



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

Issued by the Chief Inspector

Name of designated centre:	MooreHaven Centre (Tipperary) DAC
Name of provider:	MooreHaven Centre (Tipperary) Designated Activity Company
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 February 2023
Centre ID:	OSV-0003723
Fieldwork ID:	MON-0037980

About the designated centre

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

The designated centre is located in a large rural town. It provides residential care for adults over the age of 18 years. The centre provides supports to full-time residents both male and female with an intellectual disability and autism. Respite support can be afforded to one service user at any one time. The centre is comprised of four dwellings in close proximity to local amenities and facilities within the town. The service operates on a 24 hour, seven days a week basis with staff present by day. The four dwellings had one staff member allocated by day and all four had one sleepover staff by night. One resident required one to one staff support and this resident had a designated staff allocated to them by day and a waking staff member by night which was supplementary to the allocated staff member referred to above. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room, a bedroom for staff and a bedroom en-suite. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room and a bedroom. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One of these bedrooms was the staff sleepover room. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen, a bedroom for staff and a bedroom en-suite, 4 bedrooms and a bathroom. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen / dining room and utility room, a bedroom for staff, 5 bedrooms and 3 bathrooms. All dwellings had front and rear gardens. The staff team was supervised by a person in charge who was a social care leader. The staff supporting residents were social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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 23 February 2023	11:00hrs to 18:30hrs	Tanya Brady	Lead
Friday 24 February 2023	08:00hrs to 11:30hrs	Tanya Brady	Lead
Thursday 23 February 2023	11:00hrs to 18:30hrs	Conor Brady	Support
Friday 24 February 2023	08:00hrs to 11:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed over two days by two inspectors. The purpose of the inspection was to follow up on the completion of actions identified by the provider as required following the last risk based inspection of the centre in September 2022. These actions were required to address concerns relating to premises, fire safety, infection prevention and control, safeguarding and governance and management systems of oversight. This inspection found that the provider had implemented a number of actions that had resulted in improvements across a number of Regulations reviewed and had worked to improve the safety of care and support provided to residents in the centre. While a number of areas for improvement are still required including premises and staffing, sufficient resourcing of the service is the main factor outstanding in achieving these. These will be detailed later in this report.

The centre comprises four houses all of which are in close proximity to a large town in Co. Tipperary. The centre is registered to provide a home for a maximum of 19 residents and currently 19 individuals live between the four homes. The inspectors had the opportunity over the two days to visit all four houses on more than one occasion and to meet with 18 residents (one individual was away at the time of the inspection). Two houses are next door to one another and share a paved garden area to the rear, these are single story properties. The other two houses are two storey houses set in a small housing estates each with a garden areas to the rear and space for parking to the front.

The inspectors found that all residents who lived in this designated centre reported that they were happy living in their home and liked the peers that shared their home. One resident told an inspector that they felt their house was too small at times for the number of individuals who lived there as there was only one communal living area however they did not want to live elsewhere. The provider was aware of this concern and was reviewing the specific premises limitations.

All residents attended the provider's day services Monday to Friday however, the provider indicated that as residents needs were changing, this was being reviewed and some residents now started their day service later two days a week and finished earlier than previously on another two days. Within their day service residents reported a wide variety of activities and outings that they enjoyed participating in stating that meeting and spending time with their friends was very important to them.

Residents told the inspectors of sports they engaged in including Bocce, timed walking and bowling, in addition to their involvement in Special Olympics. Inspectors saw that medals or certificates won by residents were displayed in their homes. Other residents told the inspectors about their love of music and that they attended concerts and music festivals. In one house residents expressed their love of

watching television soap operas and they engaged in fun conversation with each other about which programme was the best.

In one home it was a resident's birthday and all residents were celebrating by sharing Chinese takeaway. The resident showed an inspector their birthday cards which included handmade cards from the other residents. They explained that they liked art and crafts and there were examples of this throughout their home. They also told the inspectors that they loved to knit and that knitting was very important to them. One resident explained to the inspectors what they had made throughout the COVID-19 period including a blanket.

