an area of improvement, and there was evidence of this being addressed by the provider. The inspector also met with a family member during the inspection. The family member expressed that they were happy with the service and felt that the resident was happy with it.

Another resident was introduced to the inspector when they returned from their day service programme. The resident said hello to the inspector and spoke of their plan to have a coffee and chat with staff.

Prior to the inspection, residents completed or were supported to complete questionnaires regarding the care and support they received. One resident wanted to engage in more independent living and was frustrated with the delay regarding

this. However, the feedback from other residents was that they were happy.

The inspector observed warm and considerate interactions between the residents and the staff members supporting them. Staff members communicated with all residents respectfully and were found to have a good understanding of the needs of the residents who communicated non-verbally.

Overall, the inspection found that the resident's needs were met. However, some areas required improvement. The provider had failed to ensure that parts of the interior of the resident's home were well-maintained. These issues also impacted the staff team's ability to clean the areas effectively and, as a result, posed an infection prevention and control (IPC) risk.

The following 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

Management systems were in place to ensure that the service provided was consistent and appropriate to residents' needs. There was also evidence that the provider had responded to the concerns identified in the previous inspection in September 2021.

A team of staff nurses and care assistants supported the person in charge. The provider's senior management team was also involved in the centre's operation. The provider had ensured that the necessary reviews and reports regarding the quality and service provided to residents had been completed. Monthly audits were also carried out by the person in charge and were reviewed by senior management. This systems had ensured that the service was appropriately monitored. The inspector did find that there had been some delays in responding to issues with the premises but this will be discussed in more detail in the quality and safety section of the report.

The staff team supporting the residents was appropriate and was meeting the individual needs of each resident. Staff members spoken to during the inspection were knowledgeable of the needs of the residents and, as discussed earlier, interacted with the residents respectfully.

The staff team were in receipt of supervision from the person in charge. They had also been provided with appropriate training to carry out their duties. There was evidence of staff members supporting residents in identifying goals, and there was further evidence of staff members acting as advocates for residents if required.

A review of the information found that there was an appropriate system for

managing complaints. The inspector observed that complaints had been submitted by family members. There was evidence of the complaints being reviewed and addressed in a prompt manner. The complaints process was also covered with residents during residents' meetings.

In summary, the inspection found that the current management arrangements resulted in effective oversight of the service being provided to the residents. .

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience necessary to manage the designated centre,

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that residents were receiving continuity of care and that staffing levels were appropriate to the number and assessed residents' needs. There was a consistent staff team in place that was observed to know the residents well and support them appropriately.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and the centre's management team had ensured adequate arrangements to support, develop and performance manage the staff team. The staff team supporting the residents had access to appropriate training as part of their continuous professional development.

Judgment: Compliant

Regulation 23: Governance and management

The management team ensured that there were appropriate arrangements to ensure service was effectively monitored. This ensured the service provided to residents was effective and focused on meeting their needs. For example,

comprehensive monthly audits were completed and captured areas that required improvement.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints promptly.

Judgment: Compliant

Quality and safety

The inspector reviewed the resident's home. The provider had ensured that the residents home was overall well maintained. There were, however, maintenance issues identified in three bathrooms. The flooring was torn in the three bathrooms. In the main bathroom, there was evidence of water pooling in a corner following the residents completing their morning routines. The two other bathrooms also required enhanced cleaning as stains were observed on the flooring.

The tears in the flooring also posed IPC risks, as the surface damage meant the areas could not be effectively cleaned. There were other IPC issues, including rusting being observed on a shower chair and tears to a surface of a sitting room chair.

The inspection did find that the staff team had been provided with training regarding IPC practices. There was a schedule of daily cleaning tasks, and bar the two bathrooms, the residents' home was found to be clean

A sample of residents' information was reviewed, and it was found that a range of care plans had been developed that were specific to each resident. The plans were under regular review and reflected the changing needs of the residents.

Comprehensive assessments of residents' health and social care needs were completed. Residents' healthcare needs were under review and documented, along with the support required to promote their physical and mental health.

As discussed earlier, the inspector observed that residents communicated in a manner that was respectful and was also responsive to the communication needs of the residents. There was evidence of easy-read information being provided to residents if required.

