



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

Issued by the Chief Inspector

Name of designated centre:	Ivy House
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	26 September 2024
Centre ID:	OSV-0003371
Fieldwork ID:	MON-0039798

About the designated centre

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

This designated centre is a residential service for seven men and women over the age of 18 years who have an intellectual disability. The house is a large dormer bungalow outside a large town in Co. Meath. The house includes a kitchen/dining room with a sunroom, sitting room, office, utility room, relaxation room, seven bedrooms, five of which have en-suite facilities, and a separate bathroom. The house has a large garden area to the front and back of the house. It has adequate parking facilities at the back of the house. The centre has accessible transport available for residents to bring them to community and social activities in the local town and to appointments when required. The person in charge is employed full-time, and the centre is staffed by nurses and health care assistants daily and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 26 September 2024	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards.

The person in charge was not available on the day of the inspection, so the inspection was facilitated by the nurse in charge on the day. This staff member was competent and knowledgeable, and undertook to provide all the documentation that was requested by the inspector, organised the 'walk around' of the centre and answered all the questions put to them by the inspector, so that it was clear that the deputising arrangements were effective.

There were seven residents living in the centre, and on arrival the inspector found that some people had already gone out for their day's activities, one person was on a visit to their family home, and others were going about their daily routines.

The designated centre is a large and spacious house with several communal areas together with a private room for each resident, five of which had en-suite bathrooms, and a main bathroom shared by the other two residents.

There was a spacious outside garden area with garden furniture and garden ornaments, and an outbuilding which was for the sole use of one of the residents who liked having time in their own space. This resident returned from their activities later in the day, and agreed to take the inspector into their room. The resident clearly valued this area as being their own, and they had the key and they decided for themselves who was invited in. They had a pool table, a sofa and a comfy chair and various belongings, together with a tv and music and they were clearly proud of this space that was entirely their own.

Also in the outside area there was a polytunnel and garden area where one of the residents was growing their own vegetables and fruits. This produce was then used in the house cooking and baking, for example the rhubarb that they had grown was used to make rhubarb crumble.

Another of the residents greeted the inspector and introduced themselves and told the inspector about having had their flu vaccine. They invited the inspector to see their room, which was an en-suite room that they were clearly proud of. They took their new dress out of their press to show the inspector, and pointed out pictures of their family. They also drew the inspector's attention to their CDs, colouring books and jigsaws.

Another resident came out of their room as the inspector was passing by, and chose not to engage with the inspector as they were focused on what they were doing. Staff explained that this was typical of them, and that they were supported to make their own decisions about when to interact, or when to be left to go about their

activities.

Not all residents communicated verbally, and one resident was observed to be in their favourite chair in the house, with several sensory items that were meaningful to them. Staff explained that a recent fall had an effect on their confidence in terms of mobilising, and described the ways in which they were supporting them to build confidence back again.

A resident who was at home on the morning of the inspection had decided at the last minute that they didn't want to go out on their planned activity, and this choice had been respected. They had a chat with the inspector, and it was clear that they were looking to their staff for support and reassurance during the conversation. Later in the day when they had become more used to the presence of the inspector, they spoke about their choices of meals and snacks, and it was clear that they were used to having their choices listened to and respected.

There were multiple examples of residents' choices being known to staff and being supported. For example, one resident had indoor and outdoor shoes, and had a particular chair where they changed their shoes. The indoor shoes remained in place beside the chair so that on their return the shoes were where they left them. The inspector also observed that, on the evening of the inspection there were three different dinner meals being prepared, so as to meet the preferences of each resident.

One of the resident's, who had been out for the day agreed to have a chat with the inspector. They attended a day service and told the inspector about the things that they enjoyed doing there. They explained that, they had their own choices, and that they felt happy and well supported in their home. They gave examples of this, including support with their medication. They told the inspector about their healthcare, and were well informed about these issues. They named their keyworker and said that they relied on them for support. They volunteered to take the inspector to see the activity room, and explained that this was a room that they could go to listen to music or to read. There were several soft toys in the room, and they explained that these belonged to other residents, and they described this with affection.

Towards the end of the inspection a resident returned from a home visit. They greeted staff with affection and enthusiasm and hugged the first two staff members that they met. The inspector happened to observe one of these interactions, and it was affectionate on both sides.

Overall, while some improvements were required in fire evacuation planning, it was evident that residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences, and that there was a good standard of care and support in this designated centre.

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 lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There were appropriate supervision arrangements in place during the absence or off-duty of the person in charge.

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

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents. There was a registered nurse on duty at all times in accordance with the centre's statement of purpose and function.

The inspector spoke to the person participating in management, the staff nurse and two other staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding, behaviour support and safeguarding. Additional training had been undertaken in relation to the specific support needs of residents including the support of people with dysphagia.

There was a schedule of supervision conversations maintained by the person in charge, and these conversations took place twice a year. The inspector viewed three of these records, and saw that there was a review of personal developments, a

discussion around the role of keyworker, and training needs.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. There was a monthly schedule of audits in place including audits of care planning, finances and incidents. The audits included comments about the evidence to support the findings, and identified any required actions.

Any required actions from these processes had been addressed and were complete. For example, storage solutions for documentation had been put in place, and improvements had been made to person centred plans.

Any accidents and incidents were reported and recorded appropriately, and again any required actions were monitored until complete. There was a system of shared learning between centres operated by the provider in the form of 'learning notices' which included information about any incidents or 'near misses' and any required actions to mitigate associated risks.

Regular staff meetings were held, and a record was kept of the discussions which included infection prevention and control, any new policies and various issues around working in the centre. Staff were required to sign the records of the meetings. However, this had not been completed for the two months prior to the inspection, so that it was not clear that staff members who were unable to attend the meetings had read the minutes.

As previously mentioned the person in charge was not available on the day of the inspection, although she attended the closing meeting via phone, and the inspection was facilitated competently by the nurse in charge on the day, so that it was clear

that there were effective deputising arrangements in the designated centre.

Judgment: Substantially compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, based on detailed assessments of needs.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Healthcare was effectively monitored and managed and residents were offered positive behaviour support if required.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, however there was insufficient evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and identified risks had effective management plans in place.

The premises were appropriate to meet the needs of residents, and there were adequate private and communal living spaces, although some maintenance was required in one of the bathrooms.

The rights of the residents were well supported, and they were consulted with about all aspects of their lives and the operation of the designated centre.

Regulation 17: Premises

The designated centre was appropriately designed and laid out to support the needs of all the residents, each of whom had their own private room. There were also various communal areas including two living areas and a sunroom which was utilised by some residents for home-based activities. There was also an activities room, which one of the residents described as the 'relaxation room', which was used for reading or listening to music.

There were spacious outdoor garden areas for the use of residents, and one of the residents had an external cabin for their sole use. The garden was used by residents for relaxation, and for gardening and growing fruit and vegetables.

While there were sufficient bathrooms for residents, one of the en-suite bathrooms had not been maintained to a good standard. There was mould and damp around the corners of the window and along one of the walls, and the tiles were badly damaged and cracked with stained and damaged grouting.

All other areas of the house had been well maintained, and it was evident that residents made use of all the communal areas of the house, and that each had their own preferred areas in which to spend time.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

There was a risk assessment and risk management plan for each of the identified risks. Individual risk assessments included the risks relating falls and road safety. The inspector reviewed the management plans relating to these two issues and found detailed documents outlining the guidance to staff to mitigate the risk. However, as actioned under regulation 28, the risk assessment relating to the evacuation of one of the residents in an emergency had not fully addressed the identified risk.

The inspector was assured that control measures were in place to mitigate any other identified risks in the designated centre, including newly identified risks, such as a risk associated with the surface of the driveway to the house. This issue had been risk assessed in a timely manner, and a plan put in place to ensure that the risk was mitigated.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place various structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was a personal evacuation plan in place for each resident, giving guidance to staff as to how to support each resident to evacuate.

However, it had been identified that one of the residents had failed to comply with fire drills, and there was no clear plan in place as to how to ensure their safety. The issue had been identified and discussed, and some suggestions had been made, for

example to have a pen and paper, which were favoured items of the resident, available to encourage them. However, the items were not available at the fire exits, and had not been tried out. The risk management plan in relation to this resident instructed staff to use a ski sheet to assist in evacuation, but as the issue was refusal to comply with the fire drill and not a mobility issue, it was unclear as to how this would work in practice. This posed a risk to the resident should a fire occur in the centre.

Whilst fire safety equipment was in place and all staff had undertaken fire safety training, the inspector was not assured that all residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Not compliant

Regulation 6: Health care

Healthcare was well managed and there were detailed care plans in place in relation to any identified healthcare needs. The inspector reviewed care plans relating to catheter care, epilepsy and hypertension, and found detailed care plans that provided sufficient guidance to staff. There were also detailed personal care plans which included detail about the level of support each resident needed, and their preferences when receiving personal care.

Changing or short term conditions were also well managed, and there was evidence that appointments were made with the appropriate healthcare professionals in a timely manner, and that short term care plans were put in place where required.

Residents had access to various member of the multi-disciplinary team including the mental health team, occupational therapy, speech and language therapy and psychotherapy. Residents had their own general practitioner, and all appropriate screening had been made available to them.

