



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

Issued by the Chief Inspector

Name of designated centre:	Maryville Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	15 September 2021
Centre ID:	OSV-0005520
Fieldwork ID:	MON-0034063

About the designated centre

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

This is a residential service managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. This centre comprises of a two-storey dwelling and can accommodate up to four female residents with low to moderate intellectual disability from 18 years of age to end of life. The centre comprises of a hallway, four residents' bedrooms, one staff room, a kitchen and dining area, a utility room, a shared bathroom, a shared toilet and two sitting rooms. Residents also have access to well-maintained gardens to the front and rear of the centre. During the day, one resident receives one to one staff support and a second staff supports the other two residents. At night, residents are supported by a waking night staff, to ensure their health and safety needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 15 September 2021	09:30hrs to 14:45hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

In this centre there was evidence of good quality care and a person-centred service. Residents appeared to have a good quality of life and they were supported to engage in activities that were meaningful to them.

The centre consisted of a two-storey house situated on the edge of a town. There was a COVID-19 sanitisation station set up at the front door and, throughout the inspection, the inspector adhered to public health guidance on the prevention of infection of COVID-19. The house was clean, tidy and welcoming. One bedroom was located downstairs and three bedrooms upstairs. All rooms were decorated to the residents' own taste. The bedrooms and living rooms in the house were personalised with the residents' photographs and artwork. The kitchen was bright and comfortable. It had been redecorated in recent weeks. The cabinets, paint, table and floor covering had all been chosen by the residents. There was a noticeboard in the kitchen with many photographs that showed the residents' engaging in various activities and social events from the previous month. The person in charge reported that the photographs changed every month and that residents kept their favourite photographs in a personal scrapbook. There were two large sitting rooms with comfortable furniture. There was a desk and office space in one sitting room that was used by staff. Residents had personalised certain parts of the living rooms for themselves; for example, there was a desk set up for one resident to write letters and do their artwork. A bathroom was located downstairs with a wetroom style shower. Another main bathroom was located upstairs and one bedroom was en-suite. The centre also had an office upstairs that was used by night staff. There was a garage that was used by the residents as a general purpose room for artwork and storage. Outside, the gardens were well maintained and there was patio furniture for residents to sit out and to meet visitors. The provider had identified areas of the house that needed refurbishment. There were plans to modernise some rooms and to make changes that would account for residents' possible mobility needs in the future.

The inspector met with three of the four residents who live in the centre. One resident was out for the day. The inspector spoke to the other residents at various times throughout the inspection. All residents reported that they were very happy in their home. They said that the staff were very nice and supported them to do the things that they liked and wanted to do. One resident showed the inspector a room that had been recently redecorated. They informed the inspector that they had chosen the furniture and décor. Another resident spoke about their social activities and showed photographs to the inspector of them going horse-riding. The resident also told the inspector that they do a lot of enjoyable activities in the house; for example, baking, artwork and jigsaws. Residents reported that they were happy to be returning to their regular activities as COVID-19 restrictions eased. Two residents left to go their day services on the morning of inspection and were very happy to attend. All residents reported that they stay in touch with family and friends. Residents had mobile phones, tablet computers for video calls, and were supported

to write and send letters. One resident welcomed visitors to the centre on the day of inspection and went out for a meal with them. Residents knew who to contact if they had any complaints or concerns and said that they would be happy to raise any issues with staff. Residents were included in the running of the house. Residents were involved in deciding the weekly menu, involved in household chores and cooking.

Staff and residents appeared very comfortable in each other's company. Staff interacted with residents in a very warm and respectful manner. Staff and residents were noted chatting and laughing together throughout the inspection. Staff respected the residents' rights. Residents were offered choices regarding their food, clothing and activities and these choices were respected. Staff were observed knocking before entering residents' bedrooms and requesting permission to enter their rooms. Staff supported residents with their communication and were familiar with their communication style. One resident used Irish Sign Language (ISL) as a primary means of communication. The person in charge had sourced an ISL tutor and staff had attended a number of online training sessions to learn ISL. The resident attended these sessions with staff. Staff reported that other residents had also learned and used some signs. There was a poster displaying core ISL signs on display in the kitchen.

