



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

Issued by the Chief Inspector

Name of designated centre:	Ceol na Mara
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	05 May 2021
Centre ID:	OSV-0005867
Fieldwork ID:	MON-0032634

About the designated centre

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

Ceol na Mara is a residential service run by the Health Service Executive. The centre can provide residential service for up to four male and female adults, who are over the age of 18 years, with an intellectual disability. The centre is located a short distance from a village in Co. Sligo. The centre comprises of a single-storey detached house, which includes a kitchen/living area, two sitting-rooms, utility, resident bedrooms and bathroom facilities. Large front and rear gardens are also available for residents to enjoy. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 May 2021	09:40hrs to 13:20hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This is a centre that very much ensured residents were provided with the care and support that they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations. The centre comprised of one bungalow dwelling situated a short distance from a village in Co. Sligo. Residents transitioned to this centre in 2019 and had their own bedroom, some en-suite facilities, shared bathrooms, two sitting rooms, one of which had a sun area, kitchen and dining area and utility. A large and well-maintained front and back garden was also available to residents, with outdoor seating to use as they wished and ramped access was in place at all entry and exit points. The centre was tastefully decorated and its design and layout was appropriate to the mobility needs of residents who lived there. Along with wide corridors and spacious rooms, handrails were recently fitted to provide residents with additional support when going from one room to another. Furnishings were well-maintained and ample seating was available in each room of the house for residents to use as they wished. Photographs of the residents along with various artwork and pottery they had made were proudly displayed around the centre. The inspector observed various pictorial references throughout, particularly on internal doors to orientate residents to the purpose and function of various rooms. Over the course of the inspection, the inspector observed staff to interact very respectfully with residents, with some preparing residents' lunch, sending an aroma of home-cooking throughout their home.

The three residents who lived here had lived together for many years prior to their transition to this centre and got on very well together. Upon the inspector's arrival to the centre, she had the opportunity to meet with all three of them but due to their communication needs, they were unable to engage directly with her about the care and support they receive. Two of these residents were relaxing in a bright sitting room overlooking the back garden, one was just finishing their breakfast and the other was reading the newspaper. They were preparing to get ready for the day ahead, with their day service now being facilitated in the comfort of their own home. The third resident was having a lie in and the inspector met briefly with her towards to the end of the inspection.

Prior to the introduction of public health safety guidelines, these residents led very active lifestyles. Since then, their day service was now occurring in their own home and all efforts were made by staff to come up with alternative activities that these residents could also engage in. These activities included reading magazines, pottery, zoom classes, exercise programmes and beach walks. Due to the extensiveness of this centre's garden area, gardening was also a regular activity that residents engaged in and upon the inspector's departure from the centre, one resident was

was being supported by staff to put together floral window boxes. The centre had its own transport and the person in charge told the inspector that a taxi service was also available for residents to use, as and when required. Prior to the introduction of public health safety guidelines, some residents regularly took short breaks away from the centre to visit with family and the person in charge told the inspector that she was in the process of reviewing arrangements to facilitate residents to recommence such visits with their families in the near future.

Much effort was made by the person in charge and staff to ensure residents were as involved as possible in the planning of their care and running of their home. This was primarily done through regular house meetings and effective daily engagement between residents and the staff members supporting them. Due to the suitability of this centre's staffing arrangement, residents at all times had access to the level of staff support that they required, which had a very positive impact on their social care needs. Most of the staff working at this centre had transitioned with these residents in 2019 and the person in charge said that this worked very well as it promoted continuity of care for each resident.

In summary, the inspector found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were as involved as much as possible in the running of their home.

Capacity and capability

This was a well-run and well-managed service, which ensured residents received and safe and good quality of service. Since this centre's last inspection in July 2019, the provider made improvements to governance and management and fire safety arrangements. Although, for the most part, this centre was found to be in compliance with the regulations inspected against as part of this inspection, some minor improvement was required to aspects of behaviour support and restrictive practices.

The person in charge held the overall responsibility for this service and she regularly visited the centre, which allowed her to meet with staff and residents. She knew the residents and their needs very well and was also familiar with the operational needs of this service. She was supported by her line manager and staff team in the running and management of this centre. She was responsible for the running of another designed centre operated by this provider and told the inspector that current support arrangements gave her the capacity to also effectively manage this service.

This centre's staffing arrangements were subject to regular review by the person in charge, ensuring a suitable number and skill-mix of staff were at all times on duty to support the residents. Nursing staff were rostered on a regular basis, which had a

positive impact for residents requiring this level of support. Many of the staff working at this centre had supported these residents for a number of years and had transitioned with these residents to the centre in 2019. They were very familiar with the residents and their assessed needs, meaning these residents were always supported by staff who knew them very well. Where newly recruited staff were appointed to this service, a robust induction programme was in place to support these new staff members to get to know these residents and their needs prior to working directly with them. Effective training arrangements were also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, action plans were put in place to address these. In addition to this, the person in charge was also conducting a number of regular internal audits to review areas such as medication management and health and safety. Since the last inspection, the provider made improvements to these systems to ensure their overall effectiveness in identifying where specific improvements were required within this service. The person in charge met with staff on a regular basis to discuss any concerns relating to the care and welfare of residents. She also maintained regular contact with her line manager to discuss any operational issues.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this service and she was supported by her line manager and staff team in doing so. She was regularly present at the centre to meet with residents and staff. She held responsibility for another designated centre operated by this provider and told the inspector that current governance and management arrangements gave her the capacity to also effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured this centre's staffing arrangement was subject to regular review, ensuring an adequate number and skill-mix of staff were at all times on duty to support the residents who lived there. Arrangements were also in place to support this centre, should additional staffing resources be required.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staffing training arrangements ensured that all staff received the training they required appropriate to their role. All staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of transport, equipment and staffing. Since the last inspection, the provider made improvements to the centre's monitoring systems to ensure these were effective in identifying where specific improvements were required within the service. The person in charge maintained regular communication with all staff members, which gave them an opportunity to discuss resident related care issues. She also maintained regular contact with her line manager to review all operational related matters.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, response and review of all incidents occurring at this centre. All incidents were reported to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider had various effective systems in place to support the quality and safety of care that these residents received.

The centre comprised of one bungalow dwelling located on the outskirts of a village in Co. Sligo. Residents had their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining area, sitting rooms, utility and large garden area. The

centre was well-maintained, tastefully decorated and had a lovely homely feel to it.

Residents' needs were subject to regular re-assessment which meant that any changes to residents' needs were quickly identified and responded to. For example, in response to recent falls experienced by one resident, the provider had ensured their needs in this area were re-assessed and that they were at all times appropriately supervised by staff during day and night. At the time of inspection, the person in charge was in the process of updating this resident's personal plan to ensure staff were guided on their responsibility in ensuring this resident was maintained safe when mobilising. In addition, staff were very responsive to the assessed health care needs of residents and residents had access to a wide variety of allied health care professionals, as and when required.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to immediate review by the person in charge, which meant that risk was quickly responded to. In addition to this, an incident review group was in operation within the organisation, which gave additional oversight to the trending of incidents occurring within this centre. The effective monitoring of organisational risks was largely attributed to the regular review by the person in charge of the centre's risk register. This document was reviewed by the inspector, which demonstrated the provider's clear understanding of appropriate hazard identification, assessment of risk and accuracy in risk-rating identified risks. In addition to this, where high-rated risks were identified, these were appropriately escalated by the person in charge to senior management, in accordance with the centre's risk management policy.

Positive behaviour support was very much promoted at this centre, and through the effective implementation of interventions for one resident in recent months, the person in charge told the inspector that there was a noted reduction in the number of behaviour related incidents occurring for this resident. Staff were supported by a behaviour support specialist in supporting these residents with their behavioural needs, which had a positive impact on ensuring any changes required to these interventions were quickly reviewed and responded to. Although the provider had behaviour support plans in place to support this process, some required additional review to ensure they accurately described the effective behavioural support interventions that were implemented by staff on a daily basis. There were some restrictive practices in place and systems were in place to ensure these were subject to regular multi-disciplinary review. However, some improvement was required to the protocols in place supporting the application of some restrictive practices, to ensure these gave adequate guidance to staff on their appropriate use, particularly where some restrictions were in place in response to specific resident behaviours.

Fire safety precautions were subject to regular review by the provider, including, fire detection and containment arrangements, fire safety checks and emergency lighting arrangements. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. Since the last inspection of this centre in July 2019, the provider made improvements to the way fire drills were being conducted, ensuring these now regularly included fire drills using minimum staffing levels. A waking staff

arrangement was also in place, meaning that should a fire occur at night, staff were available to quickly respond to it. Personal evacuation plans were developed for each resident and a fire procedure was also in place for the centre and these were both in process of review by the person in charge at the time of this inspection to ensure further clarity was afforded to staff on how to effectively respond to fire at the centre.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate PPE when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staffing numbers.

Regulation 10: Communication

Where residents had assessed communication needs, the provider ensured that these residents received the care and support they required to communicate their wishes.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one bungalow dwelling located on the outskirts of a village in Co. Sligo. Residents had their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining area, sitting rooms, utility and large garden area. The centre was well-maintained, tastefully decorated and had a lovely homely feel to it.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment and monitoring of all risks at the centre. Where risks required escalation to senior management, the person in charge ensured this was done in accordance with the centre's risk management policy.

Judgment: Compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider implemented a number of measures to ensure the safety and welfare of residents and staff. Social distancing, temperature checking and use of PPE was regularly practiced. Contingency plans were in place, should an outbreak of infection occur at this centre and these were subject to regular review to ensure their overall effectiveness.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that appropriate fire safety precautions were in place, including, fire detection and containment arrangements, regular fire safety checks and emergency lighting. Since the last inspection, the provider made improvements to fire drill arrangements, to ensure these included a fire drill using minimum staffing levels. Fire drill were regularly occurring and records demonstrated that staff could effectively support residents to evacuate the centre in a timely manner. There were evacuation plans available for each resident and a fire procedure in place for the centre and these were in process of review by the person in charge at the time of this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' needs were subject to regular review. Where residents had assessed needs, personal plans were put in place to guide staff on the level of support each resident required.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensured these residents had access to the care and support they required. Residents had access to

a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that adequate support arrangements were in place for these residents. However, some improvement was required to some behaviour support plans to ensure these adequately described the effective interventions that were implemented by staff on a daily basis. In addition, a review of restrictive practice protocols were also required to ensure these gave adequate guidance to staff on their appropriate application in practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had suitable arrangements in place to support staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

This was a centre that very much promoted residents' rights and ensured that they were included in the running of their home. Residents were consulted regularly about how they wished to spend their time and were supported by staff to take part in activities of interest to them.

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 - 2015 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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ceol na Mara OSV-0005867

Inspection ID: MON-0032634

Date of inspection: 05/05/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The Provider has ensured that collaboration with the CNS in Behaviours and updating of the Behaviour Support Plan has been completed, this plan now adequately describes the effective interventions implemented. All staff have been educated around the update. • The Provider has ensured that in addition a review of Restrictive Practice Protocols has been completed and same has been forwarded to the Restrictive Practice committee for approval. 	

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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	12/05/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/2021