



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

Issued by the Chief Inspector

Name of designated centre:	Holly Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	16 April 2021
Centre ID:	OSV-0004071
Fieldwork ID:	MON-0032605

About the designated centre

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

Holly Services is a centre run by Ability West. The centre provides a respite service for up to eight children aged from 0-18 years of age with an intellectual disability. The centre comprises of one building located on the outskirts of Galway city and is within walking distance of local amenities such as shops, leisure facilities and cafes. The centre comprises of 10 bedrooms, of which eight are used by residents who access the centre. The remaining two bedrooms are used by staff for overnight accommodation when required. Communal facilities available to residents include kitchen and dining rooms, bathrooms, sitting rooms, a sensory playroom, utility, staff office and outdoor play area. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 16 April 2021	10:00hrs to 14:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that was very considerate of residents' needs and had adapted the centre's service provision in order to cater for the needs of the residents who availed of this respite service.

Since the introduction of public health safety guidelines, the provider had revised the respite schedule and staffing arrangement of this centre to ensure the safety and welfare of all residents and staff. Along with providing this providing this centre with better infection prevention and control arrangements, this has also had a positive impact on the quality of resident care as this change in service provision has meant that the majority of residents now have one-to-one staff support for the duration of their respite stay.

On the day of inspection, there was one resident at the centre and the inspector had the opportunity to meet briefly with this resident. However, due to their communication needs, they were unable to engage directly with the inspector. The inspector did get an opportunity to observe staff engage with this resident and due to their strong knowledge of this resident's communication needs, they were able to do so very effectively. At the time the inspector met with this resident, they were preparing to have their lunch. Due to their behavioural needs, some restrictive practices were in place around mealtimes for this resident and the person in charge told the inspector that these worked well in supporting and promoting routine around this resident's mealtimes.

The centre comprised of one large two-storey building centrally located on the outskirts of Galway city. Overall, the design and layout of this centre was very considerate of the mobility needs of the residents who availed of this service, with all entry and exit points made wheelchair accessible. The centre was clean, comfortable, bright and comprised of resident and staff bedrooms, some en-suite facilities, shared bathrooms, sitting rooms, a relaxation room, kitchen, utility, staff office and enclosed back garden. Sitting rooms and living areas were laid out in a manner that allowed for ample play areas and some were fitted with a projector, which allowed residents to watch their chosen television programmes and films on wide-screen. The garden area was colourfully painted and allowed for ample play and seating areas for residents to use as they wished.

Residents' preferred routines were very much promoted at this centre, with many children supported to attend school from their respite service. Adequate transport arrangements were in place, which allowed residents to go for drives and short trips, in line with public health safety guidelines. Due to the central location of this centre, plenty of walk-ways were on the centre's doorstep and the person in charge told the inspector that residents were often supported by staff to get out for walks.

The on-going review of this centre's staffing arrangement played an important role in ensuring that the centre could cater for the assessed needs of all residents. Staff

working at this centre had done so for many years and knew the residents and their needs very well. In addition, the person in charge had managed this centre for a number of years and maintained strong oversight of the centre's staffing arrangement to ensure its continued ability to provide residents with consistency in the care they received.

Overall, this was a centre that put the needs of residents at the front of all aspects of the service delivered to them to ensure they received the type of respite service that they required.

Capacity and capability

This was a well-run and well-managed service, which ensured residents received and safe and good quality of service. Although this inspection did identify high levels of compliance with the regulations, some minor improvement was identified to aspects of risk management, fire safety and restrictive practices.

The person in charge held the overall responsibility for this service and she was regularly present to meet with staff and residents. She knew the residents and their needs very well and was also familiar with the operational needs of this service. In conjunction with weekly allocated administrative time, she also provided direct care to residents, which enhanced her oversight of the quality and safety of care that residents received. This was the only designated centre operated by the provider in which she was responsible for and current arrangements gave her the capacity to effectively oversee and manage this service.

Due to the nature of this respite service, the centre's staffing arrangement was often subject to review by the person in charge to ensure that an adequate number of staff were on duty to meet the needs of the residents availing of the service. Suitable arrangements were also in place to ensure that additional staff support was available to this centre, as and when required. The staff working in this centre had supported these residents for a number of years and were very familiar with their needs, which meant that each child was at all times supported by a staff member who knew them very well. Due to changes made to this centre's service provision in recent months, this allowed for the majority of residents to have one-to-one staff support during their respite stay, which had a very positive impact on their behavioural, developmental and social care needs. Effective training arrangements were also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Monitoring systems were in place, including, six monthly provider-led visits and various internal audits. Where improvements were identified, time bound action plans were put in place to address these. Since the introduction of public health safety guidelines, the provider had revised the way in

which these monitoring systems were implemented and at the time of this inspection, these were again subject to review to ensure their overall effectiveness in identifying specific improvements required within this service. The person in charge met with staff on a regular basis to discuss any concerns regarding the care and welfare of the residents and she also maintained regular contact with her line manager to discuss any operational issues relating to the quality and safety of service delivered to residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had successfully submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this service and as she was present full-time at the centre, this gave her the opportunity to meet with staff and residents on a very regular basis. She held strong knowledge of each resident's needs and of the operational needs of the service delivered to them. As this was the only centre operated by the provider in which she was responsible for, she had the capacity to effectively manage the service.

Judgment: Compliant

Regulation 15: Staffing

Due to the nature of this respite service, this centre's staffing arrangement was subject to on-going review to ensure a suitable number and skill-mix of staff were at all times on duty to meet the needs of the residents. A well-maintained staff roster was in place which clearly identified staff names and their start and finish times.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place to ensure that staff always had access

to the training they required appropriate to their role. Furthermore, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of equipment, staff and transport. The person in charge held regular meetings with her staff team to discuss any concerns arising with regards to residents' care needs. In addition, she was also in regular contact with her line manager to review all operational related matters. Monitoring systems were in place to identify improvements required within this service and the provider put time bound action plans to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and this was in the process of review at the time of this inspection to support the provider's application to renew the registration of this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the identification, response and monitoring of incidents at this centre. All incidents were notified to the Chief Inspector of Social Services, in accordance with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found this centre ensured residents were supported in accordance with their wishes, capacities and developmental needs. All efforts were

made by the provider and staff to provide each resident with a respite service that was considerate and inclusive of them and their families.

Residents' needs were subject to regular re-assessment which meant that any changes to their needs were quickly identified and responded to. Personal plans were then developed to guide staff on how they were required to support them with their assessed needs, particularly in the area of behavioural support. Similar arrangements were also in place to ensure resident had access to a wide variety of allied health care professionals, as and when required.

Due to the effective identification systems that the provider had in place, this centre had the resources and ability to quickly identify new risk and to respond to it in a timely manner. These identification systems were largely attributed to by the centre's incident reporting system, the regular presence of the person in charge at the centre and by the on-going communication between staff and members of management. However, although risk assessments were in place to assess the level of risk posed, some required additional review to ensure clarity with regards to hazard identification and to ensure these risk assessments clearly identified the specific control measures put in place by the provider to mitigate against such risks. In addition, although organisational risks were routinely monitored by the person in charge, such as, risks relating to fire safety, restraint management and the centre's staffing arrangement, improvements were required to ensure risk assessments were in place to support her on-going monitoring of these areas.

Fire safety precautions were subject to regular review by the provider, including, fire detection and containment arrangements, fire safety checks and emergency lighting arrangements. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support this resident to evacuate the centre in a timely manner. Suitable night-time staffing levels were also in place, which ensured that staff were available to respond, should a fire occur at night. Although there was a fire procedure available at the centre, it required minor review to ensure clarity on how staff were to respond in the event of fire. Some personal plans also required review to ensure these gave clarity on how staff were to support residents, who, due to their behavioural support needs, may refuse to evacuate the centre. Additional review of emergency medicine storage arrangements was also required to ensure staff could at all times access such medicines in the event of an evacuation.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of residents and staff. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate PPE when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation and these plans were subject to regular review.

