



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

## Issued by the Chief Inspector

Name of designated centre:	Youghal Community Houses
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	11 March 2021
Centre ID:	OSV-0004645
Fieldwork ID:	MON-0031674

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

10

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 11 March 2021	10:30hrs to 16:50hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector visited each of the three houses and spoke with nine of the residents living in the centre. In-line with current public health guidelines the inspector wore a face mask at all times, adhered to hand hygiene practices and limited all contact in enclosed areas with residents and staff.

The person in charge had advised the inspector which of the three houses would be the best location to carry out a review of the requested documentation during the inspection. On arrival at the house two residents were happy to speak with the inspector as they enjoyed hot drinks while sitting in the kitchen looking out the window overlooking the bay. Both residents spoke about their home and how happy they were to be back in their own rooms after a short break to another house while upgrade works were being carried out in recent weeks. They informed the inspector of the rota relating to the household jobs which worked very well for them, each resident was responsible for particular jobs for a week at a time, this included kitchen duties. One resident explained how their friend lived next door and that was important to them. The other resident told the inspector they had already read the morning's newspaper before the inspector had arrived. Another resident was introduced to the inspector later in the morning when they returned to the house. This resident spoke of how they went out walking as much as possible in the area while adhering to the government restrictions. This resident also invited the inspector to visit their bedroom of which they were very proud. During the day the residents came into the sitting room as they wished to where the inspector was located to chat about many different topics, these included a discussion about cars, the government restrictions, the closed public houses, barbers and how they were all very glad to be back in their own home. One resident outlined how they enjoyed travelling on public transport to visit other local towns and relatives prior to the pandemic. The residents' told the inspector that they hoped to be able to avail of a mini break to a favourite town when the restrictions are lifted. A planned holiday to that location had to be cancelled last year due to the pandemic. One of the residents turned on the electric heater that was in the sitting room in case the inspector would get cold and another resident offered the inspector refreshments. The residents were observed to be content in each others company and interacted with familiar staff throughout the day. All three residents engaged with a staff from the day services who came to the house in the afternoon. The group were heard to chat and played a few games of chess in the kitchen.

The inspector had planned to speak with the residents in the house next door while remaining outside in the door way. However, the day had turned cold with showers of rain so the inspector went into the hallway to meet two residents briefly. One resident explained that they were happy with their home and glad to be able to see their friend living next door. They were suitably dressed for the poor weather conditions as they were due to leave the house with a staff to go to a scheduled health appointment. The other resident spoke with the inspector in the sitting room as they were sitting on the couch and required the use of a mobility aid. This

resident spoke with the person in charge who was also present about ongoing medical issues and how staff were supporting them. The resident spoke to the inspector about how they liked to help out with chores around the house and outlined how they had lived in another house before moving into this house over 20 years ago. The third resident living in the house was attending their day service at the time the inspector visited. However, the inspector noted after leaving the house to go to the third house, the person in charge beeped their car horn to a person walking on the footpath. The inspector was driving behind and was able to see the person, who immediately smiled and waved back to the person in charge, the inspector was later informed this was the other resident living in the second house.

The inspector had been informed at the start of the inspection that a resident in the third house had requested to meet with the inspector. In the afternoon the person in charge and inspector went to this house. Again due to the weather conditions, the inspector met with the residents and staff in the hallway. One resident was in the sitting room and came out to greet the inspector, they appeared to be enjoying a film on the television and returned to their comfortable seat after staff assisted the resident to explain that they had not been able to attend their scheduled activity earlier in the day so they had gone out for a walk with staff and completed some craft activities instead. Another resident was observed being supported to go outside to the smoking shed to have a cigarette in the back garden. Staff assisted the resident to put on a warm coat and hat before going out. The person in charge explained that the resident had stopped smoking after a hospital admission in 2020 but had recently decided to take up the habit again. The staff present spoke of how this resident had celebrated a milestone birthday during the pandemic restrictions and they had planted a tree to mark the occasion in the garden. This resident enjoyed garden activities and had their own garden shed in the back garden where they liked to spend time and potter doing different garden activities. The person in charge explained the staff in the day services were scheduled to visit to assess what upgrades were required for this shed as it had become weathered during the winter months. The two remaining residents returned to the house after attending their day service activities for the afternoon. One resident was observed to go straight to their bedroom and return wearing their slippers. Staff explained this resident enjoyed wearing their slippers and would change their footwear every time they returned to the house. It was this resident who had requested to meet with the inspector. They proudly brought the inspector to see their room which was decorated with personal possessions which were carefully placed in allocated locations in the room, as per the resident's choice. The resident communicated using sign language to inform the inspector of how they completed different household chores, looked after their bedroom and the activities they had participated in while at their day service which included assisting with some of the processes involved in picture framing. Another resident spoke of how they missed not being able to go to restaurants due to the pandemic restrictions, they missed meeting people out in the community. This resident had requested to move into this house and was supported to complete the transition in February 2020. They told the inspector they were very happy with their bedroom and being in the house.

Staff spoken to on the day of the inspection were very familiar with the individual preferences and routines of the residents in the designated centre. The inspector

discussed the preparation of meals in the houses with both the residents and staff. The staff team in one house supported the residents to cook all their own meals everyday. While spending time in another house the inspector observed residents waiting for their mid-day meal to arrive. They had prepared the table and were checking the time on a clock in the house. The inspector noted there was no involvement in the preparation of the meal or smell of cooking in this house on the day of the inspection. The inspector spoke with two of the residents about this and they explained that they would have had their mid-day meal while attending the day services prior to the pandemic restrictions and did prepare meals every evening and at the weekends in the house. Both stated they were happy to choose daily what they would have to eat and enjoyed the food being delivered to the house. The inspector noted the smell of the wholesome meals filled the house when it arrived. Staff spoken to regarding this arrangement outlined how the residents were supported to be involved in different cooking and baking activities and were supported to have choice regarding their meals. The person in charge outlined how each of the houses had different arrangements regarding meals which reflected the choices made by the residents living in the houses. In addition, residents were encouraged to discuss if there were any issues during the monthly residents meetings and it was evident from a review of the notes from some of these recent meetings that staff supported the residents with personal requests, which included purchasing personal items and supporting the residents to return to their home with their personal possessions after a short break in another house.

## Capacity and capability

Overall, the inspector found that there were systems in place which aimed to promote a good quality, safe and person-centered service for residents. However, the provider had not ensured all the six monthly provider led audits were completed as per the regulatory requirements since the last inspection in October 2019. In addition, the registered provider had not ensured that the application to renew registration of the designated centre had been made to the Chief Inspector in a timely manner. This application was in contravention of Section 48 (3) of the Health Act 2007 as amended. As a consequence, Section 48 protection was not applied to this designated centre. The registered provider did apply urgency to submitting the application and all other additional information to be provided to inform a renewal of registration decision once all upgrade fire safety works had been completed in the designated centre.

This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in October 2019 had been completed and to inform a decision regarding the renewal of the registration of this designated centre. The provider had addressed all of the actions from the previous inspection. However, due to the government restrictions staff training schedules had been

impacted. Gaps in staff training had also been identified in the most recent provider led audit in March 2021; the person in charge had ensured all staff had completed refresher training in areas such as infection prevention and fire safety at the time of this inspection.

The person in charge worked full time, they had a remit over this designated centre and three independent living houses. All of the houses in this designated centre were in close proximity to each other. The person in charge was supported in this designated centre by a team which included clinical nurse managers, social care staff and care assistants. The person in charge ensured they had regular contact with all staff members. The person in charge and staff team had ensured the changing needs of the residents were being supported, for example, maintaining a meaningful day while adhering to the current public health restrictions and supporting the residents to maintain family bonds and friendships with peers. The person in charge was very focused ensuring person-centered care was provided to the residents at all times and all reviews of staffing requirements ensured the assessed needs of the residents would be supported into the future. In addition, the staff team supported the residents in alternative houses for a short period in recent months while the upgrade works were being carried out in the designated centre. Residents were involved in the discussions and transition plans were developed to ensure residents assessed needs and personal requirements were supported during the short break.

The person in charge had completed the annual review in February 2021 which included contributions from the residents and family representatives. The format of the annual review was discussed with the person in charge during the inspection. In addition, there was a comprehensive yearly audit schedule in each house which had been completed in 2020 and scheduled for 2021 with the person responsible identified. Actions identified in audits that were completed were either progressing or had been accomplished; this included supervision and review of the medication policy with all relevant staff in the absence of medication management training due to the government restrictions. However, the provider had not ensured that unannounced visits to the designated centre had taken place at least once every six months. Prior to the last inspection an unannounced audit had taken place in April 2019. Since the last inspection in October 2019, provider led audits had only been completed in July 2020 and March 2021. The auditor had identified the regulatory requirement for these audits to be completed every six months in both of the reports. In addition, there were actions identified in July 2020 such as review dates of policies which had expired. The action in the report regarding the review of policies was documented as ongoing – not completed and were again identified as actions in the March 2021 report. The person in charge and staff team had ensured other actions identified in the July 2020 report had been completed which included updating contracts of care, review of personal care plans and review of risks within the designated centre. In addition, the person in charge had completed some actions identified in the March 2021 report which included ensuring one staff who required refresher training in fire safety had completed this by the time of the inspection. All other actions identified in the March 2021 report were being progressed at the time of the inspection, these included modification of personal goals to reflect the government restrictions and review of two personal care plans



following the return of the residents to the designated centre. These meetings were planned to be progressed in the weeks following this inspection.

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota and staffing levels were maintained as per the statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training using alternative methods such as on-line training where possible. A schedule of training for 2021 was also in place with staff booked to attend courses in the weeks after this inspection. However, there were gaps in training at the time of the inspection.

Judgment: Substantially compliant

#### Regulation 22: Insurance

The provider had ensured there was a contract of insurance in place.

Judgment: Compliant

#### Regulation 23: Governance and management

There were systems in place for governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to residents, which included ongoing consultation with the residents and a comprehensive audit schedule with persons responsible identified and actions completed or being progressed at the time of the inspection. However, the provider had not ensured six monthly unannounced audit reports had consistently been completed for the designated centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of adverse events as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The person in charge had ensured residents were provided with accessible information regarding the complaints procedure which included an appeals process.

Judgment: Compliant

## Quality and safety

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. They were supported to have a good quality of life while

ensuring adherence to the current public health guidelines. All residents were supported to have their own bedrooms; previously some residents had shared bedrooms in this designated centre. In addition, the provider had ensured that systems were in place to record weekly fire safety checks by trained staff in the designated centre while the current government restrictions remained in place and had developed a document to reflect the cleaning completed by staff on a daily basis of frequent touch points in the houses. The provider had made these changes as a result of learning from recent inspections of other designated centres under their remit.

The provider had encountered delays in 2020 due to the government restrictions with the completion of fire safety upgrade works. The provider and person in charge had kept the inspector informed of the progression of these works in the months prior to this inspection. In addition, the inspector was informed that the staff team had supported residents who voiced their concern about their personal possessions that they were leaving in the designated centre while the works were being completed. Some items had been stored in a secure location and returned to the designated centre when the works were completed. All residents spoke of their happiness with the work done and the inspector noted that the houses were warm and reflected the personal choices of the residents on the day of the inspection.

The staff team ensured ongoing consultation with the residents in all aspects of their care which included the choice to use the services of an advocate, availing of services in the relevant national health screening programmes and the documentation of personal choice regarding end-of-life care. The person in charge had also facilitated information sharing with the residents by creating a folder which contained easy-to-read versions of policies, health and social care information. This folder had a numbered index which informed the reader which button to push so they could hear the contents of the document. The folder also contained information for residents relating to their pension, managing money, making a will and staying safe.

Overall, residents were seen to be enjoying an individualised service which had been adapted to reflect the government restrictions; daily schedules had been adjusted to facilitate residents to engage in activities of their choosing while adhering to the public health guidelines. Day service staff supported some residents in their homes while other residents were able to walk to their day services independently. However, while there was evidence of regular review of personal goals; some goals were documented as being unable to be progressed due to the pandemic restrictions which included attending concerts or sporting events. There was no documented evidence of goals being re-assessed or modified to provide alternatives for residents while the government restrictions were in place. As previously mentioned a provider-led audit of the designated centre had been completed prior to this inspection and the inspector was assured the actions identified in the report were being progressed by the provider and person in charge at the time of the inspection.

<b>Regulation 10: Communication</b>
The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.
Judgment: Compliant
<b>Regulation 11: Visits</b>
The residents were supported to maintain contact with relatives and friends while adhering to public health guidelines.
Judgment: Compliant
<b>Regulation 12: Personal possessions</b>
The provider had ensured each resident was supported to access and retain control over their personal property and possessions.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The provider had ensured the required upgrade works had been completed and the premises met the assessed needs of the residents.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
The person in charge ensured all residents had access to information in written and verbal formats. Residents also had access to a copy of a resident's guide which contained the required information.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured transition plans had been developed and contained the required information while the residents were supported during their short break away from the designated centre while upgrade works were being completed.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place and these were subject to regular review.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that all residents who may be at risk of healthcare infection (including COVID-19) were protected by adopting procedures consistent with those set out by guidance issued by the HPSC.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured all fire safety upgrade works had been completed. Fire safety management systems were in place which included a fire alarm and emergency lighting. Fire drills were carried out regularly and a system to ensure all fire safety checks were carried out in line with the fire safety procedures of the designated centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate healthcare professional of the health, personal and social care needs of the residents was carried out. However, as identified in the most recent provider led audit, the re-assessment and modification of some personal goals was required to facilitate progress during the government restrictions.

Judgment: Substantially compliant

## Regulation 6: Health care

The health and well being of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

## Regulation 8: Protection

The provider ensured arrangements were in place to safeguard residents from harm or abuse, this included staff training and care plans for intimate care.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected at all times.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Youghal Community Houses OSV-0004645

Inspection ID: MON-0031674

Date of inspection: 11/03/2021

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: As the majority of staff and all residents over 65 have years of age been vaccinated against Covid 19. The under 65 received their first vaccine 24.03.2021 All training has now resumed and all outstanding training to be completed by staff by September 2021	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The six monthly unannounced audit reports (Section 23) were completed in March 2021 next due in September 2021. External Personnel/ auditors will be given a schedule to dates in which same will be complete within the six month timeframe.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The two Person Centered meetings scheduled for 03.03.2021 and 10.03.21 have both been completed on 16.03.2021 and 19.03.2021.

All Person Centered Plan goals are been reviewed in consultation with the residents Key worker/ staff & families to modify some Person Centre goals during the current restrictions. Same will be ongoing for 2021

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and	Substantially Compliant	Yellow	30/09/2021

	put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2021