



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

Issued by the Chief Inspector

Name of designated centre:	Cloonlyon Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	12 April 2024
Centre ID:	OSV-0008089
Fieldwork ID:	MON-0034512

About the designated centre

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

Cloonlyon Service provides a full-time residential service to four adults with a diagnosis of intellectual disability. The service comprises one accessible property based in a rural location within driving distance of a busy town. Support is provided by a team of nursing and healthcare assistants and includes waking night support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 12 April 2024	11:00hrs to 15:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection of this centre. The provider was given four weeks' notice of the inspection. The inspection formed part of the routine monitoring activities completed by the Health Information and Quality Authority (HIQA) during the registration cycle of a designated centre. Overall, the inspector found that the provider had ensured that the service in this centre was of a good quality. This was achieved through strong governance and oversight arrangements and person-centred care. Some improvement was needed in relation to ensuring that residents' personal plans were available in an accessible format and that fire drill records were accurately recorded.

The centre consisted of a large bungalow in a rural location. It was within a few minutes' drive of a town and had its own bus that was wheelchair accessible. Each resident had their own bedroom. There were two large bathrooms that had level access showers. There was also a separate large W/C. The centre had a spacious kitchen-dining room. In addition, there were two sitting rooms. The centre also had a staff office and three large storage cupboards for clinical items, linen and cleaning supplies. Outside, the grounds around the centre were very well maintained. There was a garden to the front of the house and a paved patio area to the rear.

The centre was warm, clean, bright and very homely. It was tastefully decorated and in a very good state of repair. It was fully accessible to all residents with spacious rooms, wide doorways and wide corridors. The front of the house was accessed via a ramp and the back of the house had level access through patio doors. Residents' bedrooms were decorated in different styles in line with their tastes. The residents' photographs and belongings personalised their rooms. There was plenty of space for residents to store their personal items. Three of the four bedrooms had tracking hoists in the ceiling and all residents had adjustable beds in line with their needs. Shower chairs were available for residents. These were clean and in good repair. The centre also had a mobile hoist and the inspector noted from service record stickers that it was serviced regularly. The most recent service had been completed two weeks prior to the inspection.

The inspector met and greeted all four residents at the beginning of the inspection. Throughout the day, residents spent time relaxing in the sitting rooms or in their bedrooms. Residents watched television and listened to the radio. Two residents left the centre to go out for lunch. The inspector had the chance to speak for a few minutes with two of the residents. They told the inspector that they were happy in their home. They said that they liked their bedrooms and the staff. One resident said that staff were kind and responded quickly when they asked for help. They said that staff were respectful and always knocked before entering their bedroom. When asked about the food in the centre, one resident said that it was nice but that they would like more variation for breakfast. They said that they told the staff that they would like a fry and that it had been included on the shopping list for the week. Residents said that they would know who to talk to if they had any complaints and

that they would be able to highlight any issues to staff.

As part of an announced inspection, HIQA issue questionnaires to the residents before the inspection. These questionnaires are used to gather the residents' opinions on their home and the service they receive. Three questionnaires were completed and reviewed by the inspector. All residents had received support from staff or family to fill out the questionnaires. The responses indicated that the residents were happy in their home and that they liked the other residents in the house. The questionnaires also indicated that residents liked the staff and that their rights were respected.

Staff spoke about residents in a caring and respectful manner. In addition to the person in charge and team leader, the inspector spoke with two other staff members. All were knowledgeable of the needs of residents and the supports that they required to meet those needs. Staff were observed speaking with residents in a caring and friendly manner. They were heard offering choices to residents. One staff member said that they had completed training in human rights-based care. They said that, as a result, they were more mindful of the residents' rights to refuse choices that were offered to them. For example, the staff member said that if a resident refused to go on an outing or changed their mind before going on a planned excursion, staff respected the resident's choice.

Overall, the inspector found that residents in this centre received a good service and, as a result, they had a good quality of life. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There were strong governance arrangements in this centre. The provider maintained good oversight of the service through robust auditing procedures and incident reviews. This resulted in a good quality service for residents.

The provider had clearly defined management structures in place. This structure provided a system for staff to escalate issues to senior management. The system ensured that senior management support was available at all times, including a roster of senior managers available outside of regular business hours.

The inspection was facilitated by the person in charge who had very good knowledge of the needs of residents and the requirements of the service to meet those needs. The person in charge maintained a regular presence in the centre and was supported by a team leader who had management responsibilities within the centre.

The staffing arrangements were suited to the needs of residents. The number and

skill-mix of staff meant that the needs of residents could be met. Staff had up-to-date training in the modules that the provider had identified as mandatory. The team of staff were familiar to the residents. There was an adequate number of staff on duty to support residents engage in activities of their choosing. The provider also had flexibility built into the staffing arrangements with two additional staff members available when all residents wanted to leave the centre at the same time.