The provider had very effective arrangements in place to ensure residents' behavioural support needs were met by the service delivered to them. The person in charge spoke at length with the inspector about the behavioural needs of one

particular resident and of the various measures that were subject to on-going review to ensure their continued effectiveness in supporting this resident. Much work was completed in conjunction with staff and the centre's behavioural support specialist to implement any new interventions that may be required by this resident. However, although the provider had behavioural support plans in place to guide staff on how to support residents with these needs, some of these plans required additional review to ensure they gave clearer guidance on how staff were to respond to specific behavioural related incidents that were sometimes experienced by residents. Although restrictive practices were in place and subject to regular review, the inspector did identify two practices which had yet to be reviewed in accordance with the centre's restrictive practice policy. These were brought to the attention of the person in charge by the close of this inspection.

Regulation 10: Communication

Where residents had specific communication needs, the provider ensured that these residents had the support they required in order to express their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a system in place for the identification, assessment, review and monitoring of risk at this centre. However, some improvement was required to the assessment of risk to ensure risk assessments gave clarity on hazard identification and on the specific controls that the provider had implemented in response to these risks. Furthermore, although organisational related risks were monitored by the person in charge on a very regular basis, supporting risk assessments required further review to ensure these supported her in this process.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider implemented a number of measures to ensure the safety and welfare of staff and residents. Contingency plans were in place, should this centre have an outbreak of infection and these plans continued to be subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety arrangements in place, including, fire detection and containment arrangements, emergency lighting and regular fire safety checks. Fire drills were occurring on a regular basis and records demonstrated that staff could support residents to safely evacuate in a timely manner. Although there was a fire procedure available at the centre, it required minor review to ensure clarity on how staff were to respond in the event of fire. Some personal plans also required review to ensure these gave clarity on how staff were to support residents, who, due to their behavioural support needs, may refuse to evacuate the centre. Additional review of emergency medicine storage arrangements was also required to ensure staff could at all times access such medicines in the event of an evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had systems in place to ensure residents' needs were regularly assessed for and that personal plans were put in place to guide staff on how they were to support residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that where residents had assessed health care needs that they received the care and support that they required. All residents had access to a wide range of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Robust systems were in place to ensure that where residents required behavioural support, that they had access to the supports that they required. Although the provider had behavioural support plans in place to guide staff on how to support

residents with these needs, some of these plans required additional review to ensure they gave clearer guidance on how staff were to respond to specific behavioural related incidents that were sometimes experienced by residents. Although restrictive practices were in place and subject to regular review, this inspection identified two practices which had yet to be reviewed in accordance with the centre's restrictive practice policy.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had ensured systems were in place to support staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents.

Judgment: Compliant

Regulation 9: Residents' rights

This was a centre which very much put residents' rights at the forefront of all operations of this service. Due to the nature of this respite service, residents received a very individualised service where all efforts were made by the staff and management team to ensure their wishes and needs were met.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holly Services OSV-0004071

Inspection ID: MON-0032605

Date of inspection: 16/04/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The centre Risk Register is currently being reviewed in line with Holly Services' identified needs.</p> <p>Hazards and risks have been reviewed and control measures to mitigate against the risks updated, and risk rated accordingly.</p> <p>PPIM will have oversight of centre Risk Register and will review quarterly with Person in charge. The first review of Q1 of 2021 has been completed, and this is scheduled to be done quarterly. Any centre based risks that require escalation will be forwarded to the PPIM for review and action.</p> <p>Individual Risk Assessments have been reviewed and updated as necessary.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Centre Emergency Evacuation Plan has been reviewed and completed as per inspection findings. Additional measures have been put in place for safe evacuation of children and staff in response to a fire.</p> <p>All staff are aware of the additional measures in place, this has been discussed at staff meetings.</p> <p>Each child has their own Personal Emergency Evacuation Plan. Plans have been reviewed and updated as required.</p> <p>Personal Emergency Evacuation Plans information has been removed from Centre</p>	

Emergency Evacuation Plan as duplication not needed, and adequate reference provided.

Emergency medication storage has been reviewed and relocated to a more suitable setting to enable quicker access in the event of a fire.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Individual Behaviour Support Plans in process of review with Positive Behaviour Support Specialist in conjunction with staff team. A number of dedicated visits onsite have taken place by the Positive Behaviour Support team. There have been online team meetings also attended by the Positive Behaviour Support team to ensure clarity in terms of the support plans.

One behaviour support plan has been completed to give clear guidelines on how staff respond to specific behavioural incidents. Dates have been set for others to be completed.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/04/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	30/04/2021

	prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/06/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/04/2021