



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:	Announced
Date of inspection:	13 January 2022
Centre ID:	OSV-0001778
Fieldwork ID:	MON-0027406

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 (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 13 January 2022	11:30hrs to 16:45hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

The inspector met with both residents who lived in the centre. Although the residents did not communicate verbally with the inspector, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Although the time the inspector spent with the residents was limited, staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, sports and visits with their families, which were arranged in line with public health guidance.

The centre is in a busy rural town and amenities such as public transport, shops, restaurants, bars and leisure facilities were available both nearby and in neighbouring towns. Vehicle were available so that residents could go out for drives and to access the local amenities. The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access and television available for residents. As the centre was consisted of two separate apartments, both residents had adequate space and privacy both for themselves and for family visits. Both apartments had secure separate back gardens with leisure equipment that residents enjoyed and there was also a spacious shared front garden.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, 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 very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care

was delivered to a high standard. However, some improvement to staff training and auditing was required.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. It was clear that the person in charge knew the residents and their support needs. The person in charge worked closely with staff in the centre and the wider management team.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents. Since the last inspection, for example, the front drive into the centre had been upgraded, and a resident's bedroom had been extensively redecorated to reflect a theme of the resident's choice. The provider had also ensured that the service was suitably insured.

Overall there were good systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. Detailed unannounced audits were being carried out twice each year on behalf of the provider. Records of these audits showed a good level of compliance and that any identified issues had been or were being addressed within realistic time frames. Audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of medication management, health and safety, first aid and finances. The provider had also taken the findings of the last inspection of the centre by HIQA seriously, and any areas for improvement identified in the inspection report had been addressed. However, aspects of the auditing system were not fully effective. For example, although first aid audits were taking place on an ongoing basis, these had not ensured improvement in practice based on audit findings. The same areas for improvement had been identified in first aid audits for several months, but had not been addressed. Furthermore, some issues that had been noted in the provider's audit had not been identified during in-house audits.

Although there had been no complaints in the centre, there were suitable measures in place for the management of complaints should this be required. These included a complaints policy to guide practice and a clear system for recording and investigating complaints. Information about how to make a complaint was displayed in the centre and was also made available to residents and or their representatives.

Records viewed during the inspection, such as food and nutrition records, healthcare, COVID-19 and infection control systems, and risk management records, were informative and up to date. 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. There was a statement of purpose which described the service being provided.

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles, such as medication management and first aid. There was a

training schedule to ensure that training was delivered as required. However, While most training was up to date, a small amount of refresher mandatory training had not been provided to some staff within with the organisations own time frames. A range of policies, including all policies required by schedule 5 of the regulations, were available to guide staff. A range of guidance document and the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, were also available to guide staff.

Regulation 16: Training and staff development

Staff who worked in the centre had received a range of training including mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. However, refresher mandatory training had not been provided to some staff within with the organisations own time frames.

Judgment: Substantially compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up to date. Records were maintained in a clear and orderly fashion and were readily accessible when required.

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, improvement was required to some auditing systems in the centre.

- Some areas for improvement found in the provider's audits had not been identified in the ongoing audits of the centre.
- Some deficits which had been identified in the ongoing centre audits had not been addressed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge and copies of the statement were available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Although there had been no complaints about the centre or the service, the provider had suitable arrangements in place for the management of complaints if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements to fire drill records, premises and the residents' information guide were required.

The centre was one house, divided into two self-contained apartments. Both apartments were clean and comfortable, and were decorated and furnished in a manner which reflected the needs of people with autism. Each apartment had a bedroom, bathroom, sitting room and kitchen. These apartments were very individualised and had been furnished and fitted to meet the specific needs and preferences of both individuals. This was evident in the very different colour schemes and decorative styles in each apartment. At the front of the building there was a large, well-maintained garden and there were fully separate gardens to the rear of each apartment. However, the internal doors in one apartment were made of timber and, while in good condition, did not appear to have been painted or sealed. Therefore these surfaces were porous and not readily-cleanable. The provider was asked to review these door and take appropriate corrective action as required.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby areas. The centre had two dedicated vehicles, one for each apartment, which could be used for outings or any activities that residents chose.

There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider, and the centre appeared visually clean throughout. However, the internal doors in one apartment were made of timber and did not appear to have been painted or sealed. Therefore these surfaces were not readily cleanable. The provider was asked to review these door and take appropriate corrective action as required.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Residents' healthcare needs had been assessed and suitable plans of care had been developed to guide the management of any assessed care needs. The provider had also put measures were in place to respond to behaviour that is challenging. There were procedures, such as behaviour support plans, to support residents to manage behaviours of concern.

Residents' nutritional needs were well met. Suitable foods were provided to suit residents' needs and preferences. Nutritional assessments had been carried out as required, residents' weights were being. Residents were supported to make choices about their meals and suitable techniques such as pictorial choices were used to support this.

The provider also had systems in place to ensure that residents were safe from all

risk including the risk of fire. However, improvement to the recording of fire evacuation drills was required. Records indicated that fire evacuation practices were being carried out routinely to reflect both day and night staffing levels. However, fire drill records were not recorded in sufficient detail for learning or improvement in practice. The person in charge maintained up-to-date risk assessments which were reviewed on a regular basis. Since the last inspection of the centre, the provider had reviewed the risk register to ensure that all risks had been included.

Information was supplied to residents both through suitable communication methods, through interaction with staff and there was also a written guide. However, the guide required to be updated as it did not include some of the information stated by the regulations.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated. However some internal doors in the centre appeared to be unsealed and were not easily cleanable. The provider was asked to review these doors to establish if their surface coatings were suitable.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Suitable foods were provided to suit residents' dietary needs and preferences. Nutritious and varied meals were being provided to residents in the centre.

Judgment: Compliant

Regulation 20: Information for residents

There was an informative written guide which was made available to residents in a suitable, easy-read format. However, the guide required improvement as it did not accurately state all the information required by the regulations, and required to be updated to include the terms and conditions for residing in the centre, and arrangements for residents' involvement in the running of the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice. Since the last inspection of the centre, the provider had reviewed the risk register to ensure that all risks had been included.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable 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

Fire drill practices in the centre were not fully effective. Fire drills were taking place both during the day and at night time. However, the recording of some fire drill outcomes was not sufficient to identify areas that required improvement and for learning

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge and staff kept healthcare plans under review to ensure that up-to-date information was available to guide staff in delivering residents' healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

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
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Ceol na hAbhainn Residential Service OSV-0001778

Inspection ID: MON-0027406

Date of inspection: 13/01/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC will ensure all refresher mandatory training is provided to staff within with the organisations own time frames.</p>	
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 PIC will ensure that on-going audits of the Centre are completed accurately and that the PIC will have oversight of same. The PIC and Provider will ensure where deficits are identified that these will be addressed in a timely manner</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The PIC will ensure that the internal doors are suitably sealed and varnished.</p>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The PIC updated the Residents guide to include the terms and conditions for residing in the centre, and the arrangements for resident's involvement in the running of the centre at the time of the Inspection.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC will ensure additional information/comments is recorded on the Fire Drill record to identify areas that require improvement.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2022
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	13/02/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022

Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	13/01/2022
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	13/01/2022
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	31/01/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	02/03/2022