



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

Issued by the Chief Inspector

Name of designated centre:	Ceol na hAbhainn Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	31 March 2021
Centre ID:	OSV-0001778
Fieldwork ID:	MON-0032222

About the designated centre

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

Ceol na hAbhainn Residential Service is a centre run by Western Care Association. The centre intends to support up to two female and male residents with an intellectual disability who are over the age of 18 years. The centre is located in a town in Co. Mayo and comprises of two apartments, giving both residents their own living space to include bedrooms, kitchen, sitting room, bathrooms and garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 31 March 2021	09:35hrs to 13:40hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that put residents' needs, capacities and wishes at the core of all aspects of its' service. The provider had sustained a very consistent staffing arrangement, which largely attributed to the quality of care and service that these residents received.

Due to the behavioural support needs of the two residents who lived at this centre, the majority of this inspection was facilitated by the person in charge in a nearby office. However, the inspector did visit the centre for a short period of time and had the opportunity to briefly meet with one of these residents, due to their communication needs they were unable to engage directly with the inspector about the care and support they receive. The inspector also had the opportunity to visit one of the apartments which, at the time, was unoccupied by the resident who lived there.

Each resident had their own apartment and although both apartments were adjacent to each other, the design and layout of these apartments meant each resident had plenty of privacy. Each apartment provided residents with their own bedroom, bathroom, staff bedrooms, kitchen, hallway, conservatory area and sitting room. In the apartment visited by the inspector, multiple mirrors and numerical references were displayed throughout. The person in charge told the inspector that this particular resident had an interest mirrors and also liked to count and was encouraged to do so by this display. Their apartment also contained an exercise bike for the resident to use as they wished and their sitting room was set up with a projector which allowed the resident to watch programmes and films of their choice on wide-screen. In one of the bathrooms, the provider had installed a specific shower which yielded water at a cooler temperature as this resident liked to have such showers from time to time. An enclosed garden area was also available to the resident which contained a tree-house that they enjoyed to spend time in. Trampolines and other outdoor recreational pieces were also available in the external ground of the centre and the person in charge told the inspector that this resident liked to spend time in this space. Both apartments contained multiple fire exits, one of which was in one resident's bedroom, which meant that both residents had adequate exits available to them should they need to evacuate the centre.

Since the introduction of public health safety guidelines, the provider had revised the social care arrangements in place for both residents to ensure that each continued to enjoy meaningful lifestyles. Day care services were provided for both residents in the comfort of their own home and adequate staff support was in place to ensure residents had access to the transport and number of staff they required to engage in activities of their choice. On the day of inspection, one resident was supported that morning to prepare to go home to their family for Easter break. The other resident was remaining at the centre and upon the inspector's visit, they were going on a short drive with staff. Residents daily routines were very much guided by their behavioural support needs and staff were very aware of some residents'

ritualistic behaviours and how to assess these when planning daily activities for them.

Overall, this was a very homely and pleasant environment for residents to live in where they were supported by staff who knew them very well.

Capacity and capability

This was a well-resourced and well-managed centre that ensured adequate resources were in place to provide residents with a high quality and safe service. Although for the most part, this centre was found to be in compliance with the regulations, some minor improvement was required to aspects of risk management, fire safety, health care, behavioural support and infection prevention and control.

The person in charge held the overall responsibility for this centre and he regularly visited to meet with staff and residents. He had good knowledge of residents' needs and of the operational needs of the service delivered to them. He was supported by his line manager and staff team in the running and management of the service and current support arrangements gave him the capacity to effectively do so.

This centre's staffing arrangement was subject to regular review to ensure each resident had access to the number and skill-mix of staff that they required in line with their assessed needs. In response to various assessed needs that residents had, the provider had put a two-to-one staff ratio in place, which had a positive impact for residents with regards to their social care and behavioural support needs. Due to the consistency of staffing levels in this centre, this meant that residents were always care for by staff who knew them and their assessed needs very well. Well-maintained staff rosters were available at the centre, which clearly identified staff names and their start and finish times worked at the centre both day and night.

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and resources. In line with public health safety guidelines, virtual staff meetings were occurring which allowed staff and the person in charge to continue to discuss all matters relating to the care and welfare of residents. The person in charge also maintained regular contact with his line manager to review operational issues. Six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified through this system, time bound action plans were put in place to address these. However, some improvement was required to this monitoring system to ensure its overall effectiveness in identifying specific improvements required within this service. For example, although the last six monthly provider-led audit did review practices in relation to the overall management of restrictive practices at this centre, it failed to identify deficits to this aspect of care as identified on this inspection.

The person in charge had a system in place to ensure that all incidents were

recorded, responded to and reviewed on a regular basis. This system also ensured that the Chief Inspector of Social Services was notified of incidents in line with the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and regularly visited to meet with staff and residents. He had good knowledge of residents' needs and of the operational needs of the service delivered to them. He was supported by his line manager and staff team in the running and management of the service and current support arrangements gave him the capacity to effectively do so.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review to ensure each resident had access to the number and skill-mix required in line with their assessed needs. Well-maintained staff rosters identified staff names and their start and finish times worked at the centre both day and night.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and resources. In line with public health safety guidelines, virtual staff meetings were occurring which allowed staff and the person in charge to continue to discuss all matters relating to the care and welfare of residents. The person in charge also maintained regular contact with his line manager to review operational issues. Although monitoring systems were in place to oversee where improvements may be required, some of these required review to ensure specific improvements relating to this centre were effectively identified.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure that all incidents were recorded, responded to and reviewed on a regular basis. This system also ensured that the Chief Inspector of Social Services was notified of incidents in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found residents enjoyed a very individualised service at this centre. Staff knew residents and their needs very well and all efforts were made to provide residents with a very meaningful lifestyle. However, this inspection did identify where minor improvements were required to some documentation relating to residents' care needs to ensure these provided additional clarity on the specific care interventions that were effectively implemented by staff on a daily basis in areas such as risk management, health care and behavioural support.

Effective systems were in place to ensure residents' needs were re-assessed on a regular basis and that personal plans were available to guide staff on the specific supports that residents required. Residents also had access to a wide variety of allied health care professionals, as and when required. However, some improvement was required to the documentation in place to support the daily monitoring of residents skin integrity. For example, one resident who required support with ritualistic and self-injurious behaviours, often engaged in biting and scratching their hand. Although this resident's skin integrity was subject to on-going monitoring and management by staff, improvement was required to ensure adequate risk assessments and personal plans were in place to support them in doing so.

Residents at this centre required behavioural support and the provider had ensured that robust systems were in place to provide these residents with the care and support they required. For one resident, these systems proved very effective as there was an overall reduction in the number of behavioural support related incidents for this resident in the last year. Due to the adequacy of staffing resources also available at this centre, this meant that a suitable number of staff were at all times available both day and night to support residents with their behavioural support needs. However, although behaviour support plans were in place, the inspector found these required additional review to ensure that specific interventions that were implemented by staff on daily basis were clearly identified within these plans. Restrictive practices were in use at this centre and these were subject to regular assessment and multi-disciplinary review. Due to the effectiveness of behavioural support arrangements, the person in charge told the inspector that a further review of chemical restraints was scheduled with the view to removing this restriction as the resident had not required this chemical intervention in the last six months. However, during a review of one behavioural support plan, the inspector observed that in response to a specific behaviour exhibited by the resident, a

restrictive practice was recommended as a last resort. Although this restriction had not yet been required, this restriction had not been assessed for or an appropriate protocol put in place, in accordance with the centre's restrictive practice policy.

The provider had effective systems in place for the identification and response to risk in this centre. Where incidents occurred, these were recorded, responded to and monitored on a frequent basis. The regular presence of the person in charge at the centre also greatly attributed this centre's ability to identify and oversee the effectiveness of risk management practices in a timely manner. However, some improvement was required to some risk assessments to ensure risk-ratings adequately reflected the current management of specific risks in this centre. In addition, although organisational risks were routinely monitored by the person in charge, associated risk assessments required review to ensure these adequately supported this on-going monitoring process, particularly in relation to risks relating to fire safety, maintenance, restrictive practices and behavioural support.

