



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

Issued by the Chief Inspector

Name of designated centre:	MooreHaven Centre (Tipperary) DAC
Name of provider:	MooreHaven Centre (Tipperary) Designated Activity Company
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	12 February 2024
Centre ID:	OSV-0003723
Fieldwork ID:	MON-0041973

About the designated centre

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

The designated centre is located in a large rural town. It provides residential care for adults over the age of 18 years. The centre provides supports to full-time residents both male and female with an intellectual disability and autism. The centre is comprised of four dwellings in close proximity to local amenities and facilities within the town. The service operates on a 24 hour, seven days a week basis with staff present by day. The four dwellings had one staff member allocated by day and all four had one sleepover staff by night. One resident required one to one staff support and this resident had a designated staff allocated to them by day and a waking staff member by night which was supplementary to the allocated staff member referred to above. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room, a bedroom for staff and a bedroom en-suite. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room and a bedroom. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One of these bedrooms was the staff sleepover room. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen, a bedroom for staff and a bedroom en-suite, 4 bedrooms and a bathroom. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen / dining room and utility room, a bedroom for staff, 5 bedrooms and 3 bathrooms. All dwellings had front and rear gardens. The staff team was supervised by a person in charge who was a social care leader. The staff supporting residents were social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Monday 12 February 2024	10:00hrs to 14:00hrs	Tanya Brady	Lead
Monday 12 February 2024	10:00hrs to 14:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

A full inspection of this designated centre was completed in November 2023 following receipt of an application to renew registration of the centre. At that time, significant improvement was required in both the operational resourcing and strategic governance of the service. A decision regarding renewal of registration could not therefore be made at that time as further assurances were required.

This follow up inspection was completed to review progress against actions the provider identified as required and had submitted to the Chief Inspector of Social Services as part of their compliance plan. This review of progress was to attain the necessary assurances and inform a registration renewal decision.

Overall the inspectors found substantive improvements in the use of current resources, an enhanced and improved governance structure in place and clear strategic direction for the provider. Engagement with the services funder had taken place and business cases had been submitted to their funder based on assessments of residents' changing needs.

The inspectors met with members of the provider's executive, local management team and a member of the Board, in addition to reviewing comprehensive documentation and plans.

Residents were not in their homes on the day of inspection having gone to day services, out on personal activities or away from the houses. Inspectors had already met with all 18 residents during the previous inspection.

As an outcome of this inspection inspectors found that the provider had provided the required assurances.

Inspectors found that the provider had addressed key areas which in turn had moved the centre for the most part into compliance with Regulations. Clear governance plans were found to be in place and evidence of same were reviewed. These included the arrangements regarding filling vacant posts, the development of a wrap around service, Chief Executive Officer (CEO) recruitment and service funding.

Overall inspectors found that this is a well run centre and staff and residents were recorded as highlighting positive changes to their already good quality of life following the recently implemented changes.

Capacity and capability

The previous inspection in November 2023 found that while residents were happy in the centre, many aspects of the service provided was led by the resources (mainly staffing) available and by the long established routines and not necessarily by the residents assessed needs.

This inspection found that the provider and person in charge had reviewed all available resources, including staffing supports from within day services, and had reviewed the traditional routines of the day.

Now staff from the day services were allocated to provide more of an individual 'wrap around service' that supported the residents from their home as well as from within their day services. This allowed residents to direct their day in a more proactive manner and to make decisions such as having a lie in or staying at home on occasion. This was reported to have had a very positive impact for all residents but in particular for those residents who were in their 70s or 80s.

The provider had also reviewed their management team since the previous inspection and changes in personnel had been made to the role of person in charge and integrated services manager, a role that incorporated person participating in management of the centre. Protected time had been allocated to the team leaders within the four houses that comprised this centre and this had further enhanced oversight of the service.

Regulation 15: Staffing

A number of previous inspections, including November 2023, found that the level of staffing support available in this centre to meet the assessed needs of residents was not compliant. The provider had confirmed to the Chief Inspector that they would address this by submitting an application to the funder of their service to allow for increased staff support.

As reported in November 2023 the inspectors found that funding applications had been made in September 2022 and again in February 2023 and following the last inspection inspectors acknowledge that these had been revised and resubmitted. The provider had also met with their funder to regularise a previously unfunded residential placement, this included determining the resident's wishes and preferences.

