



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

Issued by the Chief Inspector

Name of designated centre:	Moville Residential Group Home
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	17 August 2021
Centre ID:	OSV-0003339
Fieldwork ID:	MON-0033751

About the designated centre

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

Moville Residential Group Home provides full time residential care for four male or female adults with intellectual disabilities. The service is intended to cater mainly for residents with low to moderate needs with the aim of maximising their potential for independent living. Moville Residential Group Home is a house centrally located in a rural town, and is close to the town amenities. It is a two-storey house with gardens. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes nursing and care staff. Staff are based in the centre when residents are present and staff are on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 August 2021	09:00hrs to 17:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in a sitting room which was not being used by residents at the time.

The inspector met with all four residents who lived in the centre, all of whom were happy to talk to the inspector. Residents said that they were very happy living in the centre and enjoyed their lives there. These residents said that they had good involvement in the community and referred to some of the social and leisure activities that they took part in and enjoyed. These residents said that they enjoyed going out in the community for meals, coffee, gardening and projects in the centre, outings, concerts and music events when these were permitted, sport and walks. All residents stated that they could do the things that they enjoyed. For example, one resident talked proudly about having played music in local venues and showed the inspectors of himself performing on stage. Although the opportunities for playing music in the community had ceased due to the pandemic, the resident enjoying playing in the centre and performed some music during the inspection. Another resident had gone with staff to a large town to do some clothes shopping and for something to eat, and had enjoyed the day.

The centre was a large two-storey house in a scenic coastal town. The house was centrally located and within walking distance of shops, restaurants and the seafront. Transport was available so that residents could go out for drives, shopping, family visits and to attend local amenities. The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There was adequate communal and private space for residents, a well-equipped kitchen and sufficient bathrooms. All residents had their own bedrooms and those that the inspector saw were comfortably decorated, suitably furnished and equipped and personalised. The centre is due to be repainted shortly and residents have chosen paint colours.

The centre had spacious gardens for residents' use. Residents were very interested in outdoor activities and projects in the garden were a very important part of their lives. There were external buildings where residents could work on gardening and creative projects. During the COVID-19 pandemic residents had focused on a wide range of creative work, both outdoors and in their garden workshop, and they were very proud of what they had achieved. One pandemic project was the development and care of several raised garden beds where residents were growing a selection of

vegetables, fruit and salads which were being harvested for their own consumption. Residents had also decided to get hens and had prepared an area and built a hen house. The hens were now in place and residents fed and looked after them and collected the eggs daily. Residents had also planted and cared for an extensive selection of potted flowers and window boxes to decorate the outside of the house. The residents enjoyed creative work and the inspector was shown examples of their projects, including making a bird house and window boxes. Residents had also used plants and vegetation from the garden to make Christmas wraths and potted plant selections as gifts for their loved ones.

Residents told the inspector that they had good relationships with staff and with each other, and this was evident during the times the inspector spent in the centre. Residents said that if they had any complaints or concerns, they would tell staff and it would be addressed. A resident told the inspector that they all got on well together in the house and they never had a disagreement.

Residents also said that they enjoyed their meals and that food was bought and prepared in line with their preferences. At lunchtime the inspector saw residents eating nutritious food that they clearly enjoyed and that residents and staff had prepared together using fresh produce from the garden.

Residents appeared at ease and comfortable in the company of staff and with each other. Staff were observed spending time with residents, discussing daily activities and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Residents were involved in activities such as listening to music, going outdoors for walks, gardening, creative projects, family visiting, household tasks and tabletop games.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in the running of the centre and how they lived their lives. Residents attended house meetings at which they discussed their choices, plans and preferences.

From observation in the centre, conversations with residents and staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were busy with activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the well being, social preferences, independence and quality of life of residents.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this. However, the provider was required to review out-of-hours arrangements for staff support.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits were being carried out twice each year on behalf of the provider. Audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of health and safety, infection control, policies, medication management, finances, and safeguarding. Records showed a high level of compliance in all audits and that most audit findings had been addressed, while some were in the process of being completed.

A review of the quality and safety of care and support of residents was being carried out annually. There was evidence that consultation with residents was taking place and this was reflected in the annual review.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. The person in charge was not based in the centre, but called frequently to meet with residents and staff. It was clear that residents knew, and got on well with, the person in charge. A team leader was on duty in the centre on weekdays to support both the person in charge and the wider staff team. Both the person in charge and team leader demonstrated an in-depth knowledge of residents' health, social and emotional care needs. The person in charge also worked closely with the wider management team.

The arrangements to support staff during the absence of the person in charge required review to establish if they are effective. There was no formal support system in place in evenings and at weekends in the event that staff needed advice or support. At present there was an informal arrangement whereby staff would contact the person in charge at any time.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included, appropriate staffing levels, ongoing maintenance and upgrade of the centre and transport. The provider had also ensured that the centre was suitably insured.

There were sufficient, suitably trained staff on duty to support residents' assessed needs. Rosters confirmed that this was the normal staffing level. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. Staff had received up-to-date mandatory training in fire safety and safeguarding. Some staff were awaiting refresher behaviour management training. However, as there were no residents in the centre with behaviours of concern, the provider had prioritised training that was currently more relevant to staff, such as training in medication management, open disclosure and cardiopulmonary resuscitation. Additional training in various aspects of infection

control had also been provided to staff in response to the COVID-19 pandemic.

Records viewed during the inspection, such as staff training records, personal plans, healthcare plans, and COVID-19 and infection control systems, were¹ informative and up to date. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety,

behaviour support, manual handling and safeguarding, in addition to other relevant training.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, out-of-hours cover arrangements required review to establish if they were effective to support staff at night time.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

Staff in this service were very focused on maximising the independence, community involvement and general welfare of the residents who lived there.

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's well being was promoted at all times and that residents were kept safe. Some minor improvement was required, however, on staff guidance for the management of emergencies in the centre.

Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met.

The centre was located in a rural town in a coastal area. The centre comprised a two-storey house which was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. There was a well equipped kitchen, adequate communal and private space and large, well-maintained, gardens at both the front and rear of the house. There were suitable facilities available for residents if they wished to do their own laundry. Since the last inspection works had been completed to improve the outdoor areas of the centre. For example, the driveway to the centre had been resurfaced, some outdoor sheds had been repurposed and equipped as a workshop and a garden shed for where residents could work on crafts, gardening and projects. Storage had been incorporated into the outdoor buildings. Extensive work had also be carried out in the garden areas to accommodate residents' interest in growing flowers, fruit and vegetables.

The person in charge and staff prioritised the general welfare and development of residents. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The residents liked to be involved in housekeeping and creative tasks. Staff supported and encouraged residents' developmental projects. Residents had been involved in a 30-day healthy eating challenge last winter, and residents and staff also took part in 'the 12 walks of Christmas' during which they walked 5km daily for 5 days during the Christmas season. Residents were very involved in housekeeping tasks, such as laundry, vacuuming, sweeping, keeping their own rooms tidy and food preparation. Staff had supported residents in food preparation by producing a folder of healthy versions of their favourite meals. This information was colourful and easy to read.

The centre was close to a range of amenities in the local area. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities. During the inspection residents spent time going places that they enjoyed. For example, going out for drives in the vehicle, going out shopping and for something to eat, gardening and growing plants and vegetables in the centre's garden, and taking walks in the local area were activities that residents enjoyed. Other leisure and developmental activities that residents enjoyed and were involved in included,

cooking, art, taking walks in the local area, recycling, laundry, sweeping and tidying outdoors, family visits and going to the cinema.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Some of the healthcare visits arranged for residents included annual medical checks by the general practitioner (GP), and appointments with healthcare professionals such as, physiotherapists and dieticians and dentists. None of the residents were eligible to attend healthcare checks covered by national screening programmes.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

Residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing discussion with residents. Advocacy support was also available to residents and this information was made available to them. In addition, all residents in the centre were registered to vote and were supported to do so as they wished. Residents were also supported to practice their religion and this had been adapted during COVID-19 restrictions. Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents.

While residents' personal money was being safely and securely managed by staff and residents confirmed that they had access to their money at any time, this process required review to establish if it was being managed in line with residents' preferences. A resident who spoke with the inspector stated a preference for keeping personal control of their own money rather than having to ask the staff for it. The person in charge explained that the current arrangement was to increase the safety of residents' money and reduce the risk of any money being lost. However, person in charge and staff committed that each residents' preferences would be established and supported and that risk assessments would be completed.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental

activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained, clean, comfortable and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit residents' preferences and needs.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable measures in place to control the risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Care plans for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' civil, political and religious rights were well supported and that residents had freedom to exercise choice and control in their daily lives. However, the control of residents' finances required review to establish if this was being managed in line with residents' preferences.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Movable Residential Group Home OSV-0003339

Inspection ID: MON-0033751

Date of inspection: 17/08/2021

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: This has been escalated to the General Manager and senior management team. They are actively working on a solution with HR, trade unions, and senior management and this process is in train for a solution.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A consultant has taken place with each resident in relation to management of their finances. Each resident’s finances are now managed in accordance with the will and preference of the individual resident.	

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	18/08/2021