

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

Issued by the Chief Inspector

Name of designated centre:	Moy Services
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	11 May 2023
Centre ID:	OSV-0005637
Fieldwork ID:	MON-0031133

## About the designated centre

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

The centre comprises of two separate houses which are in close proximity to each other and support residents with a primary diagnosis of intellectual disability to live in the community. Residents may also attend the services of mental health professionals and may also have some medical needs. An integrated model of care is provided and residents are supported to be active in their local community. Each house had access to a vehicle, as well as public transport links such as trains, taxis and buses being within easy reach. Each resident had their own bedroom and there is ample communal, kitchen and dining facilities available for residents. A social model of care is provided, with residents being supported by a combination of social care workers and healthcare workers, there are also some nursing hours allocated to the centre to meet residents' assessed needs. At night time, residents in both houses are supported by a night duty staff member.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

5

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
Thursday 11 May 2023	10:30hrs to 15:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an announced inspection for the registration renewal of this centre as required by the regulations. In preparation for the inspection, the inspector contacted the person in charge and discussed the arrangements for the day due to the residents' assessed needs. The inspector sent on the service user friendly document called "nice to meet you" to assist the staff in advising residents of the planned visit. Overall, the inspector found that this was a centre that very much ensured the resident's received the care and support they required but also had a meaningful person centred service delivered to them.

From speaking with the person in charge and staff it was clear that many measures were in place to care and support residents as per their assessed needs while also ensuring that they benefited from a quality of life. It was also evident that the person in charge and staff helped the residents on a daily basis to understand and manage their schedule effectively, through a person centred approach and with the use of communication tools available in the centre, which included photos, gestures and objects of reference. Residents received weekly meetings to discuss and plan their events and gather their views on the centre and everyday life, which reflected their choices and preferences. Staff engaged with residents in a warmly and comfortable manner throughout the inspection. The inspector also noted that from observation of the interaction between staff and one resident, the resident was very clear on their choices and preferences at all times.

This centre comprised of two houses which was located close to a large town in county Mayo and had good access to a wide range of facilities and amenities. The centre had two houses which were located in close proximity to each other and each house had a well-equipped kitchen and dining area, an office and staff sleepover facility, and laundry facilities. All residents had their own bedroom with en-suite facilities. The inspector noted that each house was very personalised and reflected the residents choice, preferences and activities they enjoyed. Furthermore, the inspector saw and noted that actions for the previous inspection had been addressed satisfactorily.

The inspector met one resident at the start of the inspection and was able to move to another room to complete the review of various documentation without disturbing this resident. At the start of the inspection, the resident was getting ready for their day with staff and after chatting with the inspector enjoyed a short walk and went to the local shop. The inspector then observed the resident engaging in conversation and planning their next outing that day. On their return to the centre, this resident then enjoyed some music and rested for a short while which was in line with their age appropriate activities. The other four residents were all attending their planned day service activities as scheduled. Some residents were also enjoying individualised and person centred activities which was supported by the person in charge and staff team as seen in residents' care notes and individual plans. For example, the inspector noted that one resident enjoyed developing their farming skills as part of

their activities with plans to complete appropriate workshops to assist their development.

Overall, it was evident from observation in the centre, conversations with staff and information viewed during the inspection, that residents had choices in their daily life, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life for the residents.

## Capacity and capability

There were robust management arrangements in place which ensured that there was a good level of compliance with regulations, and that a good quality and safe service was provided for the resident who lived in this centre.

Audits were being carried out by the person in charge and staff to review the quality and safety of the service. A monthly audit plan for 2023 had been developed and specific audits were identified to be carried out each month. These included audits of fire safety, finances, health and safety, medication, infection control compliance, and restrictive practice. The required audits had been completed to date. The provider was aware of the requirement to complete unannounced audits on behalf of the provider twice each year, and these processes were in place and completed. Two unannounced audits had taken place in 2022, and the provider had identified areas of good practice and areas for improvement, such as activity sampling. The annual review of the service was completed and due for an update this year. The inspector noted that it identified areas of good practice, areas for improvement and actions were identified at the end of the report with persons responsible for completing the actions.

