



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

Issued by the Chief Inspector

Name of designated centre:	Ivy House
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	22 October 2021
Centre ID:	OSV-0003371
Fieldwork ID:	MON-0029007

About the designated centre

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

This designated centre is a residential service for seven men and women over the age of 18 years who have an intellectual disability. The house is a large dormer bungalow just outside a large town in Co. Meath. The house includes a kitchen/dining room with sun room, sitting room, office, utility room, relaxation room, seven bedrooms, five of which have en-suite facilities, and a separate bathroom. The house has a large garden area to the front and back of the house. It has adequate parking facilities at the back of the house. The centre has accessible transport available for residents to bring them to community and social activities in the local town and to appointments when required. The person in charged is employed on a full-time basis, and the centre is staffed by nurses and health care assistants both day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Friday 22 October 2021	11:00hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

On arrival at the centre the inspector immediately observed that residents were going about their morning in a pleasant and relaxed way. Staff introduced the inspector to residents in a respectful and pleasant manner, and residents were able to choose how they interacted with the inspector.

Some people chose not to interact with the inspector and preferred to have staff support them. It was clear that these residents were comfortable with staff, and interactions observed by the inspector were easy and effective. Various different methods of communicating were observed to be effective for residents.

Some residents chose to have a chat with the inspector. One resident greeted the inspector and invited them to see their bedroom. This room was personal to the resident, and filled with their personal items, photos and their choice of furnishings and decor. They had a spacious room with an ensuite bathroom, and had arranged it to their liking. It was evident that the resident was happy in their home, and proud of their personal space. They were able to describe to the inspector how their choices were respected in various ways. They were aware of fire safety and could describe the steps they would take in the case of an emergency, and also spoke about the way they would address any complaints or concerns.

Another resident invited the inspector into their room and showed some of their own belongings, including a reclining chair and television where they chose to spend some time. This resident also had a cabin in the spacious back garden for their own use. This had been a personal goal for the resident which had been realised with the support of the person in charge and the staff. The resident was observed throughout the day to enjoy their own spaces. The inspector observed them pottering around contentedly in their cabin.

The garden area was spacious and well laid out, and there were various items of garden furniture, planted areas and garden decorations. Residents had free access to come and go from the garden area, and residents were able to see and enjoy the garden from their living areas.

The residents' home was well maintained, and each had their own room, together with various communal areas. Some changes had recently been made in the function of some of the rooms, in particular the large sunroom which was now used as a dining area so that a smaller dining area could be used by others. This facilitated the preferences of residents as in who they shared their dining times with. Mealtimes observed by the inspector confirmed that these arrangements were successfully respecting the choices of residents, each of whom was seen to be enjoying meals in their preferred way.

Residents were involved in multiple activities, and arrangements were in place to ensure the activation of residents throughout the recent public health crisis. Many

activities had resumed, and residents who spoke to the inspector described some of the things they were involved in, including swimming, walks, and in some cases educational courses such as computer training.

Residents were observed returning to the centre from their activities, and there was chat and banter with staff members whilst they related their day.

The views of residents were sought by the person in charge and the staff both informally, and via a weekly meeting for residents. Various topics were discussed at these meetings, including meals and activities, safeguarding issues and rights. This was a forum for any complaints to be raised or discussed, and while there were no current complaints, any complements received were also recorded and discussed. Compliments had been received from family members, and from allied healthcare professionals in relation to the daily running of the centre, support to residents and in relation to the management of the public health crisis.

In summary, the inspector found residents' safety and welfare was paramount. The systems and arrangements that the provider had put in place in this centre ensured that the residents were supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found the centre to be effectively managed, with a clearly defined management structure in place with clear lines of accountability. The management systems and processes led to positive outcomes for residents.

The provider had made arrangements to ensure that key management and leadership roles were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. They were knowledgeable about the needs of residents, and showed clear oversight of the centre. They had kept themselves up to date and demonstrated an understanding of the importance of quality of care and support.

