



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:	Unannounced
Date of inspection:	06 October 2022
Centre ID:	OSV-0002478
Fieldwork ID:	MON-0037225

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
Thursday 6 October 2022	10:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

Upon arrival at the residents' home, the inspector was greeted by a staff member who completed symptom checks per the provider's infection prevention and control (IPC) practices.

One of the residents was receiving reflexology in their home, and the other resident was relaxing in their room listening to music. The inspector was introduced to both residents, but the residents kept the interactions brief.

Through observations and the review of information, the inspector found that the residents were receiving a service that met their needs and was person-centred. If residents chose to, they were supported to engage in activities in their community daily. There was also evidence of the staff team supporting the residents in maintaining contact with their families. For example, one of the residents visited family members during the inspection.

There were person-centred plans in place for both residents. The plans were detailed and captured the process of identifying goals and how they were achieved, along with visual evidence of some of the achievements.

The inspector observed that those supporting the residents were aware of their communication needs and respectfully supported them. The residents were supported on a one-to-one basis and engaged in activities in their home and the community, for the most part, separately. This suited both residents and led to positive outcomes for them.

The residents home had recently been refurbished with new flooring and painting completed in most of the house. A games room was also created for residents to use if they wished. The inspector found that the resident's home was clean, free from clutter, and had a homely feel.

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

Capacity and capability

This was the third inspection carried out in this centre in a twelve-month period. The previous two inspections were completed in December 2021 and April 2022. Both of those inspections identified that many areas required improvement. Furthermore, a

number of these areas had not been addressed by the provider for a prolonged period. As a result, a warning meeting was held, and the provider was issued a warning letter outlining HIQA's concerns regarding the service provided to residents.

This inspection found that the provider had responded to the concerns. The provider and the centre's management had increased their presence in the centre, leading to improvements. Residents' information and records pertaining to the running of the centre had received a complete overhaul, resulting in effective monitoring of the service provided to the residents. For example, overall record keeping had improved in areas such as staff training information, recording of daily cleaning tasks, and residents had also been provided with appropriate contracts of care. A review of staff meeting minutes showed that there had been a focus on upskilling the staff team in a number of areas, including IPC practices and record keeping.

The provider had ensured that the necessary visits and reports regarding the quality and safety of care provided to residents had been completed. The provider and management of the centre had also formulated a quality improvement plan. This plan identified areas that required improvement. An appraisal of the plan found that actions had been completed promptly following the April 2022 inspection and that a concentrated effort had been made to bring the service back into compliance.

The inspector reviewed past and current staff rosters. The staff team comprised staff nurses and care assistants. The skill mix of staff was appropriate, and the provider had arrangements in place to ensure that safe staffing levels were maintained. Overall, there was a consistent staff team supporting the residents, with some staff working with the residents for a number of years. The inspector noted that the provider relied heavily upon agency staff nurses to complete shifts in the service however, the agency staff were consistent and allowed for continuity of care for residents. The inspector also found that there were records demonstrating that the staff team, including the agency staff members, had completed the relevant training to support the residents.

In summary, the provider had reviewed and improved the management and the service provided.

Regulation 15: Staffing

The provider had ensured that the skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were appropriate arrangements in place to support admissions to the service. The provider also ensured that residents were provided with contracts of care containing relevant information per the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

Residents received appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected residents' rights. Residents were, engaging in their chosen activities and were supported to

develop and maintain links with the wider community.

The provider had made a number of enhancements resulting in comprehensive assessments of residents' health, and social care needs being completed. These assessments were under regular review and captured any assistance required to best support the residents. The sample of information reviewed also demonstrated that the care provided to residents was person-centred and reflected the changes in circumstances and new developments for residents.

The information reviewed also demonstrated that residents received and had access to appropriate health care. The inspector reviewed a sample of residents' medication procedures and found them detailed and resident-specific. There were appropriate arrangements regarding medication administration, storage, ordering, and return of medication.

IPC arrangements at the centre were robust in nature. They reflected current public health guidance associated with managing a possible outbreak of a healthcare associated infection. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. COVID-19 risk assessments developed for residents, the staff team, and visitors were, detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

As stated earlier in the report, the provider had responded to concerns raised in the two previous inspections and completed maintenance works in the residents' home. The works improved the residents' home and provided for a more homely atmosphere for the residents.

The inspection found that there were effective fire safety arrangements in place. Regular fire drills were completed. The drills demonstrated that residents and staff members could safely evacuate from the premises under day and night time circumstances. Staff members had received appropriate training, and firefighting equipment and containment measures were also sufficient.

Regulation 13: General welfare and development

Residents had opportunities to participate in activities in accordance with their interests, capacities and needs.

Judgment: Compliant

Regulation 17: Premises

<p>The provider ensured that the residents' home was suitably maintained and decorated.</p>
<p>Judgment: Compliant</p>
<p>Regulation 27: Protection against infection</p>
<p>The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The provider had effective fire safety management systems in place.</p>
<p>Judgment: Compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, storage, disposal, and administration of medicines.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant