Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Elmville
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	17 February 2023
Centre ID:	OSV-0001821
Fieldwork ID:	MON-0038249

About the designated centre

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

This service is provided in a purpose built, single storey residence located in a housing development in a rural village. A maximum of six residents can be accommodated and the service supports residents with higher needs in the context of their disability. The provider aims to provide an individualised service informed by the needs, choices, interests and preferences of each resident. Residents are encouraged to maintain family and community links. The centre is open on a full-time basis and a staff presence is maintained at all times. The staff team is comprised of care assistants and social care works led by the person in charge who is a registered nurse in intellectual disability nursing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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 17 February 2023	09:00hrs to 15:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed within the designated centre Elmville. The inspection was completed to monitor ongoing compliance to the Health Act 2007. The inspection of the centre was facilitated by the residents currently residing in the centre, the staff team and a member of the management team. Overall, the inspection evidenced a good level of compliance with the registered provider with some improvements required to ensure residents were supported to avail of services within their local community.

The person in charge greeted the inspector and welcomed them to the centre. On arrival staff present were supporting residents to commence their day. Some residents were rising from bed with others being supported to have their breakfast in the dining room. The inspector met with the person in charge regarding the centre and the support needs of residents. One resident did come and met with the inspector on their arrival. Staff introduced the resident to the inspector. The resident smiled at the inspector and went with staff to go have their breakfast.

The person in charge discussed with the inspector the recent reduction in their governance remit. They now hold person in charge role in two designated centres. Following this change the person in charge had increased oversight in the day to day operations of the centre. They developed an audit schedule to ensure oversight was maintained with a number of duties allocated to members of the staff team.

Elmville presented as a detached bungalow in a small rural village. Residents were supported to have their own bedroom with their own personalised items present. Resident's interests were evident with one residents bedroom decorated with superheroes. Some work was required to the interior and exterior of the building to ensure it was in a good state of repair. Some residents were in process of picking out colours for their bedrooms to be ready for the painting process.

One resident was very socialable and called to meet the inspector on a few occasions during the day. They smiled at the inspector and communicated in their unique way. One resident has a keen interest in music and GAA. This was supported on the day of the inspection with the resident spending time in their room doing these activities. Residents activities in the centre tended to be in house based with minimal evidence of community activation or social activities. Activities observed by the inspector during the day were table top active, reading books, watching TV and doing the recycling some resident did go for a short local walk.

Residents did appear very comfortable in the company of staff and interactions were observed to be jovial and respectful in nature. While a number of residents communicated through non-verbal means staff were aware of their needs and what they were communicating. One resident was being supported to get ready for a home trip, staff supported both the resident and their family with this is a very

respectful manner.

This inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed needs. 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 on the quality and safety of the service being delivered.

Capacity and capability

Elmville presented as a designated centre with good governance systems and oversight in place that overall ensured that residents received a good quality service that was in line with their assessed needs. The centre was last inspected in June 2021. Following this inspection, the registered provider had not ensured all areas of non-compliance identified had been addressed.

The person in charge was available throughout the inspection if required. All members of the governance team met with on the day of inspection were very informed of the needs of the residents and the requirements of the service to meet those needs. The person in charge had good oversight of the service which had increased since a recent decrease in their governance remit. They had the required qualifications and relevant experience as outlined in the regulations. The person in charge reported directly to the director of services. The person in charge ensured any areas of concern or action requiring attention to improve service provision was escalated to senior management.

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management. However, as required not all incidents were notified in accordance with Regulation 31. The person in charge had ensured all incidents were addressed accordingly but notifications had not been submitted. These were submitted retrospectively on the day of inspection.

The provider maintained oversight of the service. The provider was in the process of completing an annual review into the quality and safety of care and support in the centre for 2022. In addition, unannounced audits were completed six-monthly in line with the regulations. This had last been completed in November 2022. These reports identified good practice in the centre and areas for improvement. These were addressed and monitored through an action plan. Some minor improvements were required to ensure monitoring systems were utilised to identify areas for

improvement including general welfare of residents and service agreements in place.

In addition, the person in charge completed a range of audits in the centre. The person in charge had developed a schedule to monitor the day to day operations of the centre and to ensure all required audits were completed in a timely manner. These included review of training logs, risk assessments, medication audits and infection control audits. All audits had a required action plan to ensure areas of non-compliance were addressed. These plans included the person responsible to complete the action. Actions in place were evident to drive service improvement within the centre.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. Nursing care was provided by the person in charge. The person in charge maintained a planned and actual staff roster in the centre. There was a regular team of staff in the centre to promote continuity of care. Staff spoken with had an awareness to the needs of the residents currently residing in the centre. Regular team meetings to ensure all staff had the opportunity to raise concerns or for issues to be addressed.

There were no active complaints in the centre at the time of inspection. A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through house meetings and individual key worker sessions.

Each resident in the centre had been supported to sign a contract of service provision. As required residents obtained support from a family representative or staff member to complete this form. It was evident however that some improvements were required to these documents. Some documents reviewed did not reflect the correct staffing provided within the centre, others did not contain all required information as set out by the provider within the document. This was an action was the previous inspection that had not been addressed.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre. They held governance over two designated centres.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. From a review of the rosters, the inspector observed that there were adequate staffing levels in place in order to meet the needs of the residents.