The provider had put systems in place to ensure the staff team were appropriately skilled and supported. The number and skills mix of staff was appropriate to meet the needs of residents for the most part, including 24 hour nursing cover. There was a core team of staff, all of which were familiar to residents. Those staff engaged by the inspector were knowledgeable about the needs of residents. However the number of staff identified as being required to meet the needs of residents was not always maintained, and on several occasions there were only four staff on duty as

opposed to the required five.

Staff were in receipt of regular training which was found to be up to date for the most part. All mandatory training was provided, and additional training in relation to supporting specific needs of residents was also provided. Staff were knowledgeable in relation to the needs of residents and were observed to be providing care and support in accordance with the identified needs of residents. However a gap in training was identified by the inspector whereby safeguarding training was not current for all staff.

Staff supervision was managed by the person in charge via a schedule of supervision conversations, and a record was maintained of these conversations. The person in charge was in receipt of regular supervision with the person participating in management.

The provider had systems in place whereby areas for improvement were identified and addressed. Any accidents and incidents or complaints were addressed in a timely manner and reviewed monthly.

The provider had completed the required reviews and reports focusing on the quality and safety of care provided in the centre in accordance with the regulations. An annual review of quality and safety of care and support in the centre had been completed, and six monthly unannounced visits had been conducted. A series of audits had been undertaken, and required actions identified by these processes had been implemented.

The inspector reviewed a sample of actions required following these processes, and all actions had been completed, and all identified improvements had been put in place.

While there were systems in place to ensure communication between staff and management and between changing shifts of staff. A detailed communication diary and 'staff box' was maintained to ensure transfer of pertinent information. Regular staff meetings took place, regional management meetings were held, and records were maintained of these meetings.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a core team of staff who were familiar to residents ,and who were knowledgeable about the needs of residents. Staff were appropriately supervised.

However it had been identified that five staff were required during the day to ensure the needs of residents were met, and the were several occasions where only four staff were on duty, and replacement staff could not be identified.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were in receipt of mandatory training, and additional training in accordance with the needs of residents. However the records indicated that staff training in safeguarding was out of date by six months for one of the staff members.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 21: Records

Some of the records in relation to the care and support needs for residents were not organised in a way that ensured that they were readily available. Some of the documents were difficult to locate, and some were incomplete.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place and robust systems to monitor the quality of care and support delivered to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred. There was transparency in charges, and a recent error had been rectified.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that promoted and respected the rights of residents.

Detailed assessments of residents' health and social care needs had been completed and regularly reviewed. Personal plans were in place for each resident based on these assessments. Some improvements had recently been made in the organisations of these plans and folders containing information relating to residents in general, but as this work was not yet complete, information was difficult to retrieve, and not all documents were completely located in the area assigned for them.

However, healthcare plans and social care plans were detailed and provided

guidance to staff. Goals had been set for residents in order to support them to optimise their potential, and some residents had learnt new skills. However, the plans were not all available in versions accessible to residents. The information available to residents mostly comprised photographs of activities they had enjoyed.

Residents had access to members of the multi-disciplinary team in accordance with their needs. There were plans of care in place in relation to all the identified healthcare needs of residents. Staff engaged by the inspector were knowledgeable about the guidance in these plans. Healthcare screening had been offered to residents, or where decisions were made that residents should not avail of any particular screening, a detailed decision making process was documented.

Where residents required support with behaviour there were detailed support plans in place, and evidence that these were implemented and that all required recordings were completed. Any restrictive practices that were required in order to maintain the safety of residents were documented and recorded appropriately, and reviewed to ensure that they were the least restrictive required to mitigate any identified risks.

There was a risk register which detailed all the identified risks throughout the centre. There was a risk assessment and management plan in place for each risk, and these were appropriately risk rated and reviewed regularly.

Fire safety was well managed for the most part. Staff training was up to date, and both staff and residents could describe the actions they would take in the event of an emergency. All fire equipment was in place, and was maintained and serviced regularly, and there were fire doors throughout. There was a person evacuation plan in place for each resident, and where any difficulties with evacuation had been identified, these were clearly addressed. Regular fire drills had been undertaken. However, although the person in charge reported that they were assured that evacuations could be completed in a timely manner, and the inspector saw evidence of the measures in place to ensure the safety of residents, there had not been a fire drill under night time circumstances.