Overall, there was evidence of a good service in this centre that promoted the residents' independence and respected their rights. There was a homely feel and pleasant atmosphere in the house and residents were active participants 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 the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs.

The inspection was facilitated by the person in charge who had very good oversight of the service and what was required to address the individual needs of each resident. The provider had completed the annual reports and six-monthly unannounced audits as outlined in the regulations. In addition, the provider had a number of other audits that were conducted routinely by staff and the person in charge. There was a schedule that outlined the frequency that these audits needed to be completed and the records showed that this had taken place in line with this schedule. There were action plans to address any issues that were identified on the audits and timelines for the completion of these actions. There was a quality improvement plan that was reviewed monthly and identified specific service

improvement targets within a specified timeframe. There was evidence that actions were taken to address these targets. There were clear lines of accountability and defined reporting relationships in this service. Staff were aware who to contact if they had any concerns.

The number and skill mix of staff in the centre was sufficient to meet the assessed needs of the residents. There were sufficient staff on duty to support residents engage in meaningful activities in the house and in the wider community. The provider had enough staff members so that agency staff were not required for this service. There was a consistent team who were familiar to residents working in this centre. Some staff members worked across multiple centres to facilitate staff leave. The person in charge reported that a request had been submitted for additional staff so that annual leave could be covered by a core team specifically allocated to this centre. Nursing support was available as required and an on-call nursing service was available outside of regular hours. Staff received supervision annually in line with the provider's guidelines. There were regular staff meetings. Staff reported that they felt supported in their roles and that they enjoyed their work. They reported that they were given the opportunity to use different skills in their roles that enhanced the quality of the service for residents; for example, art skills and using photographs to support residents keep records of their activities and social events.

The provider had identified a number of training areas that were mandatory for staff. Staff were mostly up to date in their training in these areas. For example, all staff had up-to-date training in fire safety and safeguarding. Where some staff needed refresher training, this had been identified by the person in charge who had contacted possible trainers to address these needs. If access to training was difficult due to COVID-19 restrictions or lack of access to online sessions, the person in charge had contacted other training providers to investigate the possibility of delivering these sessions. The person in charge had also up-skilled to become a trainer in medication administration.

A review of incidents showed that staff had recorded any adverse events and near misses. The log of incidents showed that actions were taken to address these incidents. Any incidents that required notification to the Health Information and Quality Authority (HIQA) had been reported in line with the regulations.

Overall, there was evidence that there was good governance and management in this centre. The provider had systems in place to monitor the quality of the service delivered. The number of staff and their skill mix were suited to meet the assessed needs of the residents and to support them with their personal and social goals.

Regulation 15: Staffing

The number and skill mix of staff was sufficient to meet the assessed needs of the residents. Nursing support was available as required. Staff received support and supervision. There was a consistent team of staff working in this centre who were

familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were largely up to date with their training in mandatory areas. Where refresher training was required by some staff, this had been identified by the person in charge who had plans to ensure that this training was delivered.

Judgment: Compliant

Regulation 23: Governance and management

There was a good system of governance and oversight in this centre. The provider had completed annual reviews and six-monthly unannounced audits in line with the regulations. In addition, there was a suite of further audits completed throughout the year. There were clear reporting relationships and accountability in this service.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had reported any notifiable incidents to HIQA in line with the regulations.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests.

The centre itself was homely and, overall, in good structural and decorative repair. There was enough space for residents to meet together or to spend time alone. There was sufficient room for residents to entertain visitors and meet with them in

private. The entire house was personalised with the residents' belongings, photographs and artwork. The kitchen was stocked with fresh food and fruit was available on the countertops. Meals were home cooked and residents reported that they were very happy with the food in the centre. They reported that they chose what they wanted to eat and could get an alternative if the food was not to their liking. A review of menu plans showed that residents ate varied and nutritious meals.

Each resident had an individual assessment and a personal plan. The assessments were reviewed annually and residents attended their annual review meeting. The residents' goals were based on their interests and what they wanted to achieve in the coming year. The goals were reviewed with the resident every 8 to 12 weeks to check on their progress. New goals were added during the year as appropriate. A review of the goals showed that they covered house-based activities, maintaining connections with family and friends, and engaging in the wider community. The personal plans showed that residents were supported to achieve their goals and to take part in personal and social activities that they enjoyed. The residents' healthcare formed part of their overall plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding care plan. These plans were reviewed throughout the year and updated as required. There was evidence of input from a variety of healthcare professionals as necessary. This included input from a behaviour support therapist who assisted in the development of behaviour support plans. Strategies outlined in these plans were in use in the centre on the day of inspection. For example, there was a noticeboard displaying the planned activities for one resident for the day. The resident showed this board to the inspector.

The residents' rights were respected in this centre. As outlined previously, residents' choices, privacy and dignity were respected. Residents were active participants in the running of their home through conversations with staff and through the residents' weekly meeting. Residents were supported to communicate their needs and wishes. Residents had access to speech and language therapy if required. Residents had access to mobile phones, television, radio and the internet.

Residents' safety was protected in this house. All staff were fully up to date on safeguarding training. The provider conducted safeguarding audits. When asked by the inspector, staff were knowledgeable of the steps to be taken should they have any concerns about abuse. The contact information for the designated officer was displayed in the centre. Residents' were also protected from infection. The provider had a routine cleaning schedule and an enhanced cleaning schedule had been introduced since the beginning of the COVID-19 pandemic. Records showed that this cleaning regime was completed in line with the provider's guidelines. Regular temperature checks were conducted with residents and staff. There was a plan in place for residents to self-isolate in cases of suspected or confirmed COVID-19. The provider had completed the HIQA infection prevention and control self-assessment. The provider had a risk register for the centre and had identified control measures to reduce the risks. There were also risk assessments in place for each individual resident. The risks were routinely reviewed. The provider had taken measures to protect residents from the risk of fire. Fire doors with self-closers were fitted on

doors in the living spaces and bedrooms in the house. The provider had good management systems for detecting, containing and fighting fire which were regularly checked by an external company. Additional fire warning systems were installed in the house as some residents had hearing impairment. Residents had personal evacuation plans and fire drills were completed routinely, simulating different conditions in the house. Learning outcomes from these drills were recorded.

Overall, residents in this centre received a good quality and safe service. Supports were available to meet their assessed needs and residents were enabled to fulfil their personal and social goals. Residents were included as active participants in the running of the centre. Their rights were upheld and their independence was promoted.

Regulation 10: Communication

Residents were assisted and supported to communicate their needs and wishes. Staff had engaged in additional training to support residents with their communication. Residents had access to appropriate media.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation and were supported to engage in activities that were in line with their interests. Residents were supported to maintain links with their families, friends and to engage in the wider community.

Judgment: Compliant

Regulation 17: Premises

The house was suited to the residents needs. The house was in good structural and decorative repair with plans for refurbishment. Residents had their own room and space for privacy. The house was personalised with the residents' photographs, belongings and artwork.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents choice at mealtimes was respected. There was ample fresh, wholesome food in the house. Meals were prepared in the house to the residents taste. Weekly menu planning was conducted with the residents' input.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good systems in place for the detection, containment and fighting of fires. An external fire company routinely checked these systems. The staff in the centre conducted regular checks of all fire equipment and conducted regular fire drills with the residents. The drills were simulated under different conditions and learning from the drills was recorded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated with input from the residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were well managed. Health assessments were conducted. Care plans were devised for any health need identified on the assessment. There was evidence of input from a variety of health professionals as required by residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans were devised with input from a behaviour support therapist. The strategies outlined in these plans were observed in use to good effect. Any restrictive practices were regularly reviewed, discussed with residents, and their use was logged.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from abuse. All staff were trained in safeguarding. Safeguarding was included in the provider's audit schedule. Staff were knowledgeable on the steps that should be taken in cases of suspected abuse. The residents' personal plans included intimate care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld. Residents were routinely offered choices and these choices were respected by staff. Residents were active participants in the running of the centre. Staff respected the privacy and dignity of each resident.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant