Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cnoc Gréine
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	29 September 2021
Centre ID:	OSV-0007814
Fieldwork ID:	MON-0030180

About the designated centre

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

The centre was registered to support up-to-two residents with an intellectual disability. Residents who use this service may also need assistance with their behaviours. A combination of nursing staff and health care assistants support residents, with four staff members allocated during daytime hours and three waking night staff allocated during night-time hours. The centre is located in a rural location and transport is provider to assist residents in accessing their local community. Each resident has their own living area and they share a central communal kitchen.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 September 2021	9:30 am to 3:30 pm	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

There was a good, person-centred service in this centre. The residents were supported to engage in activities of their choosing and they were included in the running of the centre.

On arrival at the centre, the inspector followed COVID-19 sanitisation procedures and throughout the inspection, the inspector adhered to public health guidance on the prevention of infection of COVID-19. The centre consisted of a newly refurbished bungalow. Both residents had input into the décor of the centre before they moved in. Each resident had their own bedroom, bathroom with wetroom shower, and sitting room. The residents shared a kitchen and utility room. There was a separate staff office on one side of the building. The person in charge reported that residents did not like files and paperwork in the communal areas of the house. The house was in very good decorative and structural repair. It was clean and tidy throughout and personalised with some of the residents' own photographs. Though there were few personal objects on display, this was in line with the residents' wishes. The furniture was new and comfortable. There were plans to buy a new sofa and armchair for one resident. There were also plans to extend one section of the house to build a new kitchen and divide the house into two self-contained apartments. This will be discussed further in the report. Outside, the gardens and grounds were very well maintained. There was a lawn to the front and rear of the house. To the front, there was a bird-feeder that the residents' had chosen and that they restocked with birdseed as needed. There was a large tarmacadam area to the side that had a fence, a basketball hoop and mini soccer net. With the planned extension, the person in charge reported that this fenced area would be removed and two separate back gardens would be created for residents.

The inspector met with one resident on the day of inspection just as they were about to leave to go shopping. The resident reported that they liked their home. They discussed the places that they had visited before COVID-19 restrictions were introduced and the places they had been since restrictions eased. They talked about their favourite music and concerts that they had attended. They talked about the contact that they have with their family. The resident was supported by staff during this conversation. The resident appeared at ease with staff and comfortable in their presence.

Staff were observed interacting with the resident in a friendly and respectful manner. They were observed singing and dancing with the resident to their favourite music. Staff spoke about the residents in a very warm and caring fashion. The staff were knowledgeable of the residents' likes and dislikes. They could describe behaviours that indicated that residents were unhappy or uncomfortable. Staff respected the rights of residents. Residents chose where they wanted to go for the day. One resident had planned to return to the centre in the afternoon but changed their mind while out of the house. This was respected and their choice of

afternoon activities was facilitated by staff.

Overall, the inspector observed that residents were supported to engage in enjoyable and meaningful activities. They received a good quality, person-centred service. Staff were caring and respectful of the residents.

The next two sections of the report will outline the inspection findings regarding the governance and management of the centre, and how this impacts on the quality and safety of the service delivered.

Capacity and capability

There was good governance and oversight in this centre that ensured a safe, quality service for residents.

The inspection was facilitated by the person in charge who had very good oversight of the service and knowledge of the needs of the residents. There were clear lines of accountability and reporting relationships so that issues could be reported and addressed. The provider had completed annual reviews and six-monthly unannounced audits in line with the regulations. Issues identified on these audits were recorded along with any actions needed to address the issues. This formed part of the provider's quality improvement plan which was reviewed by the person in charge on a monthly basis. This ensured that improvement plans were progressing in line with the time frame set by the provider. In addition, the provider also had a suite of other audits that were completed at various times throughout the year. A review of documentation found that the audits were completed in line with the provider's schedule and issues that were identified were included in the quality improvement plan. An audit of complaints was conducted on a monthly basis. There had been no complaints in the centre in the last 12 months. The provider had a complaints policy and procedure. The photograph and contact details of the complaints officer was on display in the centre along with picture-based supports giving information about the complaints process.

The number of staff in the centre was sufficient to meet the assessed needs of the residents. The staff were divided into teams who each worked with a specific resident but all staff were familiar with both residents. Nursing support was available in the centre during the week and on-call after business hours. There was one long-term agency staff on the roster. Annual leave was covered from the existing team without the need to bring new or temporary staff into the centre. This ensured that residents were familiar with the people working in the house and was in keeping with residents' assessed needs in their behaviour support plans. Some staff had worked with the residents for a number of years. Staff received supervision in line with the provider's guidelines. The person in charge reported that supervision sessions had been less frequent during COVID-19 restrictions but that regular structured supervision had recommenced in recent months. The person in charge routinely met with staff as part of the day-to-day running of the centre. The person

in charge also routinely attended the centre in the evenings in order to meet with night staff. Staff reported that they felt supported in their roles and were comfortable reporting any issues to management.

Staff training was required in 10 mandatory areas according to the provider. Staff were largely up to date in most areas, except cardio pulmonary resuscitation. This had been flagged to management and all staff were on a waiting list to receive training in this area when available. Where refresher training was required by some staff in other areas, this had been identified by the person in charge and requests for training had been submitted. The person in charge had sourced an external trainer to provide training in managing behaviour that is challenging. In cases where staff training was out of date, for example, medication management, the person in charge ensured that a fully trained staff member was on duty to perform those tasks.

The provider had good oversight of the service through a comprehensive audit and review process. Overall, there was good management in this centre that ensured a quality service for residents.

Regulation 15: Staffing

The number of staff and skill-mix was sufficient to meet the assessed needs of residents. Staff received regular supervision. There was access to nursing support as required. There was a consistent team in place that ensured that residents were familiar with the people working in the house.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were largely up to date on training in the 10 areas of mandatory training that had been identified by the provider. Where refresher training was required, this had been identified by the person in charge and there were plans to access training in these areas when available.

Judgment: Compliant

Regulation 23: Governance and management

There was a good system of governance and oversight in this centre. The provider had completed annual reviews and six-monthly unannounced audits in line with the

regulations. In addition, there was a suite of further audits completed throughout the year. There were clear reporting relationships and accountability in this service.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a picture-based format in the centre. The complaints were routinely audited by the person in charge. Contact details for the advocacy service was also on display.

Judgment: Compliant

Quality and safety

Residents received a good quality and safe service in this centre. Residents' wellbeing and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests. Residents were kept safe but some improvement was required in relation to fire doors.

The centre itself was well-maintained and decorated in line with the residents' wishes and needs. The provider had identified that the use of a communal kitchen and utility room was not in keeping with the needs of the residents. To ensure residents' safety and, as part of the behaviour support plans for residents, certain doors into the kitchen were under magnetic lock at various points during the day. The provider had kept a log of this restrictive practice and it had been reviewed by a human rights committee. It was identified that separate apartments with each resident having their own entirely private living space was required to eliminate the restrictive practices, improve safeguarding of residents and to help support residents manage their behaviour. The provider had plans for an extension to the rear of the building that would accommodate a new kitchen and utility for one resident. Family members of residents were involved in the planning of this extension and had been consulted throughout the process. Funding for the project was secured and it was planned to go ahead by the end of the year.

As mentioned, each resident had a plan to help them manage their behaviour. Staff were knowledgeable of the situations that could trigger certain behaviour, when residents were becoming unhappy or anxious, and strategies that could be used to support residents at this time. On the day of inspection, staff were noted to use some of these strategies with a resident to good effect. The behaviour support plans were devised by a behaviour support therapist and there was input from a variety of

other professionals including occupational therapy, speech and language therapy, psychology and psychiatry. A protocol for the administration of medication as part of the behaviour support was included in the plan. On the day of inspection, this protocol was under review and was submitted to the inspector via email within 24 hours. This protocol clearly outlined when medication should be given in order to ensure that the least restrictive practice was used.

Each resident had a comprehensive plan that covered their healthcare needs and their social goals. Personal and social goals were set at the residents' annual review meeting and additional goals were added throughout the year. There was evidence that residents were supported to achieve their goals with photographs of residents engaging in various activities kept in their personal folder. The goals covered home-based activities such as meal preparation, gardening, and using a mobile phone. They also covered community-based activities and hobbies like surfing, horse-riding and attending concerts. Goals were regularly reviewed with the resident. Residents' healthcare was well managed in this centre. Residents had access to appropriate health professionals as required. Where health needs were identified, a care plan was put in place and was regularly reviewed and updated.

The residents' personal plans contained individual risk assessments that identified risks to the residents and the steps that were taken to reduce these risks. In addition, the person in charge had a risk register for the centre. This was reviewed and there was evidence that actions were taken to help reduce the risks identified.

Residents' safety was protected in this centre. Staff were knowledgeable on the steps that should be taken if a safeguarding issue arose. Safeguarding issues were identified by the provider and measures taken to keep residents safe. Staff knowledge on safeguarding was audited every month. Staff were fully up to date on their safeguarding training. The provider had measures in place to protect residents from the risk of infection. A cleaning schedule was completed daily. There was also an enhanced cleaning schedule and safety pause introduced to help reduce the risk of COVID-19. The person in charge had completed the Health Information and Quality Authority (HIQA) infection prevention and control self-assessment and reviewed it within 12 weeks. The person in charge had a plan that would allow residents to self-isolate in cases of suspected or confirmed COVID-19. The provider had taken steps to protect residents from the risk of fire. The provider had good management systems for detecting, containing and fighting fire which were regularly checked by an external company. Residents had personal evacuation plans and fire drills were completed routinely, simulating different conditions in the house. Fire doors were located in the bedrooms and living rooms throughout the house. However, one fire door into the kitchen was not working correctly and did not close automatically.

Residents' communication was supported and staff were very knowledgeable of the residents' communication style. Residents had been assessed by a speech and language therapist who had provided strategies to staff to support communication. Residents had access to television, mobile phones and personal computers. They were able to communicate their choices and this was respected by staff. Staff met with residents on a weekly basis where the residents outlined their wishes for the

week ahead. They could exercise choice and control over their daily lives.

Overall, residents in this centre received a good quality and safe service. Supports were available to meet their assessed needs and residents were enabled to fulfil their personal and social goals.

Regulation 10: Communication

Residents were supported to communicate their needs and wishes. Staff were aware of strategies to assist the residents communicate. Residents had access to telephones and appropriate media.

Judgment: Compliant

Regulation 17: Premises

The premises were in good structural and decorative repair. Residents had their own private space. The provider had identified changes that needed to be made to the house to ensure that it met the needs of the residents and there were plans to make these changes before the end of the year.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider maintained a risk register in the centre. Residents had individual risk assessments. Measures were put in place to reduce the risk to residents. Risk assessments were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

There were adequate measures to protect residents from the risk of infection. There was a cleaning schedule and an enhanced cleaning schedule to reduce the risk of infection. The person in charge had a contingency plan to support residents to self-isolate in cases of suspected or confirmed COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good systems in place for the detection, containment and fighting of fires. An external fire company routinely checked these systems. The staff in the centre conducted regular checks of all fire equipment and conducted regular fire drills with the residents. The drills were simulated under different conditions and learning from the drills was recorded. However, a fire door in the kitchen was faulty and would not automatically self-close in case of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated with input from the residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were well managed. Health assessments were conducted. Care plans were devised for any health need identified on the assessment. There was evidence of input from a variety of health professionals as required by residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had plans to support them with their behaviour. These had been devised by a behaviour support therapist with input from relevant professionals. Staff were knowledgeable of the strategies contained in these plans.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to protect residents from abuse. All staff were trained in safeguarding. Safeguarding was included in the provider's audit schedule. Staff were knowledgeable on the steps that should be taken in cases of suspected abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld and staff respected the residents' choices. Residents were active participants in the running of the centre. Residents exercised control over their daily lives.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cnoc Gréine OSV-0007814

Inspection ID: MON-0030180

Date of inspection: 29/09/2021

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The Register Provider has ensured that all fire doors now close automatically in line with Fire Regulations • The Person in Charge activated the fire alarm and has ensured all doors are now operational in line with fire Regulations	

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 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	29/09/2021