



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:	Short Notice Announced
Date of inspection:	27 April 2021
Centre ID:	OSV-0005637
Fieldwork ID:	MON-0032425

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
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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
Tuesday 27 April 2021	09:00hrs to 14:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that the provider and staff team were committed to delivering a good quality service and it was apparent that the best interests of residents were to the forefront of care. However, on the day of inspection a resident reported issues in relation to their lived experience of the centre which was impacting on their right to personal space. The provider was aware of this issue and was making efforts to resolve arrangements within the house. These issues also had an impact on safeguarding and the provider had implemented interim measures to keep residents safe. Although, these measures were effective in nature, one of the safeguarding actions involved a resident taking a break from their home for two weeks. These issues will be discussed throughout the report.

The inspector met with three residents and there was a very pleasant atmosphere in the centre throughout the inspection. Residents had free access to all communal areas of their home and they chatted freely with staff members throughout the morning. Staff and residents were heard laughing and joking with each other in the open plan living areas and residents appeared to really enjoy the company of staff. Staff who met with the inspector were very pleasant and they also had a good understanding of resident's individual needs and of current issues within the house including safeguarding and some negative interactions between residents.

A resident who met with the inspector spoke freely about their life and how they felt staff were very supportive and kind. They explained how they had been supported to go to Berlin to see their favourite television/music star, a trip which they loved and were very proud of. They showed the inspector a photo album with memories of the trip and they explained how they had framed a T-shirt which they wore to the concert and they showed the inspector their room where it was proudly displayed. They explained how good the staff were who helped them with this trip and how they loved booking flights, hotel and concert tickets. They also explained how they loved sitting and having a glass of beer while relaxing on their city break and how they were planning to attend another concert when international travel resumed. When this resident's personal plan was reviewed one of the main goals which was featured was this trip which the resident spoke about, which clearly demonstrated that staff and the provider had systems in place to support residents with their wishes and dreams for the future. This resident was very positive about their life and they also spoke about how they had a pet which they loved looking after. They spoke highly about staff members and how COVID-19 had impacted on their lives. They also went on to explain how an issue within the centre was impacting on their ability to have personal space and as a result their day-to-day lived experience had been negatively impacted upon. They explained how they were going on a two week holiday to get a break from the house and they were hoping that this would help the situation. As the day progressed, the resident revealed that they were under the impression that they were going to have sole access to an individualised living area which would allow them some additional personal space, but management of the

centre clarified that although this had been examined, no decision had been made.

The inspector examined several review documents and incidents reports which had occurred in relation to the above resident and found that negative interactions between residents had negatively impacted on their lived experience.

Recommendations from both psychology and an external councillor had stated that this resident would benefit from their own living space. The staff team had also discussed with the resident the possibility of them moving to a new apartment, but the resident did not want this. The inspector discussed this with the resident and they explained that overall they really liked their home and they did not wish to move; however, they would like somewhere within the house, other than their bedroom, where they could relax and enjoy watching television and listening to music by themselves. In regards to this situation, the inspector found that the provider was working to resolve the situation and the interim measures which were introduced did safeguard residents; however, without resolution the day-to-day lived experience for this resident continued to be negatively impacted upon.

Prior to COVID-19, residents were enjoying an individualised service which assisted them in accessing the community, as they wished, to enjoy activities such as shopping, meals out, holidays and trips abroad. Residents reported that they had previously enjoyed a good quality of life, but COVID-19 restrictions had prevented them from doing their favourite activities. A resident who spoke with the inspector explained that they understood that restrictions were for their own safety and they spoke about how they wore a face covering and regularly washed their hands to keep themselves safe. They also spoke about watching the news which kept them informed of developments and of how staff keep them up-to-date with any changes in regards to accessing the local community. Residents discussed how they passed the time during restrictions by participating in arts and crafts, going for walks and picnics and by helping out about their home.

The centre had a very pleasant atmosphere and it was lit with natural light and had a modern and comfortable decor. A resident who met with the inspector relaxed in a brightly lit reception room and they chatted freely as they were knitting an item. They explained how they loved knitting and showed the inspector a throw which they had knitted for the couch. A resident also showed the inspector their en-suite bedroom which was large and cosy. They had personalised their room with posters of their favourite music star and also of pictures of their family.

As mentioned above, it was apparent that the staff team and provider were committed to delivering a good quality service. Residents attended a weekly voices and choices meeting in which they discussed developments in regards to COVID-19, maintenance of the house, celebrations and meal choices. Residents were also supported to complain if they were unhappy about the service and staff demonstrated how they used some easy-to-read documents to keep the residents informed as to the outcome of their complaint. Advocacy referrals had also been recently made for a resident. The inspector found that these arrangements ensured that residents were actively promoting residents in decisions about the operation and running of their home. Throughout the morning of inspection, the inspector also noted that staff actively chatted with residents in regards to how they would like to

spend their day. Residents discussed how they would like to go to a local chemist to purchase personal items and a staff member also supported a resident to visit a holiday house which they planned to go to in the coming weeks.

Overall, the inspector found that residents liked living in this centre and they were supported by a staff team who were committed to delivering a good quality service. However, as mentioned above, improvements were required in regards to ensuring that a resident's right to have time to themselves and have personal space was fully promoted.

Capacity and capability

The inspector found that the provider had management systems which promoted the safety of residents. Although, some improvements were required in regards to residents' rights, overall, the well being of residents was actively promoted.

The provider had completed all required reviews and audits as stated in the regulations. Action plans were drawn up in response to any identified issues which were found and the person in charge was addressing these issues in line with outlined timelines for their completion. The centre also had a quality improvement plan which compiled all internal audits and assisted in driving quality and improvement in the care which was provided. Although there were robust oversight arrangements in place, there was an issue in this centre in regards to supporting residents to have opportunity and space to themselves. The provider was aware of this issue and subsequent to the inspection, the provider submitted additional information which highlighted how they were working to resolve this issue.

The provider had produced a robust contingency plan in response to COVID-19 which was laid out in an action plan format. It clearly detailed where actions were required to prepare the centre for COVID-19 and detailed response to areas such as infection control, staff training, management of staff, activation of residents, monitoring of residents and managing suspected and confirmed cases were clearly laid out. The person in charge had a good understanding of the actions to prepare the centre and reviewed documentation indicated that all actions had been implemented as required.

The staff on duty on the day of inspection were very pleasant and they interacted with the residents in a warm and friendly manner. Residents were relaxed in their company and they laughed and joked with them about various topics throughout the morning. Staff were also up to date with their training need and additional training in response to COVID-19 had been completed by all staff members.

Overall, the inspector found that this centre was well managed and it was apparent that resident's safety and wellbeing was to the forefront of care; however, issues in relation to supporting a resident to have personal space was impacting on the

overall delivery of care.

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date with their mandatory training needs and additional training in relation to hand hygiene, infection prevention and control and the use of PPE had been completed by all staff. The inspector found that these arrangements promoted the welfare and safety of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all review and audits as required by the regulations. The provider was also aware of an issue which was impacting on the rights of a resident and they had a plan in place to address this issue.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents indicated that all required notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place and residents were actively supported to complain if they were unhappy. A review of complaints also showed that the staff team kept residents informed as to the progress and outcome of their complaint.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents enjoyed living in the centre which they considered their home. However, some improvements were required in regards to residents' rights, behavioural support and safeguarding plans.

Although, many aspects of care promoted the overall rights of residents such as access to advocacy, residents' meetings and supporting residents with complaints, the issue in regards to supporting residents to have time and space to themselves did impact on the overall quality of the service. A review of incidents and documentation showed that a fellow resident, on occasions, would invade another resident's personal space which the resident could find distressing and resulted in them having to leave communal areas and retire to their bedroom. This issue had also attributed to safeguarding concerns and had resulted in an increase in the level of behavioural support which was required. The inspector found that this issue was having a negative impact on the lived experience for some residents. Subsequent to the inspection, the provider submitted additional information in regards to resolving this issue and although this was a positive aspect of care, issues in regards to supporting a resident's rights remained on the day of inspection.

Residents could see their general practitioner in times of illness and also for scheduled medical check-ups. Residents also had access to allied health professionals and they were also supported to attend mental health clinics. A review of notes also detailed that residents were facilitated to attend for national preventative health screening which promoted residents' overall health and well being. Detailed healthcare planning was also in place for areas such as skin integrity, circulation and mobility which assisted in ensuring that staff members could provide consistency in these areas of care.

Some residents required support plans in regards to behavioural supports. The inspector reviewed a sample of plans and found that information was relevant and readily available to guide staff when supporting residents. Plans were subject to regular review with input from a behavioural specialists, and a manager who met with the inspector had a good knowledge of residents' behavioural needs. Although, many aspects of behavioural support were maintained to a good standard, some improvements were still required. For example, a plan which was reviewed did not clearly indicate the required staffing arrangements. Further detail was also required in regards to the day-to-day support which was offered by staff such as altered

activity schedules and distraction techniques which were implemented by staff.

The provider had a system in place for identifying, recording and responding to accidents and incidents. A review of this system indicated that the person in charge responded in a prompt manner to recorded issues and where required, additional measures such as risk assessments had been implemented to address any safety concerns. Risk management procedures were generally well managed and additional risk assessments had been implemented in response to COVID-19.

The inspector found that residents enjoyed living in this centre; however, the area of residents' rights required review to ensure that each resident had the opportunity to have time and space to themselves, as they so wished. Although, this area of care needed attention, it was apparent from the overall inspection that residents well being was promoted and improvements in regards to residents' rights would further build on the many positive aspects of care which were noted on this inspection.

Regulation 26: Risk management procedures

The provider had a system for the recording, monitoring and responding to incidents which occurred in the centre. Detailed risk assessments also promoted residents' safety and were reviewed on a regular basis.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented enhanced infection control procedures in response to COVID-19. Staff were monitoring for signs and symptoms of the disease and robust contingency planning was implemented which promoted residents' safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which clearly outlined their care requirements and how they preferred their needs to be met. Residents had good access to their local community and there was a system in place which promoted the achievement of their personal goals.

Judgment: Compliant

Regulation 6: Health care

Residents were assisted to attend for preventative health screening and also to attend their general practitioner in times of illness. Detailed healthcare plans were also in place to guide staff in the delivery of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

A positive behavioural support plan required improvement to include the required staffing arrangements and also in regards to measures which were implemented by the staff team which assisted in this area of care.

Judgment: Substantially compliant

Regulation 8: Protection

Measures had been introduced to keep residents safe and safeguarding plans were reviewed on an on-going basis to monitor their effectiveness. However, safeguarding plans required some adjustment to clearly include the recommended staffing arrangement to keep residents safe.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Improvements were required to ensure that all residents had space and time to themselves which was in line with their personal wishes.

Judgment: Substantially 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Moy Services OSV-0005637

Inspection ID: MON-0032425

Date of inspection: 27/04/2021

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Since the inspection the Clinical Nurse Specialist in Behaviors of Concern has reviewed the Behavioral support plans and enhanced same. These plans now contain a very detailed approach on how staff are to support the residents. Face to face support with staff from the clinical nurse specialist was offered and is ongoing to ensure compliance with the behavioral support plan and plans are reviewed and audited regularly.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The two current Safeguarding plans were reviewed and enhanced after inspection to add more descriptive information in relation to keeping the people we support safe. This was also followed by a visit from the designated officer to the home to meet with and answer any questions that the staff team had on the 27th March 2021. The designated officer also inspected the new living space that was near completion in Brusna Court. The designated officer also met with the senior social worker from the safeguarding and protection team to review and discuss the newly enhanced safeguarding plan. As an extra measure of protection the senior social worker will be conducting unannounced visits to further help and support staff and ensure compliance to the Safeguarding plan. Safeguarding plans will be reviewed and updated every two months and sooner if needed by the Designated officer.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A plan is in place in the service to address the ongoing issues. The plan was not made fully available to the Inspector on the day of the inspection A multidisciplinary Team teleconference was organised by the Director of Services on the 21st of April to formulate a long term plan that would be discussed and agreeable to all the residents in the house. This plan involved :</p> <ul style="list-style-type: none"> • Gathering information through the Discovery process from all three residents on their lived experience while residing in their home, this gathering of information was time specific and for presentation back to the MDT for discussion. Our Senior Psychologist agreed to assist the PIC in this process. This work is ongoing. • Explore the option of Day Services for one of the residents as she missed being active secondary to the pandemic and the restrictions that were in place. She was agreeable to this as a possibility. • Referrals to the Advocacy Service have been sent for all three residents. • Consideration of the conversion of the office to an additional living space for one specific lady was being explored as staff had suggested this as a potential solution. This has been completed with all three residents now having access to their own individualised living area 	

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 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	28/05/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	27/05/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and	Not Compliant	Orange	28/05/2021

	personal care, professional consultations and personal information.			
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