



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

Issued by the Chief Inspector

Name of designated centre:	Youghal Community Houses
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	22 February 2024
Centre ID:	OSV-0004645
Fieldwork ID:	MON-0033300

About the designated centre

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

The designated centre provides full time residential services to ten residents in a large coastal town in Co. Cork. The service is provided to adults with an intellectual disability and mental health concerns. The designated centre comprises of three bungalows located within the community. Within each bungalow, there is a kitchen/dining room, utility room, sitting room, 4 bedrooms and two bathrooms. The designated centre is staffed by social care workers and care assistants, with access to nursing staff provided as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

10

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 22 February 2024	08:45hrs to 17:45hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were seen to be receiving good quality day-to-day supports in their home and were able to regularly access the community and partake in activities of their own choosing. Overall, there was good compliance with the regulations found on this inspection and this indicated that residents were receiving services that were, for the most part, safe and appropriate to their assessed needs. There were some issues in relation to documentation identified and some risks present in the centre required further consideration.

This designated centre was made up of three standalone four-bedroom bungalows located in a town in a coastal area. Two of these houses were located in a residential area of the town and another was located nearby, adjacent to a campus owned by the provider. Overall, the centre had a maximum capacity for ten residents and was fully occupied on the day of this inspection.

The inspector had an opportunity to visit all three houses that made up this designated centre and to meet with 9 residents. One resident was asleep in the period that the inspector was visiting their home and this resident was not disturbed. The majority of the documentation review took place in one location and the inspector spent time in the sitting room of this house to review documents. Residents came to talk with the inspector during this time and the inspector had an opportunity to observe residents going about their day-to-day lives, observe practice in the centre and hear and see some resident/staff interactions.

Between three and four residents were living in each house. During the time the inspector spent in all three houses, some residents were observed in their rooms and others were seen spending time in the communal areas of their homes. Some residents also left the centre for planned activities, either independently or with staff support and others attended day services if they chose. At various times of the day staff were seen to support residents to attend to personal care and daily routines throughout the day as required. Most residents chose to engage with the inspector, although some engaged only briefly. Staff were observed to be familiar with the communication styles of residents and interact with them positively throughout the day. It was evident that there was a strong rapport between the residents and the staff team from these interactions.

In one house, residents were observed to leave and return to the house throughout the day. Some residents liked to walk to town or around their neighbourhood independently and one resident told the inspector about how he liked to attend mass a number of times a week. In the second house, residents were also observed to leave and return throughout the day. Some residents in these houses attended day services but if residents chose to remain at home, there were staff available to support them. In the third house, most of the residents attended day services but if

residents chose not to, staff were present in the house on a 24 hour basis.

All three premises were seen to be clean and adequately maintained. All residents had their own bedrooms and these were seen to be personalised and decorated with the input of residents. Communal areas were homely and comfortable with residents observed to be relaxed and spend time in these areas with each other. The residents living in this centre had shared homes for a significant period of time and it was seen that residents had good relationships and were familiar with one another. In one unit, a new shed had been installed to provide additional storage for gardening and cleaning items. All houses had access to garden areas. One garden area in particular was very nicely laid out to provide residents with a pleasant area to spend time in, with garden furniture, accessible raised planting beds and a lovely birdhouse that had been made by a staff member.

Residents in all three locations chatted with the inspector in the communal areas of their home and one resident spoke with the inspector in their bedroom. One resident showed the inspector medals they had won in various competitions and photographs they had displayed in their bedroom. Another resident also showed the inspector their bedroom and some items that were important to them. Some residents spoke with the inspector about their music interests. Two residents had resumed piano lessons which had stopped during the COVID-19 pandemic period. Some residents spoke about concerts they had attended and their preferred music artists. Both residents and staff provided numerous examples to the inspector of activities that residents regularly enjoyed such as shopping trips, trips to the cinema, hairdressers, music lessons, day trips, meals out, parties and visits to their families.

The provider had consulted with residents and their family members about their satisfaction with the centre prior to this announced inspection using satisfaction surveys. These were viewed by the inspector on the day of the inspection. Ten resident satisfaction surveys and three surveys completed by family members were reviewed. Overall, the feedback contained in these surveys was very positive. One family member was happy that their relative had previously shared a bedroom but now had their own room and stated that staff were very good to their relative and that all aspects of care provided were very good. They mentioned that the resident was supported to visit relatives that could no longer visit the resident in their home and raised that they would like to see more of these visits facilitated for the resident. The person in charge told the inspector that this was the first occasion that this issue had been raised and that action had been taken to respond to this with more visits arranged. Another family member responded that they were 'regularly informed of all aspects' of the residents care while another responded that their relative was 'spoilt for choice' referring to the numerous activities provided in the centre. No family members communicated that they wished to meet with the inspector during the inspection.