Residents from all four houses were involved in a number of initiatives in the community and in activities that had a positive impact on their quality of life. These included residents involved in baking and selling goods at farmers markets, residents engaged in an upholstery course and working on chairs for their homes. Residents who attended sport and art workshops and going out for meals and for cups of coffee and one resident had written a story based on their experiences of life during COVID-19, the person in charge reported that the resident was researching ways of having a book created from their story.

Overall inspectors found that residents were well supported and had very active and meaningful lives with residents telling inspectors that they felt very safe and happy in their homes.

The next two sections of the report detail the systems of governance and management in place and their impact on the care and support provided to residents.

Capacity and capability

The provider had clear and strong lines of authority and accountability in place and had arrangements to increase the time allocated for team leaders to complete administrative tasks which was a further support for the person in charge. The management systems in place were found to have been comprehensively reviewed since the centre was last inspected in September 2022 and the provider and person in charge supplemented their systems with an enhanced physical presence in all four premises. Inspectors found clear evidence that this had led to a series of very clear improvements for residents in terms of their lived experience.

The provider continues to audit the quality and safety of care provided and also has requested a number of external specialist audits and reviews were completed to guide action plans.

Areas that require further improvement due to changing assessed needs of residents, i.e. staffing and maintenance requirements of the premises are resource dependant to ensure effective delivery of care and support is in place.

Regulation 15: Staffing

The provider had ensured that there was a consistent staff team in place however, the staffing levels were not adequate and required further review.

Changes to residents assessed needs identified that increased staffing support was required. The provider had self-identified this and had submitted formal requests to their service funder which included detailed assessments of need. The need for increased staffing levels was highlighted in the provider's assessments of risks around fire evacuation and for individualised access to the community. This needs to be addressed as a matter of priority.

Overall inspectors observed and met with a number of very good and experienced staff members who were knowledgeable and caring to the residents they were supporting. However currently residents were supported for the most part by one staff member in each house which was not enough staff based on inspectors observations and review. This was particularly relevant in houses with large cohorts of very dependant residents who required increasing levels of support whereby staffing ratios were too low - i.e. 1:5 and 1:6. In these houses one staff member was required to provide resident supervision, support residents with personal/intimate care, support residents with mobility, prepare and cook meals, clean the centre and update all care planning paperwork/documentation. In observing this arrangement over the two days, inspectors found this was not enough staff support for the residents.

At key times there was an overlap of shifts or some social hours to allow for some periods during the day for two staff within a house. In one house a second staff is allocated to provide individualised support to a resident. The inspectors found that notwithstanding the busy lives residents lived (which was facilitated in part via their day services) that residents had to socialise in groups due to the low staffing levels. In addition, increased staffing was required to facilitate residents who stated a wish to not attend day services for five full days a week.

Inspectors reviewed staff personnel files and found that these contained all information as required by Schedule 2 of the Regulations. Inspectors also reviewed staffing rosters and found them to be well maintained and also the submitted request for funding to increase staffing levels in the centre based on the assessed changing needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured that all staff were in receipt of mandatory training as required. Staff also had access to refresher training as required. The inspectors found that the provider had systems in place to ensure that staff were scheduled for refresher training in a timely manner and included a system for providing cover where there was a delay in scheduling training. The inspectors found for example where a staff member was scheduled for refresher in medicine management another staff member visited the house to administer medication instead until the course was completed.

The staff team were in receipt of formal supervision and support in line with the requirements of the provider's policy. The inspectors found that these were comprehensive and included actions identified for quality improvement.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a management team in place that included a full time person in charge and a person participating in the management of the centre. The person in charge was supported in their role by team leaders who were in receipt of an hour a week protected administration time that was to increase to six and a half hours per week protected time. This was to allow them to improve systems of oversight the provider had in place.

Since the previous inspection of the centre the provider and person in charge had established a quality improvement plan and actions identified had been for the most part achieved. The previous finding that there had been a disconnect between management oversight and delivery of care and support was no longer found to be the case with members of the management team present in all areas of the centre on a regular basis. Systems of auditing and oversight had been reviewed and where required enhanced.

However, while the inspectors found that the strategic and operational systems had improved in the centre there remained areas for improvement that were reliant on resources being available to the registered provider. These included assessed staffing levels, required premises works and completion of fire safety works. In addition, there was a need for access to multi-disciplinary and clinical supports in order to ensure that residents' needs were accurately assessed and resourced.

Judgment: Substantially compliant

Quality and safety

Overall the inspectors found that residents in this centre were happy and safe and gave feedback on positive experiences of living in their homes. The provider had completed a series of service reviews and oversight since the centre was last inspected and demonstrated strong systems of quality improvement in place to ensure care and support provided to residents was of good quality.

The provider and person in charge demonstrated a good awareness and use of risk assessment and management to inform practice. While a number of areas remain as requiring improvement including fire safety and premises suitability these were resource dependant and the provider was liaising with their service funder with respect to these.

Regulation 13: General welfare and development

The residents who live in this centre were supported to participate in activities that were in line with their interests and capacities. Inspectors found that residents were also supported to develop and maintain relationships within their homes with peers, with their families and in their communities. Residents told inspectors that they were 'blessed to be here' and that they 'were well minded here' when speaking about the centre.

Residents spoke of family members and events they went to that had been important to them, residents spoke of gifts they had bought for or received from nieces and nephews or other family members. The inspectors were told and read in personal plans that residents were enrolled on courses such as cookery or knitting and that they were supported to join the library go to bingo or to attend concerts or festivals.

Judgment: Compliant

Regulation 17: Premises

This centre comprises four houses in close proximity to the centre of a large town in Co. Tipperary. Two houses were single storied and adjacent to one another and the other two houses were two storey and located in housing estates. Residents in each of the four houses had access to communal kitchen-dining areas, living room and all residents had their own bedrooms a number of which were en-suite.

Following the last inspection of the centre the provider and person in charge had completed a number of improvements that included some new floor coverings in rooms of some houses, painting in areas, some bathroom areas had new tiles laid and had new fixtures. There had also been works to uneven areas in a garden that previously presented as a risk.

Storage for residents had been significantly improved although for some it remained a work in progress. While the inspectors acknowledge the substantial work completed or in train by the registered provider, there were also a number of items that remained outstanding on the day of inspection. In addition, in line with the residents assessed and changing needs and the identified need to review the layout of communal areas in one house some larger resource dependant works were required.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider and person in charge continued to manage risk in the centre in a manner that encouraged residents to live lives that were full and active. The provider and person in charge promoted resident safety through the implementation of control measures that were regularly reviewed. These included residents having some time unsupported in their home, or residents participating in activities in the community.

On the day of inspection two minor areas of risk were identified that included a broken or absent window restrictor and the storage of a prescribed item. In each instance the person in charge responded to these risks and submitted evidence to inspectors immediately following the inspection to demonstrate that steps had been taken to remove the risk.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had reviewed policies and procedures in place to protect residents from the risk of healthcare transmitted disease and inspectors found new or enhanced systems in place. In addition there was effective oversight from the person in charge, team leaders and the provider who were present in all four houses on a regular basis. Audits were completed on a regular basis and were seen to identify areas that required review such as the need for pedal operated bins in all four houses.

Cleaning schedules were detailed and provided clear guidance to staff. Staff who spoke to the inspectors were clear on what was required and could outline the details of cleaning practice for individual healthcare equipment such as breathing support machines, walking and washing aids and appliances and soft toys or furnishings. Houses were visibly clean and the person in charge had worked alongside residents to promote their understanding of the need to carry out cleaning and on the importance of managing their personal rooms.

Where areas required repair to ensure cleaning was effective such as worn surfaces around bedroom sinks these had been identified and repair or replacement plans were in progress.

Judgment: Compliant

Regulation 28: Fire precautions

The previous inspection of the centre in September 2022 had identified concerns regarding the containment of fire in the centre. The provider had arranged for an external specialist review of fire doors and had completed a number of required works. However, some work remained outstanding on the day of inspection and this was of particular significance in one house where a door between a kitchen and a residents bedroom had not had the recommended changes to its ironmongery as a first safety measure.

Additional fire safety specialist reviews were scheduled for completion by an external professional in the weeks following the inspection. These were to include reviews of fire evacuation procedures. The evacuation of residents with changing needs had been identified by the provider as their most significant risk and this had been determined by them as the highest rating of risk in the centre. Some potential evacuation methods had been explored however, others had not been trialled for example, bed evacuation and/or ski sheet evacuation for residents with mobility issues. Inspectors found other evacuation concerns for instance, in one premises hanging across a residents escape route were curtains that were not fire resistant.

The overall centre and premises specific evacuation plans required review in order to manage evacuation with the current minimal staffing levels. Documentation in use was not recording the time it took to evacuate. The requirement for additional staff supports for fire evacuation were not in place.

Judgment: Not compliant

Regulation 8: Protection

Residents in this centre were found to be protected by the safeguarding policies, procedures and practices. There were no current active safeguarding plans in place although staff were familiar with their roles and responsibilities should a concern present. Where the person in charge had identified the potential for a safeguarding concern a proposed response was developed to guide staff that included an pre-considered potential use of a restrictive practice.

The provider had reviewed all systems in place for the support required to safeguard residents' finances. Significant review had been completed by the provider and person in charge and new practices and procedures had been introduced in addition to a revised policy. Staff clearly outlined to the inspectors the new systems they followed. Inspectors completed an on-the-spot review of systems and found that assessed balances and actual balances corresponded and a clear system of reconciliation and oversight was also in place. All residents had completed an assessment of money management capacity and individualised financial risk assessments and support plans were present.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights continue to be prioritised by the provider and person in charge in this centre. All residents were provided with information regarding their rights in a manner that was accessible to them and they were supported to make decisions on matters that pertained to them. Improvements in systems such as financial oversight had resulted in residents being consulted more on their financial planning and budgeting. Residents discussed the meetings they had with peers in their homes and how they made collective decisions on the running of their homes. Inspectors observed residents taking pride in their home and carrying out day-to-day tasks and activities.

Staff over the two days and across all houses were observed to be respectful and caring of residents and guided inspectors when engaging with residents on cues to use that would support resident understanding.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for MooreHaven Centre (Tipperary) DAC OSV-0003723

Inspection ID: MON-0037980

Date of inspection: 24/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - A business case will be submitted to the HSE for additional support hours, to ensure there is enough staff supports available to the residents. This business case will be submitted by 26th April 2023	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - A business case will be submitted to the HSE for additional funding to enable resources such as staffing levels, premises works and completion of fire safety works to be carried out. This business case will be submitted by 26th April 2023	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - All communal areas will be reviewed across all residential homes to establish their suitability. An action plan where required will be completed by the PIC. This will be completed by 31st August 2023	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - The door between the kitchen and resident's bedroom in one residential home will be taken away and blocked up. This will be completed by 31st August 2023. - Ironmongery works will be completed on the required fire doors. This will be completed by 31st August 2023 - A fire safety consultancy service and report will be completed in all residential homes. The PIC will ensure that there are centre evacuation plans compiled for each residential home. This will be completed by 30th May 2023 - A business case will be submitted to the HSE for additional support hours to increase the staffing supports for fire evacuation. This business case will be submitted by 26th April 2023 - PIC will ensure that the current up to date fire register documentation is on site to include the time of evacuations. This was completed on the 24th February 2023. 	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	26/04/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2023
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	26/04/2023

Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/08/2023
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