



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

## Issued by the Chief Inspector

Name of designated centre:	The Hollow
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	09 August 2023
Centre ID:	OSV-0002478
Fieldwork ID:	MON-0031489

## About the designated centre

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

The Hollow is a full-time residential service that can provide care and support for five adults with an intellectual disability. The house is a bungalow that comprises: five bedrooms, two bathrooms, one en-suite, two sitting rooms, a kitchen/dining area, and a large garden to the rear of the house with tarmac and a large lawn at the entrance of the house. The house is located between two nearby towns in Co Westmeath. Residents have access to local amenities such as shops, restaurants, bars, and cafes. Residents receive support on a twenty-four-hour basis from a team of staff nurses and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Wednesday 9 August 2023	10:30hrs to 17:30hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection conducted in order to monitor on-going compliance with the regulations and to inform the decision to renew the registration of the designated centre. The designated centre provides a full time service to two residents with complex support needs.

On arrival at the designated centre the inspector found that one resident had gone out for activities, and the other who had not yet gone out was in the garden with a staff member, and appeared to be content and enjoying the garden area. This person greeted the inspector with a smile and a wave. They were sitting beside a water feature in the garden, and appeared to be enjoying this. Staff explained to the inspector that this was a favourite feature in their previous house, so the staff had sourced the same water feature and installed it in this house to ensure continuity, knowing that this was something valued by this resident.

The other resident returned later from their morning activity, and invited the inspector to visit their bedroom. They proudly showed the inspector their collections in their room, and during the course of the interaction asked the staff member to go through the staff roster and explain who would be on duty for the next few days. The staff responded, and it was clear that this was a familiar interaction between them.

As it was close to lunch time, the staff began to make preparations, and explained to the inspector how important it was to the resident that the timing of this process was outlined to them. The resident had expressed a preference for a particular food item for lunch, and the staff member had supported them to purchase this whilst out, and then prepared it for them.

After lunch the resident approached a staff member who was discussing documentation with the inspector and told them all about dinner and about their collection of CDs. They discussed with the staff member their forthcoming phone call with a family member, and were clearly keen to have this conversation.

Further examples of positive support from the staff team included the steps taken towards residents achieving their goals. For example, one of the residents had a goal of going abroad for a holiday, so they were being supported to make steps towards this goal. They had taken a short domestic flight in preparation for a longer trip.

It is of note that there had been a significant reduction in behaviours of concern for both residents since they moved into this designated centre, and this resulted in positive outcomes both in terms of opportunities, and in improved healthcare.

Throughout the inspection the inspector found a caring and consistent staff team who were person centred, and very familiar with the support needs of residents. The

rights of residents were upheld by the staff team, however this was not always supported by the organisation. In this regard, the management of residents' finances is discussed further under regulation 9 in this report. In addition, some improvements were required in the management of medication.

However, overall residents were supported to have a good quality of life and to have a meaningful day with support from a dedicated and person centred staff team. There was evidence of residents being supported to maximise their potential and to be supported in making choices and decisions for themselves.

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

## Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed including a suite of audits, six monthly unannounced visits on behalf of the provider and an annual review of the care and support offered to residents. There was an appropriately qualified and experienced person in charge who had clear oversight of the centre.

There was knowledgeable and caring staff team who were in receipt of all relevant training, and demonstrated good knowledge of the support needs of residents.

There was a clear and transparent complaints procedure which was displayed in the centre, and was made available to residents and their representatives in an accessible version.

The centre was adequately resourced, and all required equipment was made available to residents.

## Registration Regulation 5: Application for registration or renewal of registration

All the required documentation was submitted in support of the application to renew the registration of this designated centre.

Judgment: Compliant

## Regulation 14: Persons in charge

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

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained. The provider had ensured that only staff known to the residents were on duty.

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. Both a planned and actual roster were maintained in accordance with the regulations, and there were strategies in place to show that any absences were filled by staff familiar to residents. This was particularly important in this designated centre.

All staff engaged by the inspector were knowledgeable about the care and support needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents, for example in the support of people with autism and the management of behaviours of concern.