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 on the quality and safety of the service being delivered.

Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were appropriate to residents' needs. This inspection found that the management and staff team in place in the centre were very familiar with the residents living in the centre, and their support needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining good oversight and maintained a strong presence in the centre.

This announced inspection was carried out to inform the decision to renew the registration of this centre. The provider is required to ensure that they comply with the Health Act 2007 (as amended). Section 48(3) of this cites that an application for the renewal of registration of a designated centre must be made to the Chief Inspector of Social Services at least six months before the expiry date of the current registration. The provider had not ensured that this application was submitted at least six months before the expiry date of the current registration.

This was the second inspection of this centre in its current registration cycle. The previous inspection of this centre was focused on infection prevention and control and took place in October 2022. Some issues identified during that inspection had been addressed since then. In 2021 an application to vary had been received from the provider to add two additional houses to the footprint of this centre. This had been a temporary measure and these additional units had been removed during 2022. During a pre-inspection call with the person in charge for the current inspection arrangements were made to begin and end the inspection at a time that would be convenient to residents' schedules to allow the inspector to meet with all residents if they wished.

There was a clear management structure present in the centre. Front-line staff consisting of social care workers, care assistants and staff nurse reported to front-line Clinical Nurse Managers (CNM) 1. These staff reported to a CNM2 at centre level who reported to the person in charge, who in turn reported to the interim director of services (IDOS). Overall, the local governance team in place was seen to be maintaining good oversight in this centre and this meant that residents were being afforded a good quality service that could meet their assessed needs.

The person in charge, who was also a CNM3 was present to speak with the inspector on the day of the inspection and facilitated the inspector with any documentation requested. This individual was very familiar with the residents in the centre and their care and support needs. She maintained a strong presence in the centre and the inspector saw from the interactions she had with residents and staff that they would be comfortable to raise concerns with her. She presented as committed to meeting the regulatory compliance in the centre and spoke about learning from previous inspections and how this had been implemented.

The CNM2 also made herself available on the day of the inspection and spoke briefly with the inspector. Staff spoken with in the centre reported that overall staffing levels in the centre were sufficient to meet the day-to-day needs of residents, but did highlight that at weekends there could be challenges to ensure that all residents were facilitated to access the community. The inspector spoke to staff from all three locations who were on duty during the inspection. A staff member who was departing following an overnight shift made themselves available to the inspector prior to leaving also. All of these staff confirmed they had worked in the centre for a period of time and were very familiar with the residents that they worked with. Residents were provided with continuity of care from a regular staff team, and many of the staff team on the roster had worked with the residents for a number of years.

Staff spoken with were familiar with residents' needs, likes and dislikes. Staff members were able to outline the goals that residents had and how these would be facilitated. Staff reported that they felt well supported in the centre and that the person in charge was approachable and fair and responded promptly to any issues that were raised. Staff members spoken to also confirmed that they felt residents were safe in this centre and were familiar with safeguarding plans and risks present in the centre. Staff members reported that residents would come to staff to report any concerns they had and that residents appeared comfortable to raise concerns.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and at the time of the inspection was seen to have the capacity to maintain oversight of the centre. Evidence of the person's qualifications, experience and skills was submitted as part of the renewal of registration application for this centre and was reviewed by the inspector. The person in charge was full-time in their role but did have responsibility for some other areas of service provision under the provider's remit.

Judgment: Compliant

Regulation 15: Staffing

The number, qualifications and skill mix of staff in the centre was appropriate to the assessed needs and size and layout of the centre. There was a planned and actual roster maintained in the centre and continuity of care and support was provided to the residents. Nursing supports were available if required to residents.

A sample of three staff files was reviewed by the inspector. These were seen to contain all of the appropriate information as set out in Schedule 2 of the regulations.

The planned and actual roster for the designated centre was reviewed by the inspector. A sample of 2.5 months was reviewed and this showed that staffing levels in the centre were consistent with the statement of purpose. Some shifts, such as when staff swapped shifts, or a shift finished early, as happened regularly in one house, were not always clearly recorded on the roster. However, when the inspector queried this, the person in charge showed the inspector an 'overtime' book that recorded these arrangements and the inspector was satisfied that the person in charge was maintaining oversight of these records.