Each resident had a 'hospital passport' which include important information to be taken with them should they require transfer to a medical facility. The inspector read three of these and found them to include all the vital information that the receiving facility might require.

Overall it was clear that healthcare was well monitored and managed, and that residents were supported in achieving optimal health outcomes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on an assessment of needs and which were regularly reviewed. There was information relating to the function of behaviours of concern for residents, and guidance in relation to reducing the likelihood of behaviours of concern occurring, for example one of the residents was described as disliking other resident receiving attention from staff.

However, while some proactive strategies were clearly identified, they were not always current or relevant. For example, there was guidance in relation to a day service that a resident no longer attended, and for another resident, a star system of positive reinforcement was outlined in the behaviour support plan, but was not in use.

Staff knowledge around preventing and managing behaviours of concern was detailed, and they described strategies such as using banter, playing music or going for a ten minute drive in relation to distracting one of the resident's effectively.

The inspector was assured that the management of behaviours of concern was of a high standard, although the documentation required review.

There were very few restrictive practices in place, and where they had been identified as being required, they were kept under constant review, and were the least restrictive available to manage the risk,

Judgment: Substantially compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training and describe their role in protecting residents from all forms of abuse.

Where safeguarding issues had been identified there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any risks to residents and also to ensure that residents felt safe at all times. For example, the behaviour of one of the residents sometimes had a negative impact on others, and there were detailed safeguarding plans in place for each.

Residents told the inspector what they would do if they felt unsafe, or if they had been abused, and named the person they would go to with any concerns. It was clear that systems were in place to ensure the safety of residents, and to support them to raise any issues of concern.

Judgment: Compliant

Regulation 9: Residents' rights

There were multiple examples of residents being supported in their preferences and choices. For example, choices of meals and snacks, activities and clothing were all made by each resident. Residents' meetings were held each week and various aspects of life in the designated centre were discussed there. Staff could describe the ways in which they supported residents to participate in these meetings.

Staff had not all received training in human rights however, they discussed in detail various aspects of supporting the rights of residents. Staff spoke about the importance of recognising and upholding the rights of residents, and in ensuring that people were making informed choices, particularly if making an unwise decision, such as a lifestyle choice that might not be healthy.

Information had been made available to residents in an accessible or easy-read format, including the residents' guide, information about the confidential recipient and their contracts of care. The views of residents were sought and included in the reports of the six-monthly unannounced visits on behalf of the provider.

Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were involved in a range of different activities both in their homes and in the community, in accordance with their preferences. The activities undertaken by each resident were recorded on a daily basis on an activities record sheet, with reference then to the daily notes in relation to their engagement or enjoyment of the activities.

As previously discussed, one of the resident's had their own activities area in a garden structure, where they spent time on their hobbies, and on relaxation. Some people went out to a day service, and others were supported by the staff in the house with their activities.

Residents were supported to set goals as part of the personal planning process, and one of the residents told the inspector about their goals, which included planning a trip to the UK in the near future. Another resident was working on their room, and changing the decor and layout as they preferred, and another had goals relating to

engagement with animals which was a particular preference of theirs.

The inspector found that residents were being supported to have a meaningful day in very individual ways.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: General welfare and development	Compliant

Compliance Plan for Ivy House OSV-0003371

Inspection ID: MON-0039798

Date of inspection: 26/09/2024

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Signing of previous minutes of previous staff team meetings has been completed. The PIC ensures that signing sheets are available as part of daily handovers/diary/communication book for all staff who were unable to attend meetings to sign. The importance of reading and signing minutes has been discussed at the last team meeting.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The cleaning of the vents in this bathroom to remove all damp and mould have been completed. The mould stain around the corners of the window and the wall has been cleaned. The Person in Charge notified the Business Support Unit of the Organisation for the required improvement and upgrade of this en-suite bathroom. This bathroom will receive an upgrade to ensure the premises of Ivy House is kept in a good state of repair externally and internally.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Identified items to support the resident who previously did not comply with fire drills have now been placed at fire exits. This will support the resident to evacuate during fire drills in a timely manner in the event of an emergency.</p> <p>A fire drill has been completed with the resident and the measures put in place successfully supported staff to evacuate the resident.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p data-bbox="172 241 1294 315">Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p data-bbox="172 360 1437 584">All identified strategies for managing behaviours of concern have now been updated and are currently reflecting the needs of the residents. Any information not relevant to the current needs of the residents have been removed from their current plan. The requirement to review Positive Behaviour Support Plans has been highlighted in monthly Nursing Metrics Audits and action by the PPIM is ongoing with a completion date of 30/11/2024.</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 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	16/12/2024
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	30/11/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Not Compliant	Orange	16/10/2024

	persons in the designated centre and bringing them to safe locations.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/11/2024