Nursing care was afforded to residents as required.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place and met the requirements of this regulation.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a clearly defined management structure to the designated centre. Members of the governance team had an awareness to the current and changing needs of the residents currently residing within the centre. However, Following the previous inspection, the registered provider had not ensured all areas of non-compliance identified had been addressed

The person in charge completed a range of monitoring tools to ensure a safe and effective service was afforded to residents. These were completed in conjunction with the regulatory required annual review of service provision to monitor compliance with standards and to drive service improvement within the centre.

Some minor improvements were required to ensure monitoring systems were utilised to identify areas for improvement including general welfare of residents and service agreements in place.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Written service agreements were in place which outlined the fees to be charged to

live in the centre. However, these required review to ensure the document reflected the current status of the agreement, the correct organisational personnel and to ensure all required fields were completed n full.

This was an outstanding action from the previous inspection of the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that the organisational structure and whole-time equivalent (WTE) hours were accurate.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Two alleged incidents had not been notified to the Chief Inspector within the time frame specified in this regulation.

Judgment: Not compliant

Quality and safety

Elmville designated currently provided residential support to six residents. Within the centre it was evidenced that residents' wellbeing was maintained by a good standard of care and support. Improvements were required to ensure residents were supported to take part in activities that were meaningful to them and in line with their interests including music and religious services. There was limited evidence on the day of inspection of resident's participating in activities in the local community. Activities such as Sonas and music therapy were completed within the centre. While residents had individual goals in place pertaining to community activities there was no evidence of these being progressed within documentation for example swimming. From activity records reviewed one resident had only left the centre once in the month previous to the inspection. Another on three occasions. This required review.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and guidance for staff. Personal plans were holistic in nature and incorporated such

areas as health care, communication, skills training and emotional supports required. Staff spoken with had an awareness of the each resident's personal plan and the supports which were to be implemented. Staff were observed adhering to support plans in place relating to such areas as communication, healthcare and mealtimes.

The residents' health care formed part of their personal plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding health care management plan. These plans were reviewed throughout the year and updated as required. The plans gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a variety of health care professionals and specialist medical consultants as necessary.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer and complaints officer were on display in the centre. Safeguarding was included as an agenda item on residents' meetings and team meetings to ensure a consistent approach. Residents had personal and intimate care plans in place.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Environmental audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre specific risks for example, epilepsy and fire safety. Control measures were in place to guide staff on how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks.

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly to ensure their specific support needs were met. Some staff spoken with on the day of the inspection discussed the fire evacuate procedure with the inspector.

Regulation 13: General welfare and development

Improvements were required to ensure all residents had access and opportunities to

engage in activities in line with their preferences, interests and wishes. Opportunities were not consistently provided for residents to participate in a wide range of activities in the centre and the local community.

Judgment: Not compliant

Regulation 17: Premises

The centre was clean, suitably decorated and accessible to the residents living there. The premises were laid out to meet the aims and objectives of the service and the needs of residents. Each resident had their own bedroom and access to communal spaces.

Some work was required to ensure the centre was in very good structural and decorative repair.

Judgment: Substantially 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 individual isolation plans were in place to support residents to self-isolate should the need arise. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly incorporating day and night support requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was support to develop and maintain an individualised personal plan. These plans incorporated an annual multi-disciplinary assessment of each individuals personal needs. Residents were supported to develop personal goals during an annual person centred planning meetings with evidence of progression of these goals in place.

Guidance for staff was laid in a range of areas such as health, social and emotional supports. This ensured a consistent approach to support and adherence to multi-disciplinary guidance.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day to day operations of the centre through keyworker and house meetings.
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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elmville OSV-0001821

Inspection ID: MON-0038249

Date of inspection: 17/02/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To return to compliance with Regulation 23 the annual review was completed 28/03/2023. There are now 2 area managers in situ to support Persons in Charge therefore annual reviews going forward will be completed within the required timeframe. Recruitment is ongoing for a vacant Area Manager position.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: To comply with Regulation 24 all the Terms and Conditions of Residency were sent to senior management on 21/02/23. These have been reviewed and amended.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: To comply with Regulation 3 the Statement of Purpose was reviewed and updated and has been forwarded to Hiqa on 07/03/2023.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: To regain compliance with Regulation 31 NF07 reports X 2 were sent to Hiqa as requested 20/02/23.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development:	

Following inspection the identified resident's activity records were reviewed which indicated that the resident in question did go out socially 5 times. This was evident from a second recording sheet which was in use in the residence without the knowledge of the Person in Charge. A new easy read template and a new tracker is now place since 03/04/23. The Person in Change has also added a review of same to her monthly check list for oversight.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To comply with Regulation 17 the painting of the premises is scheduled to commence mid- May 2023, both on externally and internally. Residents will be supported to choose colours of their own rooms and the rest of the premises. Maintenance have repaired the damaged wall in bathroom. Maintenance has also commenced on the storage area.	

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	03/04/2023
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	03/04/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2023

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	07/03/2023
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	07/03/2023
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	07/03/2023
Regulation	The person in	Not Compliant		20/02/2023

31(1)(g)	charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.		Orange	