There were no current safeguarding issues in the centre. A recent compatibility issue between two of the residents, one of whom had only fairly recently moved into the house, had been well managed. Safeguarding plans had been put in place to support the transition safely, and these had been regularly reviewed and updated, and there was evidence of the implementation of strategies identified in these plans, and that these had resolved the issue.

Infection prevention and control was well managed in the centre, both in general terms and in particular in relation to COVID-19. There were detailed risk assessments in place, and a contingency plan to be implemented in the event of an outbreak of an infectious disease. There were adequate hand hygiene facilities, and both staff and residents were seen to be observing public health guidelines.

There was an emphasis on upholding the rights of residents, and in supporting them to have their voices heard. Regular consultation took place, and various changes and adaptations had been made in response to the preferences of residents. They had access to advocacy services if required. Overall residents had a good quality of

life, and were supported in their choices.

Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were sufficient communal and personal spaces.

Judgment: Compliant

Regulation 18: Food and nutrition

There was adequate food and nutrition in accordance with the needs and preferences of residents. Residents had their own storage areas where they preferred to keep their food separate, and although not healthcare needs had been identified in this area, residents had regular access to a dietician.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements of the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place. Additional measures had been taken in relation to COVID-19, and a detailed contingency plan was in place in the event of an outbreak of an infectious disease.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency during the day. While there were clear plans in place to manage an evacuation at night, and residents could describe the actions they would take, there was no record of a fire drill having been undertaken under night time circumstances.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for each resident, and these were based on detailed assessments of need. These plans included goals for residents which had assisted them in their personal development.

While residents had been involved in some of the planning processes, accessible versions of their personal plans had not been developed.

Judgment: Substantially compliant

Regulation 6: Health care

There was a high standard of healthcare and residents had access to all required healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

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

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ivy House OSV-0003371

Inspection ID: MON-0029007

Date of inspection: 22/10/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The minimum staff that are rostered on a daily basis are four staff and this is increased to meet the personal and social care needs of residents based on activities, community outings, appointments and planned holidays or day trips.</p> <p>Staff resources are increased to 5 or 6 staff members based on the daily plan which is reviewed weekly by the PIC with the staff team. Staffing levels are monitored closely and PIC ensures that there is sufficient staff rostered daily to attend to all resident's personal health and social care needs and offer meaningful activities to all residents who wish to partake.</p>	
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: Safeguarding Training has been completed by the one staff member identified as overdue on return to their post. Evidence of this training is available on staff member's file as of 17/11/2021. The PIC closely monitors all mandatory and professional development training needs with staff to plan and facilitate an ongoing program of refresher training.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The PPIM, PIC and staff team have devised a new index for files and are actively working with larger dividers within each file so that each section is accessible and documents are easily located and readily accessible by all staff. The PPIM, PIC and staff nurses are undertaking ongoing auditing of all files in line with development of the new index system to ensure that all documents are up to date and completed in full.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following inspection Night Time Fire Evacuations have taken place on both 23/10/2021 and on 14/11/2021 in the centre. All staff have been informed by the PIC that in future the night time fire drill evacuations taking place are reflective of the night time staff level and skill mix. Where considered appropriate, based on risk assessment residents' participation will be supported in simulated fire drill practices. The learning from simulated fire drills will be reviewed and shared across the team and any changes to residents PEEP's will be updated.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC and staff team will ensure that all resident's personal plans are available in an accessible format to the individual resident's capacity. Personal plans, which will be updated as new goals are developed and these will be developed in line with resident's choices and preferences.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/10/2021
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	17/11/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as	Substantially Compliant	Yellow	17/12/2021

	specified in Schedule 3 are maintained and are available for inspection by the chief inspector.			
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	23/10/2021
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	17/12/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	17/12/2021