Staff were appropriately supervised on a daily basis, and formal supervisions were regularly conducted.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

<b>Regulation 3: Statement of purpose</b>
The statement of purpose contained all the information required by the regulations, and accurately described the service provided.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All required notifications were made to HIQA within the required timeframes.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
There were no current complaints, however there was a clear complaints procedure which was available in an accessible version.
Judgment: Compliant
<b>Quality and safety</b>
<p>There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. Each resident had a personal plan in place based on an assessment of needs, and each was supported to meet their goals.</p> <p>Healthcare was effectively monitored and managed and there were safe practices in relation to medication management.</p> <p>Residents were observed to be offered care and support in accordance with their assessed needs throughout the inspection, and staff communicated effectively with all residents.</p> <p>Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety equipment and practices were in place to</p>



ensure the protection of residents from the risks associated with fire.

## Regulation 10: Communication

Staff clearly explained the ways in which they communicated with residents, and demonstrated a clear understanding of the ways in which residents communicated with them. There was detailed documentation of these preferred methods of communication. There was a 'communication booklet in each person's person centred plan which outlined these methods, for example, one of the plans included photographs of the resident's way of signing choices of activities or food preferences.

There was a 'word script' in place for one of the residents which indicated the meaning of various words that they used to communicate. This was a detailed document, and staff were familiar with the contents, and could describe exactly what the person meant when they used some of the words. An assessment of the ways in which each person might indicate distress or discomfort had been developed.

There were various examples of easy read information being made available to residents, and it was clear that some of these were in use, for example at weekly meetings with residents.

Judgment: Compliant

## Regulation 17: Premises

The premises were appropriate to meet the needs of residents, and there were adequate private and communal spaces. There were two living rooms, one of which had been assigned as a relaxation room, and was used for such activities as reflexology. Each person had their own bedroom in which they kept their personal items.

The premises were well maintained, and any maintenance issues were addressed in a timely manner.

Judgment: Compliant

## Regulation 18: Food and nutrition

There was evidence that residents were offered a balanced and nutritious diet, and

were supported to make choices in meals and snacks. Some residents required modified diets, and the recommendations of the speech and language therapist were documented and followed, and staff had a good knowledge of the individual needs of residents.

Where residents needed assistance with making choices of meals and snacks, staff were familiar with their ways of communicating, for example one of the residents had a clear way of communicating their preferred type of butter.

Residents had clear preferences in relation to the timing of their meals and snacks, and this was supported by the staff team. In addition, residents with an interest in gardening were supported to grow their own fruit and vegetables.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents' guide which contained all the required information, and was made available to residents

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements of the regulations. Risk assessments and management plans were in place for all identified risks in the designated centre. There was particular emphasis on managing risks that were individual to each resident.

For example, there was a particular risk in relation to a resident enjoying an outing with staff to buy treats at a local shop. The risks associated with this activity had been thoroughly assessed, and control measures carefully considered and overseen. The inspector found that the control measures were appropriate to support the rights of the resident in terms of positive risk taking.

There was clear evidence of newly identified risks being identified in a timely manner, and control measures being put in place to mitigate such risks.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that all residents could be evacuated in a timely manner in the event of an emergency, and there was a detailed personal evacuation plan in place for each person which had been regularly reviewed. Staff had all received training in fire safety, and there was a record maintained in order to monitor that all staff were regularly involved in a fire drills, to include both daytime and night-time drills. Staff could describe the steps they would take in the event of an emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications, and staff described their administration practices clearly, and were aware of best practice in this regard.

However, stock control of medications in the designated centre was not consistently managed safely. There were two medications in place which had been discontinued, and in particular one of the medications was recorded as having been returned to the pharmacy, but was actually still in the medication cabinet. As there was no record of this medication being present, the inspector was not assured that an error in administration would be identified. This error had not been discovered in any audit or monitoring process, and therefore posed a significant risk to residents.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on an assessment of needs, and reviewed regularly. Assessments were detailed and included all aspects of daily life, covering communication, health and well-being, nutrition and personal care. Personal care plans were detailed and included individual aspects for each resident, such as their preferred night-time routine.

Person centred plans were in place in which goals had been set for each resident, to include activation and preferred activities. There was a record of steps having been taken towards achieving goals, and information about the goals realised by residents, including trips away, and the introduction of new hobbies. There was an

emphasis on ensuring meaningful activities for each resident, and staff were confident on reporting the steps that were taken to ensure that people were involved in activities that were important to them on a daily basis.

Judgment: Compliant

### Regulation 6: Health care

Healthcare was well managed, and there was clear evidence of a timely response to any changing needs. One of the residents had gone to an appointment on the day of the inspection in response to a swift recognition of a change in presentation.