Residents had access to positive behavioural support services. A sample of

behaviour support plans review demonstrated that residents were regularly reviewed by allied healthcare professionals and the provider's multidisciplinary team members.

There were arrangements for identifying, recording, investigating and learning from serious incidents or adverse events involving residents. The inspector reviewed the centre's adverse incident log and found that incidents were reviewed by the centre's management team and members of the provider's senior management. There was also a local risk register; these were under review by the centre's management team and captured environmental and social risks. A review of information also identified that the provider had ensured that effective fire safety management systems were in place.

The inspection found that there were occasions where residents impacted negatively upon one another. The review of incidents did identify that these occurrences were being managed. The review also demonstrated that the provider had systems to respond to safeguarding concerns, carried out investigations, and developed safeguarding plans when required.

In conclusion, the inspection found that the staff team and the provider met the residents' needs. Despite this, some improvements were required to the residents' home and IPC practices.

Regulation 10: Communication

The provider had ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that the staff team had supported the residents in maintaining control over their personal belongings. Residents had their bank accounts, and there were systems to monitor and safeguard residents' finances.

Judgment: Compliant

Regulation 17: Premises

For the most part, the provider had ensured that the residents' home had been appropriately maintained. However, it was found that there were some

improvements required. There were tears to the flooring in the main bathroom; similar damage was also noted to two residents' en-suites. The flooring in the en-suites was stained and required enhanced cleaning. The person in charge had raised these concerns in July but they had yet to be addressed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also procedures for managing, reviewing and evaluating adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The surface damage to the bathroom flooring meant that the floors could not be appropriately cleaned from an IPC perspective. There was also a need to replace a shower chair that was rusting. Tears to a chair in the living room also posed an IPC risk as the surface could not be appropriately cleaned.

The provider was completing IPC audits. However, the audits had not identified the IPC issues. The inspector notes that the person in charge had identified the issues in the main bathroom with senior management in July of this year. Still, the concerns had yet to be addressed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records demonstrated that the staff team had been provided with fire safety training. Regular fire drills had been completed. The drills showed that residents and staff members could be evacuated under day and night-time circumstances. There were adequate arrangements for detecting, containing and extinguishing fires.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that assessments of residents' health and social care needs had been completed. These assessments were reviewed and captured the requirements and assistance needed to best support the residents. The sample of information reviewed also demonstrated that the care provided to residents was person-centred and reflected the changes in circumstances and new developments for residents.

Judgment: Compliant

Regulation 6: Health care

A review of the information also demonstrated that residents had access to various allied healthcare professionals. When necessary, residents were supported to attend appointments, and their health needs were under regular review.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured residents had access to positive behavioural; support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There was a well-established staff team that was aware of the residents' needs and had received appropriate training in safeguarding residents. There were, at times, compatibility issues demonstrated between residents but the staff team appropriately managed this.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was being operated in a manner that promoted and respected residents' rights. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the broader community.

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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	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 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 Ivy House OSV-0003371

Inspection ID: MON-0028989

Date of inspection: 25/10/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge and PPIM have identified a suitable contractor for the required upgrade of the main bathroom floor and all en-suites bathrooms. These bathroom floors will receive an upgrade to ensure the premises of Ivy House is kept in a good state of repair on or before 31/01/2023 for completion.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: A detailed IPC audit was completed on 03/11/2022 which has noted all IPC risks including bathrooms requiring upgrade. Floors within main bathroom and all resident's en-suite bathrooms will be upgraded to ensure residents who may be at risk of healthcare associated infections are protected. These planned works to upgrade all floors will be completed on or before 31/01/2023. Shower chair has been ordered following review by the Occupational Therapist and awaiting delivery.</p> <p>The worn/ torn chair has been removed and disposed of and a replacement chair is being sought in consultation with residents to ensure the residents are consulted regarding decorative upgrades and improvement in premises. Expected delivery date of new chair is on or before 14/12/2022.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2023
Regulation 27	The registered provider shall ensure that residents who may 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.	Substantially Compliant	Yellow	31/01/2023