Effective fire safety precautions were in place, including, fire detection and containment systems, emergency lighting arrangements and regular fire safety checks. Regular fire drills were occurring and records demonstrated that staff were able to safely evacuate residents from the centre in a timely manner. Although the provider had a fire procedure available at the centre, it required minor review to ensure it adequately guided staff on what to do in the event of fire, particularly with regards to the additional supports available to them to evacuate the centre at night. Furthermore, each resident had a personal evacuation plan; however, these also required further review to ensure clarity on the specific arrangements in place to support some residents to safely evacuate at night.

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of residents and staff. Although contingency plans were in place to guide staff on how to respond to an outbreak of infection at the centre, these required further review to ensure additional clarity with regards to the procedure to be followed should these residents require isolation.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that these residents received the care and support they required. Clear communication plans were in place which supported staff in effectively communicating with these residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective systems in place for the identification and response to risk in this centre. However, some improvement was required to some risk assessments to ensure risk-ratings adequately reflected the current management of specific risks in this centre. In addition, although organisational risks were routinely monitored by the person in charge, associated risk assessments required review to ensure these adequately supported this on-going monitoring process, particularly in relation to risks relating to fire safety, maintenance, restrictive practices and behavioural support.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of residents and staff. Although contingency plans were in place to guide staff on how to respond to an outbreak of infection at the centre, these required further review to ensure additional clarity with regards to the procedure to be followed should residents require isolation.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, fire detection and containment arrangement, regular fire safety checks, emergency lighting. Fire drills were occurring on a regular basis and records demonstrated that staff could support residents to evacuate the centre in a timely manner. Although the provider had a fire procedure for the centre and each resident had a personal evacuation plan, both required further review to ensure these documents gave clarity to staff on how to respond to fire at the centre and support residents to effectively evacuate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had effective systems in place to ensure residents' needs were regularly reviewed and that clear personal plans were developed to guide staff on

the specific supports that residents required.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensured that these residents had access to the care and support that they required. Residents also had access to a variety of allied health care professionals, as and when required. However, some improvement was required to ensure adequate risk assessment and personal plans were in place for residents who required on-going management of their skin integrity.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had robust systems in place to support residents who required behavioural support. These residents' behavioural support needs were subject to regular review and adequate staffing resources were put in place to ensure these residents were adequately supported. However, some review of behavioural support plans were required to ensure clarity on the specific interventions that were in place to support these residents on daily basis. In addition, although restrictive practices were subject to regular review, improvement was required to ensure that restrictive practices that were in place as a last resort in response to residents' behavioural management had been managed in line with the centre's restrictive practice policy.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had adequate arrangements in place to support staff in the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. There were no safeguarding concerns at this centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted at this centre. Each resident was supported to choose how they wished to spend their day and were supported by staff to be as involved in the running of their home as much as possible.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially 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	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ceol na hAbhainn Residential Service OSV-0001778

Inspection ID: MON-0032222

Date of inspection: 31/03/2021

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>The provider is satisfied the actions identified under Governance & Management will be met through the internal 6 monthly inspections and additional audits tailored to the service.</p>	
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 provider is satisfied the Risk Registers have been reviewed and amended and an ongoing review process is in place.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p>	

The provider is satisfied the PIC has reviewed the COVID management plan has been reviewed and amended to include isolation plan. This meets the criteria under Prevention against Infection. The provider is satisfied the PIC has reviewed the COVID management plan has been reviewed and amended to include isolation plan. This meets the criteria under Prevention against Infection.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider is satisfied the documents under Fire Protection in particular the PEEPS and staff guidance on evacuation have been reviewed and amended to meet the requirements outlined.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The provider is satisfied the health care needs of the resident have been reviewed by the PIC and medical profession in relation to skin integrity and a plan is now in place.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The provider is satisfied the Behaviour Support Plan has been reviewed by the PIC, Behaviour Support Specialist and the staff team, and meets the need of the person. The PIC is providing the appropriate support for staff to deliver on this. A review and monitoring process is in place.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	19/04/2021
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	19/04/2021
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	19/04/2021

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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	19/04/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	19/04/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	19/04/2021
Regulation 07(1)	The person in	Substantially	Yellow	19/04/2021

	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.	Compliant		
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	19/04/2021