The involvement of various members of the multi-disciplinary team was documented and incorporated into healthcare plans, for example a care plan in relation to eating and drinking incorporated the recommendations of the speech and language therapist.

All appropriate screening had been either considered or undertaken, and the individual needs of residents had been taken into account when planning interventions. Where residents had difficulty in having blood tests taken, for example, their consultant was involved in the decision as to how to proceed.

Staff engaged by the inspector described the interventions and support required by each resident to ensure the best possible health outcomes.

There was a detailed care plan in place which outlined the steps to be taken should a resident contract an infectious disease, or to manage other residents in the event of an outbreak in the house of an infectious disease.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were detailed behaviour support plans in place for each resident, and staff were familiar with the guidance in these plans. Some behaviours of concern had the potential to have an impact on the health of residents, and these risks had been mitigated by the implementation of the guidance in these plans which were based on the guidance of the relevant members of the MDT.

The behaviour support plans identified both proactive and reactive strategies, and it was clear that the reactive strategies which might be required in the event of behaviours of concern were rarely, if ever, required. The environment that was provided to residents both in terms of the occupancy of the centre, and the assurance of staff who were known to residents and who were familiar with their

support needs had resulted in improved outcomes for residents.

There was a committee comprising various members of the MDT who had oversight of the positive behaviour support needs of residents, and who monitored any restrictive interventions that might be required.

However, this committee made a recommendation for an intervention in August 2022, and at the time of this inspection this intervention had not been implemented. This requirement had been identified in the annual review of the centre and was therefore outstanding.

There were few restrictive interventions in place, and the inspector found that where there was a restriction it was the least restrictive measure available to mitigate the risk, and that alternatives had been found to ensure that there was no negative impact on the resident.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

For the most part the rights of residents were upheld, and it was clear from discussions with staff and from observing interactions on the day of the inspection that there was an emphasis on upholding the rights of residents.

Residents' assessed needs meant that having only familiar staff to support them was important to their wellbeing, and this was respected and supported.

Residents were supported in various activities of their choice, both at home and in the local community. Staff were keen to ensure that residents' preferences were respected, and there were multiple examples of the dedication of the staff, including their transferring with residents to their new home to ensuring continuity of care, and support of interests after the move

However, the management of residents' personal monies required improvement. Residents did not utilise personal bank accounts. Their income was deposited into a central fund of the organisation, their bills were paid out of this fund, and application had to be made by staff for any money for their personal use. These applications were made on a weekly basis, and there were several days before the money was made available to them. The person in charge and staff team ensured that there was no shortage of spending money available to them by forward planning, however this was inconsistent with the rights of residents to have control over their own finances.

In addition, as residents did not have bank cards, they were unable to make purchase online, or to have subscriptions to any services which required online payments. Whilst residents were supported by staff to engage in various trips and holidays, and to meet their goals in terms of maximising their potential, they were

unable to book any travel arrangements given that they had no access to bank cards. The staff team were keen to ensure that this did not curtail activities, and had found ways to alleviate this issue, so that despite these difficulties, residents were supported to have a good quality of life and to enjoy trips and activities.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for The Hollow OSV-0002478

Inspection ID: MON-0031489

Date of inspection: 09/08/2023

## 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 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A full review of the stock control of medications in the designated centre was completed by the CNM and PIC. A new checklist template was designed for the Centre which was immediately added to the task folder.</p> <p>The Audit system was altered service wide to ensure that the process is robust and captures each aspect of stock control.</p> <p>The system now ensures that two members of staff must co-sign the return of medication to the pharmacy.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A committee meeting was convened to discuss beneficial interventions for individuals with respect to positively supporting them in areas that present a challenge to them. It was recommended to follow through with previous plans in place for a desensitization program for one individual. A plan was drawn up with the first step of the recommended intervention to be commenced as stated below. A timeline for completion was devised with review dates in place.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A review of the financial arrangements within the Centre has taken place. Both individuals have been supported to activate a personal bank account in which they will be supported to access a debit card. Each individual will be supported to present to their chosen financial institution to deposit and withdraw their finances. A guidance document to support the process of personal use of bank accounts for individuals deemed to be without capacity, is being designed to ensure robust measures are in place to safeguard their finances.</p> <p>Audit systems are in place to support this process.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	13/08/2023
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	01/10/2023

	intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	25/09/2023