Staff numbers varied between the houses, depending on needs of the residents. Two houses generally had one staff member on duty by day and a sleepover staff at night, the other house generally had two staff by day, with one waking staff at night time. The management of the centre told the inspector that staffing levels in place were sufficient to meet the current needs of the residents, but that due to the changing needs of residents, additional staff would be required in the future, particularly at weekends. This had been considered and the person in charge told the inspector about plans to increase the staffing levels in the centre.

Two of the houses in the centre were located beside one another and the inspector was told and observed that the staff working in these houses sometimes supported across both locations. The inspector spoke with two staff members working in these houses and they spoke about how the staff team worked together to facilitate all residents to take part in their planned activities, particularly at weekends. It was noted, however, that this meant that sometimes some residents' plans might be curtailed for a period of time to facilitate other residents. Staff and residents spoken to confirmed however that residents would always be facilitated to take part in activities of their choice at some period of the weekend. Staff spoken to also told the inspector that additional staff would be provided in the event that they were required due to unanticipated events or planned appointments or activities. For example, a staff member told the inspector that additional staff were arranged for a planned trip to an opera house for two residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed a training matrix for seventeen staff that were also named on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff. Any gaps in training were accounted for. Mandatory training provided included training in the areas of manual handling, fire safety and safeguarding. One staff member was overdue refresher training in the safe administration of medications. This training had been booked, and in the

interim the staff member had completed online training and a practical assessment while a risk assessment had been completed.

The training needs of staff were being appropriately considered and this meant that residents could be provided with safe and good quality care and support appropriate to their needs. Some medication errors had been reported in the centre. The person in charge told the inspector that between June 2023 and December 2024 there had been 21 medication errors reported, with nine of these pharmacy errors that had been identified. In response to this, a reflection piece was completed with staff and where it was identified that poor practice had contributed to a medication error, staff had completed additional or refresher training in the area.

Where agency staff were working in the centre, the registered provider had received assurances from the staff provider that these staff were appropriately trained and vetted. These assurances were in the form of a letter which was viewed by the inspector.

Supervision records for three staff were reviewed by the inspector and these indicated that staff were receiving formal supervision. A supervision schedule was also observed to be in place.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that overall the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose at the time of the inspection and that the management systems in place were ensuring that the service provided was appropriate to residents' needs. Documentation reviewed during the inspection such as the annual review and the provider's report of the most recent six monthly unannounced inspection showed that the provider was maintaining oversight of the service provided in this centre and that governance and management arrangements in the centre were effective.

The person in charge had remit over this designated centre alongside some other independent living services. She told the inspector that the provider had recently allocated some additional day services to this remit also but that their duties in the designated centre took priority over these. She spoke about how the future needs of the service were being considered. For example, the centre had an aging population and it had been identified that additional staffing would be required in the future to meet the changing needs of residents and this had been highlighted to the provider.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and their family members. The most recent unannounced six-monthly visit had been conducted in the centre in February 2024 by a representative of the provider. Such unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of this unannounced visit was reviewed by the inspector and it was seen that it did assess a number of relevant areas related to residents' care and the governance of the centre. An action plan was put in place following the provider unannounced visit and most of these actions related to deficits noted in documentation. While some documentation issues were found during this inspection, most of these were minor in nature and it was seen that on the day of the inspection the majority of these did not impact directly on the care and support provided to residents. Where they did, this will be covered under other regulations in this report.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre. This was reviewed by the inspector and was seen to contain the information as specified in the regulations. The person in charge communicated to the inspector that some amendments would be made to this prior to the renewal of the registration of the centre, due to planned staffing changes.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure. Easy-to-read guidance in relation to how to make a complaint was available to the residents and was viewed by the inspector on display in the houses of the centre. Opportunities to raise complaints were available to residents through regular resident meetings and the inspector saw some of these records also. From speaking with some of the residents, the inspector was satisfied that residents would be comfortable to raise

issues or concerns and that these concerns would be taken seriously and used to inform ongoing practice in the centre.

A complaints log was reviewed by the inspector in one location. It was seen that complaints were recorded as appropriate in this log, including any actions taken on foot of the complaint, the outcome of the complaint, and the satisfaction of the complainant. The person in charge spoke about the complaints that had been received in the designated centre and how these were responded to. For example, some of the residents had complained about the quality and choice of dinner that had been provided for Christmas Day. This was provided by an off-site kitchen under the remit of the provider. The staff on duty on the day had made efforts to provide an alternative for the residents and the complaint had been forwarded to the kitchen. The person in charge told the inspector that going forward, the staff team would revert to cooking the Christmas dinner on-site, as they had previously done.

Judgment: Compliant

Quality and safety

This inspection found that overall this centre offered safe and good quality supports to residents to meet their day-to-day needs. Residents' rights were protected and that residents were afforded autonomy and had access to meaningful occupation on a regular basis. Residents' day-to-day care needs were being met and from what the inspector saw during this inspection, residents' healthcare needs were being considered and met. Systems in place indicated that residents were safe in the centre. Some improvements were required in the identification of some risk present in the centre and some further consideration was required to ensure that the arrangements in place in the centre were appropriate to always meet the needs of residents' who required specific eating and drinking supports.

Aside from the management in the centre, four staff were interviewed during the inspection by the inspector, three social care workers and one care assistant. These staff told the inspector that the residents in this centre had a good quality of life and that as much as possible, each resident's service was self-directed and residents were encouraged to set new goals and explore new activities. One staff member said that she felt residents had a "great life" in the centre and spoke about the positive changes that had taken place for residents over the years such as smaller resident numbers in each house and increased community access. Another staff member told the inspector that they would change nothing about this centre and that they she 'loves coming into work'.

A staff member that worked regularly at weekends told the inspector that residents held a meeting every Friday night to discuss their plans and that if residents asked to do something that couldn't be facilitated immediately due to competing needs or

staffing arrangements, then a plan would be put in place so that it would be facilitated on the following weekend and that residents appeared to be satisfied with this arrangement. All staff spoken to told the inspector that all residents in this centre got out and about a lot and were facilitated with activities outside of the centre on a daily basis, unless they opted not to. This was also confirmed by residents. Residents spoken with provided very positive feedback in relation to living in the centre and told the inspector that they were happy living in the centre and that the staff supporting them were good to them. Residents were comfortable and relaxed in their homes, had lived in these homes for a long period of time and were involved in their local community. Some of the residents in this centre were of an advanced age and were seen to remain very active in their homes and communities.

As mentioned previously, some issues were identified in relation to the arrangements in place in the centre for residents with specific dietary needs. Residents were supported to access appropriate professional services in this area if they required it, and recommendations from reviews with these professionals was available to staff in the centre. The inspector observed that at times during the day, some residents would remain alone in their homes, with the support of the staff from the neighbouring house. This meant that on occasion, there was potential that staff would not be present to supervise residents with specific dietary requirements in line with their support needs. While the inspector was told that staff would always ensure that residents were appropriately supervised at mealtimes, this was not evidenced by the observations of the inspector on the day of the inspection and the inspector was not satisfied that the risks around this arrangement had been fully considered at the time of the inspection.

Fire safety systems were in place in this centre to protect residents and there was evidence of regular servicing and maintenance of fire safety equipment. Although these were not reviewed in full during this inspection, the inspector saw that restrictive practices were identified as appropriate and that these were documented in residents' files. Residents' files also contained a wealth of information to guide staff in supporting residents and to inform best practice in this area.

A small sample of residents' personal plans and resident documentation was reviewed by the inspector during this inspection, as well as other documentation in the centre such as risk assessments, audits and day-to-day documentation maintained by staff. The inspector found that overall these were well maintained, although some documentation did require review to ensure all of the information was fully accurate. Residents' personal plans were seen to provide good guidance to staff in supporting residents and set out meaningful goals for residents. Healthcare plans in place also provided good guidance to staff and the documentation showed that residents had access to appropriate healthcare and were supported to achieve the best possible health.

Regulation 13: General welfare and development

Staff spoken to demonstrated a strong commitment to ensuring that residents were afforded choice and were offered regular activation and community access and spoke about how important it was for residents that their independence in everyday activities be encouraged and facilitated. There were three seven seater vehicles available to residents in this centre. All staff members drove the centre vehicles and this meant that residents were able to plan and attend activities, social outings and medical appointments as required.

Residents were also encouraged and supported to develop and enhance their own skills and capacities in line with their interests. For example, one resident was an artist and had previously exhibited their own artwork in a public space. They were being supported through the personal planning process to continue in this endeavour. and take part in another exhibition. Other residents were supported to develop and enhance their musical skills and were attending piano lessons. One resident told the inspector that he enjoyed playing his guitar in his home also.

The person in charge spoke about how a resident living in the centre had been supported to make contact with family members that they had not previously known and feedback viewed from families indicated that residents were supported to maintain important family relationships. Some residents told the inspector about how they maintained contact with important people in their lives, including former staff members and community members.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents in this centre received their main meals during the week from an off-site kitchen. Choice was provided in relation to these meals. Residents were supported to buy and prepare other meals in the evenings and at weekends and some residents were observed heating, preparing and eating meals at a time of their own choosing. All houses had their own kitchens and food storage areas. Residents were observed enjoying snacks and meals while the inspector was present and were offered refreshments regularly by staff. The inspector saw that some residents had specific dietary needs and preferences and these were catered for in the centre.

On one occasion it was noted that a staff member provided a snack to residents in the sitting room of their home but did not remain with the residents. One of these residents had specific recommendations detailed from a speech and language therapist on file and required supervision while eating. In the event that the resident experienced a choking episode, the presence of knowledgeable staff would be important to ensure that the resident received prompt attention and care. The inspector acknowledges that this oversight may have been due to the inspector being present and the staff member wishing to give the resident time to speak with the inspector. This was raised with the person in charge who committed to

addressing this with the staff team.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had in place an appropriate risk management policy. Some risks present in the centre had been identified and a risk register was in place. The inspector saw that individual risks were considered and that information relating to the controls in place for these risks was available to staff in residents' personal files.

The inspector requested to view a risk assessment pertaining to smoking in the centre and was told that this was not in place, although the risk had been considered and there were some mitigating controls in place to reduce the potential hazards presented by this risk to residents. The inspector also identified that shared working and lone working arrangements in place at the time of the inspection meant that sometimes some residents spent periods of time alone in their homes. Overall, residents in two of the locations did not require full time staff supervision and these arrangements afforded residents with autonomy and privacy in their homes. However, the inspector could not evidence that the risks associated with dysphagia had been fully considered in light of this arrangement. For example, if one staff member was gone out with a resident in one house and the remaining residents required support, the lone staff member from the house next door would be occasionally required to leave that location for a short period of time to assist those residents. This had not been appropriately identified, considered or risk assessed at the time of the inspection

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers and fire doors were present and observed by the inspector in the three units of the centre. Where residents smoked, smoking sheds were provided and there were measures in place to keep residents safe. A boiler room built into one premises was viewed and it was observed that this had been fitted with an overhead fire extinguisher, to provide protection to residents in the event of a fire breaking out unobserved in this area. Labels on the fire fighting equipment such as fire extinguishers and fire blankets identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of two residents' personal plans were reviewed by the inspector. Support plans were in place that provided good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. Individual risk assessments were viewed in residents' personal files also. The inspector saw that residents had been supported to take part in person centred planning meetings and that these plans had been reviewed within the previous year. The inspector saw that goal planning was documented in the centre and that residents were being afforded opportunities to set and achieve goals. Staff spoken to were familiar with the goals that residents had. Although, there was some evidence to suggest that progression of all goals had not been prioritised in the previous year, the inspector saw that this had been identified and that efforts had been made to address this. For example, one resident had a goal to visit a specific place with a date for completion set in August 2023. There was limited evidence to suggest this had been progressed in a timely manner when the goal was first identified. However, there was evidence documented to show that the resident had been offered to go to this location in the weeks prior to this inspection but that they had declined stating it was "too cold". There was evidence that other goals set by this resident were achieved, including working on a project for an art exhibition and going on a day trip to another specified location.

Judgment: Compliant

Regulation 6: Health care

Healthcare records were reviewed for two residents in the centre. There was detailed information recorded in each residents' personal file about their healthcare needs and how these were supported in the designated centre. Healthcare support plans were in place for identified healthcare needs and the inspector saw that the records reviewed showed that residents were supported to access appropriate healthcare, including regular bloodwork, and access to appropriate health and social professionals. Residents had received significant allied health input including speech and language therapy, physiotherapy, audiology and ophthalmology services and dietetics. Nursing support was available to residents on the staff and management team and staff had on-call options if nursing support was required outside of the times that these individuals were reporting for duty. The person in charge told the inspector that one resident was being supported with a smoking cessation plan. This was the resident's own choice and the resident had chosen to give up cigarettes for health and financial reasons.

Judgment: Compliant

Regulation 8: Protection

There were systems in place in this centre to safeguard and protect residents from abuse. Appropriate garda vetting was in place for all staff and reviewed by the inspector. Training records viewed showed that the person in charge had oversight of the safeguarding training for staff. One staff member was due to complete safeguarding training but the inspector was told that they were on a period of leave at the time of the inspection and had been requested to complete this prior to returning to their duties. Learning from other inspections carried out in respect of this provider was being used to inform practice. The person in charge showed the inspector records relating to safeguarding and told the inspector that all allegations of suspected or confirmed abuse were reported to the Safeguarding and Protection Team, as well as all incidences of bruising and injuries, including those with a known benign cause.

The Chief Inspector had been notified also as required by the regulations of some alleged safeguarding incidents that had occurred in the centre. The person in charge spoke to the inspector about some of these and told the inspector about how the provider responded to these and the steps that were taken to address any concerns and to ensure that residents in this centre were safe. The staff members spoken to were all familiar with the safeguarding procedures in place and told the inspector about the steps they would take in the event that they witnessed or were told about any potential safeguarding concern. One resident could at times struggle with their mental health and it had been recognised that at times they could make allegations of a safeguarding nature and subsequently retract these. These allegations were notified as appropriate and the person in charge told the inspector that the usual safeguarding procedures were followed to ensure that all allegations were appropriately screened and all concerns were dealt with appropriately.

Residents living in the centre told the inspector that they felt safe in the centre and staff also told the inspector that they felt residents living in this centre were protected from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The evidence found on this inspection indicated that residents' rights were respected in this centre. Residents were seen to have freedom to exercise choice and control in their daily lives and to participate in decisions about their own care and support. Residents were afforded privacy in their own personal spaces and staff were observed to interact with residents in a dignified and supportive manner. For

example, staff were seen and heard to knock on bedroom doors prior to entering.

Residents were being consulted with in the centre about the running of the centre and issues that were important to them. Residents told the inspectors about the weekly resident meetings that were held in the centre and records of these were viewed by the inspector. During these meetings, residents were consulted with about various things such as activities, issues and concerns they had, meal planning, shopping, safeguarding and finances were all discussed. There was evidence that actions arising from these meetings were completed. For example, one resident had requested to buy a new television, the resident had been facilitated to take the resident shopping, the television had been purchased and maintenance had been contacted to put the television up on the wall. Once a month important issues such as safeguarding, complaints and the emergency plan were discussed with residents during this meeting.

The person in charge told the inspector that residents all had bank accounts in their own name and were supported to manage their monies in line with their assessed needs. Financial capacity assessments were viewed on file for a sample of residents. Some residents told the inspector that they did their own shopping and were observed to leave the centre independently. Information relating to advocacy services was seen on display.

It was recorded in the complaints log that one resident had expressed a desire to leave the centre during a period when they had struggled with their mental health. It was documented that this had been explored with the resident and further records indicated that the resident had subsequently changed their mind.

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 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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Youghal Community Houses OSV-0004645

Inspection ID: MON-0033300

Date of inspection: 22/02/2024

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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All staff are aware of the dietary recommendations from the Speech and Language Therapist (SLT) and all residents are informed/educated as to recommendations. Staff supervise meal and snack times in collaboration with the each residents meal recommendations and their documented will and preference. All individuals who are recommended a modified diet are advised/educated on this and the requirement of distant observation when indicated, however, on occasion the individual may choose to eat independently/privately. All individuals have been reviewed by the SLT and their food & nutrition plans are up to date. Following receipt of information pertaining to a non-adherence to a recommendation of one individual during the inspection the PIC spoke to the staff member, the staff member identified that she left the room to allow the individual privacy with the inspector.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Individual risk assessments for individuals that smoke is completed and is evident in their respective personal care plans. There are mitigating controls in place to manage the potential hazards of individuals that smoke, these remain under constant review and when indicated are updated. The service strives to promote independence, autonomy and privacy for individuals in the centre. While acknowledging this the ever changing needs of individuals is a constant consideration, the service is commencing an evaluation</p>	

of the provision of services for the designated centre (initial engagement with stakeholders 29/05/24) which will include an evaluation of appropriate staffing requirements for each area. In the interim when indicated or a need arises additional staff is made available to the designated centre, this is to ensure adequate supervision is available while continuing to support individuals enhance the quality of their life, promote safety and welfare within their home. The service continues to monitor, assess and manage risks in consultation with the individuals taking into consideration their will and preference. The PIC engages with the quality and safety advisor pertaining to any potential risks in the designated centre, should any identified action be required it will be actioned accordingly.

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 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	22/02/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2024