



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

## Issued by the Chief Inspector

Name of designated centre:	Moyne House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	10 February 2023
Centre ID:	OSV-0008263
Fieldwork ID:	MON-0037255

## About the designated centre

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

Moyne house can provide residential service to five male or female residents with intellectual disabilities, autistic spectrum disorder and or/ acquired brain injuries. The house is a large dormer bungalow within walking distance of a village in Co. Meath. The house is close to amenities, such as shops, restaurants, and hairdressers. Residents receive support twenty-four hours from a team comprising team leaders and direct support workers.

**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 (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 10 February 2023	09:00hrs to 16:30hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This was this service's first inspection since residents moved in. The inspection was unannounced and was carried out to monitor the safety and quality of the service provided to the 3 residents. The inspector found that the residents received individualised care that was tailored to their needs.

Overall the provider was ensuring that the service was safe and appropriate to the needs of the residents. Two residents moved into the service in June 2022, and a third moved into their new home in February 2023. As a result, the residents and those supporting them were in the process of developing relationships. The inspector had the opportunity to meet two of the three residents during the course of the inspection.

On arrival at the centre, the inspector was greeted by a staff member who was supporting a resident. The resident appeared excited and came over to the inspector and interacted with them through non-verbal communication. The resident was due to go on an outing with the staff member, this was part of the residents daily routine as they liked to be active in the morning.

The second resident had yet to begin their day and was relaxing in their bedroom. The resident said hello to the inspector later in the day but chose to keep their interactions with the inspector brief. The presence of the inspector was outside of the residents daily routine and this appeared to impact the resident.

The third resident was not at home during the inspection as they were attending their day service programme. The provider had arranged day service programmes for the remaining two residents, which were due to commence in the coming weeks. The provider felt that the introduction of the programmes would have a positive impact on both residents.

The inspector spoke with a family representative for each resident. The feedback was positive, with family members expressing that they were happy with the service provided to their loved ones. Family members said they felt their loved ones were happy in the service. One family member spoke of the positive transition process that had taken place before their loved one moved into the service. Family members also referenced that they had regular contact with the staff team and that they were happy with the staff supporting the residents.

The inspector observed that the residents' home had been organised in a manner that suited their current needs. The residents had ample space to relax independently but could also engage in tasks together if they wished to do so.

Throughout the review of documents and daily notes, the inspector found that, residents were encouraged to engage in activities daily. Some of them chose to engage, whereas others sometimes decided not to. Staff supported residents on a

one-to-one basis which meant they could engage in activities separately from each other. This arrangement proved successful for the residents as some of them liked to go on a long walk each morning, whereas others preferred not to and were more focused on completing activities in their home. The large staff presence meant that this could be achieved.

Notwithstanding the above, the inspection did find that some areas required attention and improvement. These were infection prevention and control (IPC) practices and fire containment issues. The concerns that were identified during the inspection will be discussed in more detail in the quality and safety section of the report.

The following two sections of the report present the findings of this inspection concerning the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that, the provider had the capacity and capability to provide an appropriate service to the residents.

The management team had developed appropriate arrangements to ensure the service was effectively monitored. The service provided to residents was focused on meeting their needs. For example, monthly comprehensive audits were completed, and these captured areas that required improvement. Team leaders supported the person in charge in the completion of tasks. Furthermore, the service provided was under continuing review by the provider's senior management team.

The provider had completed an unannounced visit to the centre as per the requirements of the regulations. A written report on the safety and quality of care and support provided to residents was generated following the visit. Areas that required improvement were identified, and action plans were developed to address any deficits found.

As noted above, the provider had ensured that there were sufficient staffing numbers in place to meet the needs of the residents. The team comprised two team leaders and direct support workers. Community nurses were also available to support residents if required. The review of rosters identified that since the service opened in June 2022, there had been some changes to the staff team. However, the provider now had a full staff team and was inducting further staff members on the inspection day.

There were appropriate arrangements in place for supporting, developing and performance managing the staff team. The provider and the person in charge had ensured that the staff team had access to and had completed appropriate training to

support the residents. There was evidence to demonstrate that the staff team were receiving regular supervision.

The inspector reviewed information relating to a recent admission to the service. The provider had completed a detailed assessment of the resident's needs prior to their admission and had put in place arrangements to support the resident in settling into their new home. The resident's family referenced that the transition process had been successful. The inspector also reviewed a sample of residents' contracts of care and found that the residents or a family member had signed them. The contracts also contained the relevant information identified in the regulations.

### Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully supported the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents. Staff members were also receiving supervision in line with the provider's guidelines. The supervision was focused on staff development and ensuring that those supporting the residents were focused on ensuring that the care needs of each resident were met.

Judgment: Compliant

### Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement.

Auditing and oversight arrangements ensured that the service provided was under closer supervision. Areas that required improvement were identified and promptly addressed.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

A resident had recently been admitted to the service. The provider had ensured that a detailed plan had been devised and followed to ensure that the transition for the resident was a positive experience.

Residents were provided with contracts of care that contained the information required by the regulations. The contracts contained information regarding the support, care and welfare provided to residents. Details of the service provided and the fees to be charged relating to residency. These contracts were signed by either the resident or their representative.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

## Quality and safety

While the inspection found that the staff team met the needs of residents, some areas did require improvement.

During the walk through the service, the inspector reviewed the self-closing mechanisms on a sample of fire doors in the residents' home. It was found that two of the doors were not closing fully when activated. This meant that in the event of a fire that, the doors would not fully close and that the fire containment measures were not effective. The provider responded quickly to the issues, and both doors were serviced during the inspection and the issue resolved.

The inspector also observed that the countertop in the kitchen had been damaged in a number of areas. The surface damage was an infection prevention control (IPC) risk as the areas could not be appropriately cleaned.



A review of residents' records found that, the provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that the care provided to residents was person-centred and reflected the changes in circumstances and new developments for residents. The information reviewed also demonstrated that residents received and had access to appropriate healthcare.

The review of records and notifications submitted for review identified that, there had been periods where residents had negatively impacted on one another. The inspector found that there were systems in place to respond to such incidents, safeguarding reports and investigations had been completed. Staff members had received appropriate training. The provider also had arrangements in place where they identified learning from such scenarios.

Furthermore, the provider had developed individualised services for residents, and they were taking further steps to support them with the commencement of day service. The residents who had the potential to impact one another negatively would be attending separate day services. The residents' home was also laid out so that they spent limited time in each other's company which helped to minimise the potential for any negative interactions.

Arrangements ensured residents had access to positive behavioural support if required. The inspector reviewed a sample of their behaviour support plans and found them to be resident-specific. There were systems to gather information following behavioural incidents to promote learning for the staff team and residents. The behaviour support plans, as a result, were focused on identifying and alleviating the cause of residents' behaviours.

The inspector reviewed a sample of incident reports that had been completed. It was found that there were systems to identify, record, investigate, and learn from adverse incidents. The person in charge and the staff team supported a group of residents with complex needs. Individual risk assessments were devised for each resident. These were concise and provided the staff team with the information to keep themselves and residents safe. There was also evidence of the risk assessments and support plans being updated regularly to track the changing needs of residents.

In summary, the inspection found that there were some improvements required. However, residents were cared for in a person-centred manner.

## Regulation 13: General welfare and development

The appraisal of information found that residents if they wished to do so, were supported to engage in activities of their choosing. One of the residents was attending a day service programme. The provider had sourced new placements for

the other residents who were due to start their day service programmes in the coming weeks.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

The inspector reviewed adverse incident records and found that an appropriate review of incidents had occurred and that learning was identified following the review.

Judgment: Compliant

### Regulation 27: Protection against infection

During the review of the residents' home, the inspector found that there was damage to the kitchen countertop surface. This damage meant that the area could not be appropriately cleaned. This posed an IPC risk. The inspector notes that the provider had identified this as an issue before the inspection and was taking steps to cover the damage and then replace the countertop with a more durable one.

The inspector did find that the staff team had access to up-to-date information and had been provided with appropriate training focused on IPC practices. The provider and person in charge had also devised a COVID-19 contingency plan that outlined how best to support suspect and confirmed cases of the virus. The provider also ensured that there was appropriate information in areas such as cleaning and disinfecting practices and laundry and waste management. The provider was also reviewing IPC practices and control measures regularly.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector reviewed a number of fire door closing mechanisms in the residents' home. The inspector found that two of the doors were not closing appropriately. The fire containment measures regarding the fire doors are only effective if the door

closes. The provider responded quickly, both doors were services and both mechanisms were repaired during the inspection.

The provider had ensured that the staff team had been provided with appropriate training regarding fire safety. The provider and staff team had also completed fire evacuation drills that demonstrated that the residents and staff members could safely evacuate in the event of a fire. There was also appropriate firefighting equipment and a fire detection system in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them. Short-term and long-term goals had been set for residents.

As noted above, routines were essential for some residents, and the provider had developed an approach to support these residents in positively managing their days. The staff team were still in the process of getting to know the residents and developing a complete understanding of their personalities and what they wanted to work towards. Key working sessions were held with the residents to build relationships and to support residents to identify things they would like to work towards.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents were in receipt of appropriate healthcare. The health and mental health needs of the residents were under review, the residents were in receipt of support from a range of therapeutic and healthcare professionals, the residents were prepared for and brought to appointments by the staff team.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were arrangements that ensured residents had access to positive behavioural support if required. The inspector reviewed a sample of behaviour support plans. The plans were focused on developing an understanding of the reasoning for the challenging behaviours. The plans also clearly outlined how to support residents proactively and reactively.

A new assessment program was introduced in the days prior to the inspection for one resident. It was focused on developing a better understanding of the residents mood and behaviours of concern. The goal was to provide the staff team with the appropriate information to best support the resident and to lead them to positive outcomes and engage in their prepared activities.

Judgment: Compliant

## Regulation 8: Protection

While there had been periods where residents had negatively impacted one another, there were appropriate systems in place to mitigate the impact and support residents to have positive outcomes. As referenced earlier, residents were provided with individual programmes and engaged in activities separately from one another.

There were systems to respond to and investigate safeguarding concerns. Staff members had received appropriate training in the area. There were also systems where incidents were reported to HIQA as required by the regulations.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Moyne House OSV-0008263

Inspection ID: MON-0037255

Date of inspection: 10/02/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Countertop has been replaced with a more durable top.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	06/03/2023