The provider maintained oversight of the service through the use of audit. When issues were identified on audit, there was a process to identify the actions needed to address these issues. The provider's unannounced six-monthly audits also identified areas for service improvement and there was evidence that this was addressed by the provider. Incidents that occurred in the centre were recorded, escalated and reviewed at bi-weekly meetings between persons in charge. This ensured shared learning between centres and helped to avoid reoccurrence of the incident.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the documentation required to apply for a renewal of the registration of the designated centre. This information was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

A review of the documentation submitted for the person in charge found that they had the required experience and qualifications for the role. The person in charge had good oversight of the service. On the day of inspection, they demonstrated very good knowledge of the needs of residents and the overall requirements of the service.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the assessed needs of residents. The inspector reviewed the rosters from 11 March 2024 to the day of inspection. It was noted that there was a planned and actual staff roster available. It was clear that the staffing arrangements were in line with the centre's statement of purpose. The number and skill-mix of staff were appropriate to ensure that the residents' personal and social needs were supported. The person in charge reported

that there was a system in place where two additional staff were available to support residents access the community, when required. A number of agency staff were employed to cover planned and unplanned leave. The rosters indicated that the same staff were employed from the agency on a regular basis, ensuring that they were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The training records in the centre were reviewed. These records indicated that the provider had identified 26 training modules for staff and that all staff had up to date training in these modules. These modules included training relating to fire safety, safeguarding, infection protection and control, managing complaints, and supporting residents manage their behaviour.

Judgment: Compliant

Regulation 23: Governance and management

The management systems ensured that the provider maintained effective oversight of the service and that issues for improvement were identified and addressed.

The lines of accountability were clearly defined and staff were knowledgeable on who to contact should an issue arise. The inspector reviewed the arrangements for contacting a member of management outside of business hours. Rosters for March and April 2024 identified senior managers who were available overnight and at weekends.

The provider had a suite of audits that were completed monthly, quarterly or annually. The inspector reviewed the records of audits that were completed since the beginning of the year. The audits were completed in line with the provider's schedule. Any issues identified were discussed at a monthly meeting between the team leader and person in charge. The minutes from the most recent meeting were reviewed and where issues were found on audit, a clear action plan to address the issue was identified.

The team were kept up to date on issues within the service through regular team meetings. The minutes from the last three team meetings were reviewed by the inspector. The meeting covered issues specific to the residents, for example, updates on residents' care plans and personal goals. The meeting also included issues relating to the service as a whole, for example, staff training and infection prevention and control. The minutes were signed by all staff.

The provider had completed an annual review and six-monthly unannounced inspections into the quality and safety of care and support in the centre. The annual review was submitted in advance of the inspection and reviewed by the inspector. The two most recent unannounced reports were reviewed and it was found that quality improvement actions were identified with specific target timeframes for completion.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider submitted the centre's most recent statement of purpose as part of the registration renewal process. This was reviewed by the inspector and it contained all of the information required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the records of any incidents that had occurred in the centre since the beginning of 2024. It was noted that the provider had submitted any notifications to the Chief Inspector in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure. The complaints log for 2023 was reviewed by the inspector. The team leader maintained a record of any complaints or compliments had been received and how these were progressed. Complaints were included on the centre's schedule of audits. Complaints were included as a regular agenda item at the residents' weekly meetings.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. Residents' health and social needs were identified and supports were in place to meet those needs. Residents were supported to engage in activities that were in line with their interests. Residents were kept safe. However, some improvement was required in relation to the development of accessible personal plans for residents and record keeping in relation to fire drills.

The health and social care needs of residents were assessed on an annual basis. Care plans that identified the supports required by residents were devised and staff were knowledgeable of their content. The plans were regularly reviewed and updated. Resident's also had personal plans that outlined their goals for personal development. These were regularly reviewed. However, the person in charge had not made the personal plan available for residents in a format that was accessible to them. An easy-to-read document had been developed but this was generic and not specific to the communication needs of individual residents.

Residents were supported to make choices. Their rights were respected. They were supported to engage in activities in line with their interests. Staff ensured that the food presented to residents was in line with their dietary requirements while also ensuring that residents had choices at mealtimes.

The provider had put arrangements in place to protect residents and keep them safe. Where required, residents had access to supports to help them manage their behaviour. Staff had received training on safeguarding and there were processes in place should an incident occur. The provider had taken steps to protect residents from the risk of fire by making arrangements for the detection, containment and extinguishing of fires. However, the record-keeping in relation to fire drills required review in order to endure that it was reflective of the scenario that was being simulated.

Overall, the inspector found that residents had a good quality of life and received a good quality service in this centre.

Regulation 13: General welfare and development

Residents were supported to engage in activities of their choosing and to maintain contact with family and friends. The inspector observed residents being offered opportunities to engage in activities within the centre and in the wider community. The inspector reviewed the daily notes for two residents for the two weeks prior to inspection and found that residents were supported to engage in a variety of activities. Some of these activities happened within the centre, for example, listening to the radio or using a tablet computer. Residents were also supported to attend community-based activities for example, going out for a meal, meeting friends, going to mass, and attending day services.

Judgment: Compliant

Regulation 17: Premises

As outlined in the opening section of the report, the premises were in a very good state of repair and tastefully decorated. The inspector noted that there was adequate space for residents to spend time together or alone. The centre had the necessary equipment to support residents with mobility and personal care. The inspector noted that the centre's mobile hoist had recently been serviced. The centre was fully accessible to all residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider had ensured that the residents' nutritional needs were met. Residents' files contained guidance from a variety of professionals in relation to residents' dietary needs, including modified consistency diets. Staff were knowledgeable on these guidances and how to prepare food appropriately. They spoke about finding local restaurants and cafés where food was prepared in line with these modifications so that residents could enjoy going out for meals. Residents were offered choices at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents that outlined all of the information set out in the regulations. This guide had been submitted as part of the application to renew the registration of the centre and had been reviewed by the inspector prior to the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems for the management of risk. The centre had a risk register that was reviewed by the inspector. The person in charge had identified 29

risks that were relevant to the service as a whole. These risk assessments identified control measures to reduce the risks and were all updated on 19 February 2024. In addition, the inspector reviewed the individual risk assessments for two residents. The risk assessments were in line with the residents' assessments of need and were recently reviewed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken steps to protect residents from the risk of fire but improvement was required in record-keeping in relation to fire drills.

The inspector reviewed the residents' personal evacuation plans and found that they gave clear guidance to staff on how to support residents to evacuate the centre in the event of a fire.

The inspector also reviewed the centre's fire safety record book and examined the documentation relating to 2024. It was noted that the provider had employed an external company to complete checks and to service the fire alarm system and emergency lighting system. Records also indicated that staff completed regular fire checks within the centre.

Fire drills were completed monthly and recorded in the fire safety book. However, the records relating to night-time simulated evacuations required review as they were not reflective of the night-time staffing arrangements.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the needs of residents and a personal plan. However, some improvement was required to ensure that the personal plan was available in a format that was accessible to residents.

The inspector reviewed two of the four residents' files. A comprehensive assessment that identified the residents' health, social and personal needs had been completed. Corresponding care plans were devised that outlined the supports required by residents to meet those needs. These care plans were regularly reviewed and updated. Staff were knowledgeable on the content of the care plans.

Residents had personal plans that outlined areas of personal development and the supports required to meet those goals. The inspector noted that the personal plans were reviewed annually with input from the resident, a family member and members

of the multidisciplinary team. An easy-to-read version of the personal plan had been developed for residents. The team leader reported that the provider was in the process of reviewing the format of this document. However, it was noted that the document was generic and had not been adapted to suit the communication needs of individual residents. Therefore, it was not sufficiently specific to the needs of each resident in order to make it accessible to each individual.

Judgment: Substantially compliant

Regulation 6: Health care

A review of two of the residents' files indicated that a comprehensive health assessment was completed with residents. A comprehensive medical history was recorded in the residents' files. There was evidence that residents had access to a variety of healthcare professionals, as required. Staff followed-up on appointments and guidance from medical professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had appropriate arrangements in place to support residents manage their behaviour. Training records indicated that all staff had up-to-date training in this area. A review of residents' files found that relevant professionals were available to develop guidance for staff on how to support residents manage their behaviour. When speaking to the inspector, staff demonstrated that they knew about the guidelines and how to provide support to residents.

Where restrictive practices were required, these were discussed with the resident. The inspector reviewed the restrictive practice log and noted that these practices were regularly reviewed. Restrictive practices were also referred to the provider's human rights committee for review.

Judgment: Compliant

Regulation 8: Protection

The provider had taken steps to protect the residents from abuse. Staff training records indicated that all staff had up-to-date training in safeguarding. Staff were knowledgeable on the signs of abuse and on the steps that should be taken should

any safeguarding issues arise. Staff knowledge of safeguarding practices was audited and records indicated that staff had good knowledge in this area. Residents had intimate care plans that had recently been reviewed and gave clear guidance to staff.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected in this centre. Staff were observed offering choices to residents throughout the day. An individual rights assessment was completed with residents by their key worker. Residents held weekly meetings to make decisions about the week ahead and the running of the centre. The minutes from March and April 2024 were reviewed and it was noted that residents made choices about the meals for the week and their preferred activities.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cloonlyon Service OSV-0008089

Inspection ID: MON-0034512

Date of inspection: 12/04/2024

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A team meeting has taken place with staff to communicate to them how to document a fire drill so that it is clear who supported residents in a fire drill, and that it must be clearly stated in the fire evacuation recording sheet if the drill was an actual drill where residents were evacuated or if this was a simulated drill and residents were not involved. It must also clearly state who was involved in the fire drill and if a manager was present that their role was time keeper only. The topic of fire drills and correct documentation has been added to team meetings as a standing item on for all meetings going forward. Completed by : 12.05.2024</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The person centred plan will be reviewed and adapted and presented in a format that meets individual communication needs for residents and not in a generic easy read format. Completed by : 31.05.2024</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12/05/2024
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/05/2024