However, at this inspection despite the clear improvement to residents experiences due to the implementation of the wrap around service, which was positive, the position regarding staffing resources remained unchanged with additional whole time equivalent (WTE) staffing still required to support residents.

The residents' support needs had been reviewed since November 2023, as outlined under Regulation 5 below to ascertain current presenting needs. As stated below these assessments require further review. While waiting for the outcome of the

submitted business cases the current staffing arrangements in the evenings and at weekends outside of the newly introduced wraparound service remain unchanged.

Judgment: Not compliant

Regulation 23: Governance and management

The provider has recruited into the positions of authority and accountability within its governance team. Since the last inspection of the centre there has been a change of individuals in the role of person in charge and person participating in management (also integrated services manager). In addition, the team leader positions in the four residential houses have been allocated protected administrative time. These changes have allowed the person in charge to delegate and share the administrative work with the team leaders who in turn have enhanced oversight of their houses.

The governance structure has also allowed for the local management team to review strategic plans and governance plans and to actively implement actions identified as required. There was evidence of clear communication with the Board and improvements that had been made to the oversight and reporting systems at all levels within the organisation.

As indicated already, while improvements had been made in more efficient deployment of current resources via the introduction of a wrap around service, the overall resourcing of the service did not ensure sufficient resources were in place to effectively deliver care and support in line with assessed needs.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had reviewed the service contract that was in place for all residents. These were being amended to accurately reflect the charges/fees that may be incurred and to reflect the residents assessed needs. The proposed new contract was available for review and was aligned to the provider's policy on admissions and their provision of services policy.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that all incidents had been notified to the Chief Inspector in line with the requirements of the Regulations.

Judgment: Compliant

Quality and safety

Overall the inspectors found that the provider and person in charge had made very good progress against actions identified at the previous inspection. This included the review of all individuals' personal assessments of need. While some further detail was required within these they were found to have informed the review of resources as part of the provider's business case.

In particular the provider had reviewed safeguarding process and previous allegations of concern as identified in November 2023. There were robust procedures now in place and in line with the provider's policy which had been updated and inspectors also reviewed.

The provider was reviewing how it offered person-centred care and support to residents and had initiated a wrap around service during the week. This had been in place a short while (approx 3 weeks) and it's effectiveness will require ongoing monitoring and review.

Regulation 5: Individual assessment and personal plan

The inspectors acknowledge that substantial work has been completed by the provider and person in charge in reviewing all 18 residents' assessments of current need. Samples of these were reviewed by inspectors.

While they were found to be up-to-date they required further detail to demonstrate that a multi-disciplinary review had taken place. The detail regarding current supports was not consistently documented over all assessments. It was also unclear how the levels of staff support and supervision required to maximise resident personal development and quality of life had been reviewed or determined in all circumstances for example at weekends or Monday to Friday.

Judgment: Substantially compliant

Regulation 8: Protection

Residents continue to be safe and well protected in this designated centre. While a specific safeguarding allegation had been identified during the November 2023 inspection that had not been fully investigated this was now investigated and closed. The provider had demonstrated that they were now managing all safeguarding allegations and concerns in line with national best practice and their own policy which had been updated.

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 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for MooreHaven Centre (Tipperary) DAC OSV-0003723

Inspection ID: MON-0041973

Date of inspection: 12/02/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> - The provider continues to negotiate with the services funder to secure the funding required to provide the staffing resources as per assessed needs and subsequent business cases submitted. This will be completed by the 30th June 2024. - The board of management have advised that failure to secure this funding will result in the services refusal to sign the service arrangement with the funder in 2024. This will be completed by 30th June 2024. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> - The recruitment process for the position of CEO has commenced 21/02/2024 and it is proposed that following a successful recruitment campaign the new CEO will have commenced in their role by 30th April 2024. - Following registration of the designated centre the provider will further reduce the administrative burden of the person in charge by submitting an application to vary the designated centre to reduce its size. The application will be submitted by the 30th April 2024. 	

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:</p> <ul style="list-style-type: none">- The comprehensive assessment of needs will include a detailed multi D approach which will include assessments, some of which are already in place in the designated centre such as the annual health check report. The staffing requirements will be developed from these assessments of needs for all residents to include staffing at weekends and during the week. This will be completed by 31st march 2024.	

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.	Not Compliant	Orange	30/06/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that	Substantially Compliant	Yellow	31/03/2024

	arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(6)(a)	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 be multidisciplinary.	Substantially Compliant	Yellow	31/03/2024