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were being prioritised. There was a strong management presence in the centre with a clearly defined management structure led by the person in charge. There was a schedule of audits in place that ensured that the centre's information and practices were being effectively monitored. The inspector reviewed audits that had taken place and found them to be thorough and that the actions and their completion dates were documented. The person in charge was delegating audit tasks to the staff team and was supporting them to complete them, and in doing so was creating a learning environment. The person in charge knew the resident and their support needs. The person in charge worked closely with staff and the wider management team. Regular management meetings took place, which were attended by the person in charge and the management team and the person in charge kept the regional services manager aware of service needs or issues. The person in charge held monthly team meetings with the staff in the centre at which a range of information was shared and discussed such as care

planning, health and safety, risk management, policies and procedures, and notifications. In addition, The inspector noted that staff adhered to a cleaning schedule in place and ensured that all jobs were completed and recorded at the time of inspection. The inspector noted that the person in charge also reviewed and monitored these records and had an audit schedule in place to guide their practice.

There were robust management arrangements in place which ensured that there was a good level of compliance with regulations, and that a good quality and safe service was provided for the resident who lived in this centre.

There were sufficient staff rostered for duty to support the resident's assessed needs. There was adequate staffing arrangements in place which enabled the residents to take part in the activities that they enjoyed and preferred. There were also measures to ensure that staff were competent to carry out their roles. The staff team supporting the resident had access to appropriate training as part of their continuous professional development. The inspector reviewed the staff team's supervision schedule and saw that staff members were receiving this regularly. A sample of staff members' supervision records were examined and were found to be promoting learning.

There was an effective complaints procedure that was accessible to the resident. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints in a prompt manner. Staff spoken with were clear that if the resident was unhappy or had an issue they would clearly indicate their annoyance and if it was not addressed this would result in a behavioural issue as outlined in the behaviour support plan. There were no active complaints at the time of this inspection.

Overall, the inspector found that the oversight of day-to-day care practices was of a good standard and provided the resident with a good quality of care.

### Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

### 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 had clear oversight of the centre.

Judgment: Compliant

### Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

### Regulation 22: Insurance

The provider had suitable insurance in place for the centre as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place. The management team showed that they were actively involved and aware of all aspects of this service.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately

described the service.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The provider had ensured that all appropriate incidents were reported to the chief Inspector as required within specified time lines.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
The provider had suitable arrangements in place in the event of an absence of the person in charge.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately. All staff spoken with were clear that residents would indicate clearly if they were unhappy with an activity, staff or during an outing and they would make their preference clear or it could result in an adverse event.
Judgment: Compliant
<b>Quality and safety</b>
There was suitable care and support provided in the centre to allow residents to enjoy preferred activities and lifestyle and to receive a good level of care and support as per their assessed needs.
The provider had ensured that each resident had a person centred individualised programme in place which provided access to recreation, meaningful day-to-day activities. Residents enjoyed activities such as, table top activities, drawing and

enjoying walks in scenic areas as well as day service and individualised activities for some residents. Residents also enjoyed short walks in local areas of interest, eating out and beverages in local places of interest. Some of the residents also had a good family support system and was supported with goals or appointments by family members, who engage with staff regularly to ensure the resident was receiving relevant and appropriate care.

The provider and person in charge were also ensuring consistency for residents as this was paramount to maintaining residents wellness and ensuring a person centred programme was in place and they had regular access to their local community. In addition, the inspector reviewed the induction documentation to guide all staff in their practice and the inspector found it was very detailed and clearly outlined how the residents liked to be supported during the day and programmes in place.

The systems for the protection the residents from abuse were satisfactory in all areas in the centre. The inspector found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer in the region. The provider had systems in place to ensure that this resident was were safe fro all risks. These included a risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and were reviewed frequently by the person in charge and management team.

Residents had a communication assessment in place which was monitored and reviewed by their keyworker and the person in charge. This was detailed, showed the residents' likes and dislikes and their preferred communication style.

Residents' rights were promoted by the measures and actions which were implemented by the provider, person in charge and the staff team. The provider ensured that the centre was well resourced and that residents could freely access their local community, nearby towns and shopping areas. The person in charge displayed information on rights and reviews which were facilitated in the centre aimed to promote residents' welfare and wellbeing. In addition, the inspector observed staff interacting with the resident in a kind and respectful manner and daily notes which were reviewed indicated that the best interests of residents was to the forefront of care.

Overall, the inspector found that the resident was were well supported in this centre and they were supported by a staff team who knew their needs and care preferences.

## Regulation 10: Communication

There was clear guidance relating to communication, and this was observed in practice.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks. Information was made available to residents in a format accessible to them.

Judgment: Compliant

### Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was 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>	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant