



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

Issued by the Chief Inspector

Name of designated centre:	Ceol na Mara
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	27 June 2024
Centre ID:	OSV-0005867
Fieldwork ID:	MON-0036241

About the designated centre

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

Ceol na Mara is a full-time residential service run by the Health Service Executive. The centre can provide for up to four residents who are over the age of 18 years, with an intellectual disability. The centre is located in a rural location, close to a village in Co. Sligo. The centre comprises of a single-storey detached house, which includes a kitchen/living area, two sitting-rooms, utility, resident bedrooms and bathroom facilities. Large gardens are available for residents to enjoy. The staff team provided consisted of both nursing and health care assistants, with waking night-time cover provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 27 June 2024	08:30hrs to 13:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with four residents, two staff and a student nurse. From what the inspector observed and was told, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to spend time with their families, to participate in the running of their home and be actively involved in their communities.

Ceol na Mara is a spacious bungalow located in a rural location surrounded by open countryside. Residents had access to dedicated transport and it was a short drive to the nearest town and local scenic amenities. This designated centre was a modern build home. The entrance was bright, spacious and welcoming with vases of flowers on the hall table. The kitchen and dining room were combined. There was a table in the centre of this room and the inspector observed that this was a central location for residents and staff to sit together, to enjoy meals and to chat. The kitchen was well equipped and there was a plentiful supply of nutritious foods provided. There was a utility room close by. It was clean, tidy and organised. Residents had the use of two sitting rooms, which they called the 'big sitting room' and the 'little sitting room'. This meant that they had a choice of rooms to relax in, either together or apart. Both rooms were nicely decorated and had lamps, pictures and battery operated candles which added to the mood of the rooms. There was a desk and a storage area in the corner of the little sitting room. One resident told the inspector that this was where the staff did their work and that they did not mind this at all. They pointed to the notice board on the wall and said that they liked to look at it, as it told them what was going on. The inspector found an additional sitting area to the rear of the house. This was a bright space, with a desk, a chair and a storage cupboard for a residents use. The resident had their own key for the cupboard and they proudly showed the inspector the items that they stored there. They spoke about the art and craft activities that they liked to do. It was clear that they were happy to have a dedicated space for their personal use. Each resident had their own bedroom, and those viewed by the inspector were cosy and personally decorated. Two residents had an en-suites, and two others shared a spacious bathroom. To the rear of the house there was a patio area with ramped access and garden furniture for residents' use. In addition, there was a mature garden, with trees, colourful bedding and the sound of bird song. The person in charge told the inspector that they had plans to further develop this area and that this was documented on the centre's quality improvement plan.

The inspector found that the residents living at this centre were familiar with each other as some had lived together in the past. Interactions between residents were noted as kind and companionable. For example, two residents were observed

sharing two similar items of interest to them and making decisions as to who owned which. In addition, the interaction between staff and residents were observed as equally kind and caring. Residents were offered support in a respectful manner and offered choices throughout the day, for example, what they wanted to watch on TV, a choice of drinks or snacks and the choice of what they wanted to do that day.

Overall, the atmosphere in Ceol na Mara was jovial on the day of inspection. A resident told the inspector that they were excited as they were going for lunch and then to a film launch event in a local hotel that afternoon. They explained that they were asked if they would like to be involved in a short film about living in the community, and that they agreed. Shortly afterwards, a film crew came to Ceol na Mara where they made a short film about their life at home and in their community. The inspector observed three of the residents and two staff preparing to attend the event. It was noted that they got ready together and were proud to show their new outfits for the event. There was a feeling of unity, anticipation and pride as they left on the bus.

One resident decided that they preferred to stay at the centre. The inspector noted that their decision was their own and they were noted as content with their choice. They were relaxing in the sitting room with a dedicated staff member to assist them with activities of their choosing that afternoon.

The person in charge facilitated the inspection and was present throughout. They gave the inspector four resident's questionnaires which were completed by residents with support provided. These questionnaire were designed to provide residents and their family members an additional means of providing feedback on the service provided. All responses returned positive feedback about the service provided, which included the quality of the food, liking living with their peers, doing jobs in the house and going on social outings.

Overall, this inspection found that residents at Ceol na Mara lived in a comfortable, warm and welcoming home that met with their assessed needs. Some residents were experiencing a decline in their health and wellbeing as they aged. It was clear that the provider and the staff team were keen to support them to age safely while remaining in their own home. The inspector found the residents had a range of support needs and a person-centred service was provided where choices and rights were respected. Where concerns arose, they were addressed promptly and in a proactive manner which met with the requirements of the provider's policies, local and national guidelines and in accordance with the regulations.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review.

As outlined, this was a registration renewal inspection and the statement of purpose was reviewed. It required a minor amendment which was completed on the day of inspection to ensure that it provided an accurate reflection on the service provided. The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre. Those reviewed were up to date.

The management structure consisted of a person in charge who reported to the provider representative. The person in charge had responsibility for the governance and oversight of two designated centres. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The staffing arrangements in place were reviewed as part of the inspection. The roster reviewed on the day of inspection provided an accurate account of the staff present in the centre. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used, however, they were consistently employed and were familiar with the residents and their support needs.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of the training modules attended. A sample of modules were reviewed with the person in charge. The majority were up to date. Where gaps were identified, they related to refresher modules and a clear and specific plan was in place for their completion in the near future. A formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. The person in charge commenced employment in October 2023. Should they be absent from their role, the provider had a contingency plan in place and they were aware of the reporting requirement of regulation 32 and 33. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced and the premises was of a high standard. In addition, the inspectors completed a review of incidents occurring and found that they were reported to the Chief Inspectors in a timely manner and in accordance with the requirements of the regulation.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided

Regulation 14: Persons in charge

The management structure consisted of a person in charge who reported to the provider representative. The person in charge commenced employment at this centre on 02/10/23 and had responsibility for the governance and oversight of two designated centres which were located close to each other. The inspector found that they worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the rosters available at the centre on the day of inspection. The person in charge explained that not all rosters were at the centre, as they were sent to the central office in error and subject to an archive process. Therefore, in addition to review of documents available and to seek assurance, the inspector spoke with all three members of staff on duty and to one resident. It was clear that a sufficient number staff with relevant skills were employed at this centre. Where additional staff were required to cover leave arrangements, this was planned for and facilitated. For example, the inspector met with an agency staff member on the day of inspection. They were consistently employed and familiar with the assessed needs of the residents. On-call arrangements were in place and these were reported to work well.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training matrix which was available for review in the centre. The inspector found that staff were provided with access to mandatory and refresher training, as part of a continuous professional development programme.

The inspector reviewed a sample of training modules which included, fire training, positive behaviour support, safeguarding and protection training, and first aid training. Out of a complement of 8 staff members, 1 required refresher training in first aid and this was booked for 02/07/24. An additional staff member who worked at night time required refresher training in positive behaviour support and a date was booked for August.

The person in charge had a schedule of staff supervision and performance

management. All 8 staff members had supervision meetings which were held in February 2024.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective governance arrangements in place in this centre with clear lines of authority. The person in charge commenced employment in October 2023 and were well settled into their role. They had systems and processes in place to guide the staff team which assured the delivery of good quality and person-centred care and support.

Audits were used in this centre. The annual review of care and support was completed on 27/02/2024. The unannounced six monthly provider-led audit was completed on 10/04/2024. In addition, the provider had a schedules of daily, weekly, monthly and quarterly checks. The inspector found that these were effective in spotting gaps in the service provider. For example, a safeguarding awareness audit had identified gaps that required attention and work on this was ongoing at the time of inspection. All information gathered and actions identified were documented on a quality improvement plan which was reviewed on 25/06/2024.

There were good formal and informal communication systems used in this centre. The inspector found that the staff team were actively encouraged to participate in decisions made and to share their knowledge of the residents and their needs. For example, the provider had ordered a new vehicle for the service which would cater for resident with additional mobility needs. Staff told the inspector that they were involved in the decisions made about the type of vehicle and its suitability for the residents, and that they looked forward to its arrival.

In addition, staff were aware of how to raise concerns if required to do so. When asked, the person in charge outlined a concern that was raised by a staff member which related to a resident's personal affairs. A review of the details found that the staff member's concern was acknowledged and a plan was put in place to support all parties involved and to ensure a good outcome for the resident and their family.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was available in writing in the centre. It was reviewed on the day of inspection. An amendment was made to ensure that it met with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had effective incident reporting and management systems in place. A review of incidents arising found that they were reported to the Chief Inspector in line with the requirements of the regulation.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was familiar with the notification requirements under this regulation and aware of what to do should the person in charge be absent from their role.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was familiar with the notification requirements under this regulation and they had suitable procedures and arrangements in place to cover the role of person in charge if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. The provider sampled eight policies that were relevant to resident's needs and to the service provided. They were found to be subject to regular review and to meet with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Ceol na Mara were happy in their home. They were provided with person-centred care and support by a skilled and experienced staff team. The systems in place ensured that residents were consulted about the centre and that their health and wellbeing were regularly monitored. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community in accordance with their wishes.

Residents' healthcare needs were assessed and comprehensive plans of care were developed to guide the management of these needs. They received person centred care that supported them to be involved in community activities and to set goals that they enjoyed. Access to a general practitioner (GP), multi-disciplinary care and consultant-led care was provided as needed.

The provider and the person in charge promoted a positive approach in their response to behaviours that challenge. Access to a positive behaviour support specialist was provided and behaviour support plans were provided if required. Restrictive practices were not used in this centre. Overall, the inspector found that the rights of residents living at Ceol na Mara were respected and promoted. Residents were supported to understand information through the use of easy to read stories and they participated in decisions made. The support of an advocate was provided if required.

The inspector found that the effective governance arrangements in place positively impacted on the safety of the service provided. The provider had systems in place to ensure risks were identified, assessed and managed within the centre. Where risks were identified in relation to residents, there were corresponding care plans and protocols in place. This meant that there was a co-ordinated approach to the management of risk and the care and support provided.

As outlined, the premises provided was of a high standard internally and externally. The layout and design was in line with the statement of purpose and was of sound construction throughout. Fire management systems were evident throughout the centre. The included systems and processes to detect, contain and extinguish fire. Residents had individual escape plans and fire drills were taking place in line with the provider's policy. Staff fire prevention training was up to date.

In summary, residents at this designated centre were provided with a good quality and safe service, by a consistent staff team. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. Residents told the inspector that they were happy living in the centre, that they could make choices about their lives and that they were supported to spend time with their families and their communities.

Regulation 17: Premises

The premises provided was of a high standard internally and externally. The layout and design was in line with the statement of purpose and was of sound construction throughout.

The facilities provided met with the residents assessed needs and were well maintained. For example, level access was provided throughout the property and handrails were provided where advised. The property was warm, with good lighting and appropriate ventilation. Furthermore, a high standard of cleanliness was maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to assess, management and mitigate against risks arising in the centre. The health and safety policy and risk management policies were up to date. Where incidents occurred they were documented and reviewed by the person in charge on a monthly basis. Where trends were identified these were reviewed at provider level by an incident review group.

Residents at this centre were at risk of falling. The inspector found that residents had multi-factorial fall assessments completed. Where a fall occurred, a post falls review was completed on the same day (21/11/23).

In addition, a seizure management risk was identified in this service. The inspector found that the staff team worked together to ensure that both nursing and non-nursing staff were trained in the administration of emergency medications. This meant that the resident could live a full and active life in their community as a trained staff member could be present if required.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. All staff had mandatory and refresher training completed.

Residents were provided with person emergency evacuation plans and staff employed were familiar with the building and with the escape routes to follow if required.

Fire drills were completed on a regular basis. The person in charge designed both daytime and night-time scenarios. These had specific details relating to the location

of the simulated fire and the location of the residents. These details were not made available to staff prior to the drill. Staff were only aware when they checked the fire panel which was where the scenario details were posted. This meant that comprehensive fire drills were occurring which encouraged staff to think quickly and evacuate using the safest possible route. In addition, all other fire safety checks on doors, lighting and fire-fighting equipment were taking place regularly and the information was recorded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that all residents had personal plans completed, which detailed their needs and wishes, and outlined the supports they required in order to reach their full potential. Residents and their representatives were involved in decisions made and person-centred goals were agreed.

For example, one resident liked to collect and recycle drink containers using a refund scheme. They had an easy to read pictures of this activity which they appeared to enjoy showing the inspector.

Others attended lunchtime music events at the theatre, went on trips to religious shrines or met with their friends for dinner.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the health and wellbeing of residents in this centre was prioritised in this centre and promoted to a high standard.

Residents had access to a general practitioner (GP) of their choice and were supported to make decisions about their care. Where residents declined assessment or treatment, this was listened to. However, additional efforts were made to ensure that the resident was supported to fully understand their decision and to re-assure them. For example, one resident had meeting held with their GP, the person in charge and the advanced nurse practitioner (ANP) in order to ensure a co-ordinated approach to their care. Furthermore, they were provided with easy to read information from the speech and language therapist (SALT) to further support their understanding.

Where residents did not wish to participate in national screening programmes, this was respected and an alternative plan was arranged. For example, female residents

had access to a breast health plan which being rolled out in the service.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and the person in charge promoted a positive approach in their response to behaviours that challenge.

Access to a positive behaviour support specialist was provided and it was clear that a measured approach was used. For example, resident's only had positive behaviour support plans if it was clear that they were required. If behaviours could be attributed to other possible decline, such as dementia, then this was assessed first.

Restrictive practices were not required in this centre and not used.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were respected and promoted at this centre, in accordance with their wishes, age and nature of their disability. Residents had the freedom to participate and consent to decisions about their daily lives and were observed making choices on the day of inspection. For example,

A resident spoke about being asked to participate in a short film about their experiences of living in the community. They had time to consider this and then to provide both verbal and written consent.

Another resident was observing declining activities during the day. This was acknowledged and respected. The person in charge said that this resident also declined some medical assessments and procedures. They described the adapted arrangements that were in place to support their understanding, promote their rights and balance this with supporting their medical needs in the best possible way.

Access to an advocacy service was provided and the poster was displayed on the residents' notice board. In addition, an easy to read version of the annual report of care and support was provided for residents use.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 9: Residents' rights	Compliant