



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

## Issued by the Chief Inspector

Name of designated centre:	Sycamores
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	18 February 2021
Centre ID:	OSV-0005638
Fieldwork ID:	MON-0031783

## About the designated centre

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

The designated centre provides a residential service to adults over the age of 18. Residents of this service have a moderate intellectual disability and some residents may also use services offered by the mental health team and behavioural support specialists. The centre comprises of one house which is located in a residential neighbourhood of a large town where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. A social model of care is offered to residents in this centre and a combination of registered nurses, social care workers and healthcare assistants make up the staff team. An integrated model of care, with both day and residential supports, is provided in the designated centre. One staff member supports residents during night time hours and two staff members support residents during the day.

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

Number of residents on the date of inspection:	3
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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
Thursday 18 February 2021	11:30hrs to 15:45hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

From what residents discussed with the inspector, conversations with staff, observations in the centre and information viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The inspector met with all three residents who lived in the centre, one of whom was happy to talk to the inspector and to discuss life there.

The resident who spoke with the inspector was very happy living in the centre and enjoyed their life there. This resident said that they had good involvement in the community and described some of the social and leisure activities that they took part in and enjoyed. These included the resident's preferred activities, which were going out in the community for meals, coffee, outings and walks.

This resident told the inspector that residents had good relationships with staff and with each other. Throughout the inspection staff were seen speaking kindly to residents and supporting their wishes. This resident also said that if they had any complaints or concerns, they would tell staff and it would be addressed. They said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. The inspector saw residents eating nutritious home cooked food that they clearly enjoyed.

Some residents were not able to express their views on the quality and safety of the service. However, all residents were observed to be in good spirits and comfortable in the company of staff and each other. Although the time the inspector spent with residents was limited in line with COVID-19 safety protocols, staff were observed interacting warmly with residents and were very supportive of residents' wishes.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in the running of the centre and how they lived their lives. Residents had the option of attending house meetings and their views on the centre and their lives were also gathered through ongoing daily discussions and judgements on choice and preferences. Advocacy support was also available to residents and this information was made available to them. Residents also had rights to have visitors in the centre and interventions had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19 safety requirements. All residents were aware of COVID-19 and the precautions that were required to reduce the spread of infection. In addition to staff reminding residents about the requirements, there was a range of user-friendly information available to help residents to understand the restrictions and arrangements.

Due to COVID-19 safety protocols, the inspector did not carry out an inspection of

all parts of the building. However, the rooms that were viewed were clean, bright, warm, comfortably furnished and tastefully decorated with pictures and artwork. Each resident had their own bedroom. There was a spacious kitchen, and there were two sitting rooms to provide plenty of communal and private space for residents.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. Some minor improvement was required to the annual review, but this did not impact on the quality of care being delivered to residents.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits were being carried twice each year on behalf of the provider. Ongoing audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of complaints, falls, finances health and safety and equipment checks. Records showed a high levels of compliance in all audits and that most audit findings had been addressed, while some were in the process of being completed. A review of the quality and safety of care and support of residents was being carried out annually. There was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and this indicated a high level of satisfaction with the service. This information, however, was not adequately captured in the annual review. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, personal plans, a guide for residents, healthcare plans and risk management assessments. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

The provider had ensured that the centre was suitably insured and that there was an up-to-date statement of purpose which was informative and reflected the service being provided.

There were sufficient staff on duty to support residents' assessed needs. Rosters confirmed that this was the normal staffing level. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

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

Overall, the prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required. However, one piece of required information was out of date but this had been identified and was being addressed by the provider.

Judgment: Compliant

#### Regulation 14: Persons in charge

The role of the person in charge was full-time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.

Judgment: Compliant

#### Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, while an annual review and report had been prepared, this report did not reflect consultation with residents and their representatives as required by the regulations.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

There was an up-to-date statement of purpose that described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

## Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's wellbeing was promoted at all times and that residents were kept safe.

Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in a nearby large town. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose. During the inspection residents spent a lot of time going places that they enjoyed. For example, going out for drives in the vehicle, going out for coffee, and taking walks in the local area were their preferred activities. Residents also enjoyed chatting and joking with staff and this was taking place throughout the inspection in a friendly and light-hearted manner.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Some of the healthcare visits arranged for



residents included annual medical checks by the general practitioner (GP), and appointments with healthcare professionals such as audiologists, dermatologists, chiropodists and dentists. Residents' nutritional needs were well met. Residents were being assessed for their nutritional care requirements and suitable foods were ensured to meet their assessed needs.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19. Arrangements were also in place to safeguard residents from any other form of harm. These included safeguarding training for all staff, a safeguarding policy and development of personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. For example, residents met together for weekly 'voices and choices' meetings where they discussed issues of importance to them such as meal planning for the coming week. Staff also used these meetings as a way to share important information with residents. At recent meetings, COVID-19 restrictions and hand hygiene, fire safety and evacuation, advocacy and human rights had been discussed with residents. Staff also used the meetings to explore if residents had any concerns or worries.

## Regulation 20: Information for residents

There was also an informative guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were robust arrangements in place to manage risk in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

This regulation was not examined in full at this inspection, but an issue identified at the last inspection was reviewed and had been addressed. Suitable personal evacuation plans had been developed for residents and fire drills were being carried out in line with these plans.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that the resident's rights were supported and that they had freedom to exercise choice and control in their daily life.

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
<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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sycamores OSV-0005638

Inspection ID: MON-0031783

Date of inspection: 18/02/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An annual review has already been carried out on the Service but is due for review in June 2021. In order to ensure that the Annual Review provides for consultation with residents and their representatives, the Person in Charge wrote to the families on 15th February 2021 inviting their feedback on the Service. The Person in Charge and staff gain feedback on regular basis on the views of the residents of their Service, and in particular at their weekly House Meetings which are signed off by the PIC and audited monthly. These views will be incorporated into the revised Annual Review.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/03/2021