

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

Issued by the Chief Inspector

Name of designated centre:	Harmony
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	28 September 2023
Centre ID:	OSV-0005691
Fieldwork ID:	MON-0032346

About the designated centre

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

Harmony is a residential and shared care house which provides a service to both male and female adults over the age of 18. Residents of this service have a moderate to significant intellectual disability and may have a secondary diagnosis of autism. The service can also support residents with physical needs and palliative care needs. Harmony provides full-time care to four residents and shared care for two residents. The centre does not offer emergency admissions at present. The centre comprises of one large, single-storey house which is located within walking distance of a medium sized town where transport links such as buses, trains and taxis are available. Each resident has their own bedroom and there are appropriate bathroom facilities available for residents to use. The centre has a medium-sized kitchen and dining room and two separate sittings rooms are provided, which are all comfortably furnished. There is also a multisensory room and spacious back garden for residents to enjoy. The service is staffed with a mix of nursing staff and social care assistants and provides waking night cover to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 28 September 2023	11:00hrs to 17:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's arrangements for regulatory compliance for the centre and to inform a registration renewal application the provider had submitted, as required by the regulatory cycle of the centre. As part of the inspection, the inspector met with staff on duty, and residents who lived in the centre. The person in charge was present and available on the day of the inspection, and they ensured that the inspector met with all of the residents and spoke at length with them during the inspection. In addition, the inspector met with three staff who were on duty and assisting all of the residents with their activities and outings as planned that day.

Harmony designated centre was located on the outskirts of a large town in Co. Sligo and had good access to a wide range of facilities and amenities. The centre is a self contained single storey house in close proximity to the town. The centre provides a full time residential service for up to four people. The centre had two spacious sitting rooms, a well equipped kitchen and dining area, an office space, laundry facilities, a room for activities. There were also adequate bathroom facilities in place. Overall, the inspector noted that actions were completed satisfactorily following the last inspection, and the centre was well maintained, tidy and clean on the day of the inspection. The inspector found that the centre provided the residents with ample living space and a comfortable and personalised home throughout.

On arrival to the centre, the inspector was met by the person in charge and a clinical nurse manager, there was also one resident who was enjoying a leisurely sleep-in and staff were supporting this resident, in line with their assessed needs.

The inspector commenced the inspection with the opening meeting and laying out the structure for the day with the management team. As part of this a walk about of the centre was completed, followed by a review of the actions from previous inspections. A list of documentation was provided to staff and this was reviewed as part of the inspection. After a short while, the resident at home was up and about and the inspector spent some time observing and chatting for a period of time with this resident. The inspector was advised that all all residents would return later that day and there would be opportunity to meet them, on their return from day programmes.

A range of documentation was reviewed during the inspection including, a sample of residents' care plans, residents' meeting notes, daily log notes, staff meeting minutes and a range of management audits.

From the walkaround of the centre it was found that the service strived to meet all the needs of residents and made every effort to ensure that residents were safe and suitably supported at all times. An admission to the centre had transitioned successfully, and was very settled and comfortable with their surroundings as observed by the inspector. Compatibility between residents was also considered

during this transition process but there appeared to be no concerns arising from the recent admission into the centre.

The premises was spacious to meet the needs of residents and each resident had their own bedroom, some of which had en-suites. The centre also had communal bathrooms with adaptations to facilitate residents in line with their preferences and assessed needs.

A review of residents' and staff meetings demonstrated that residents and staff were consulted about the centre. Residents also enjoyed planned outings, day trips, home activities and spending time at home with family. A range of activities were available based on residents preferences, choice in their local community such as shopping, eating out, swimming and walks in the local community.

There were a range of accessible information on various topics such as safeguarding, rights, fire and feeding eating and drinking supports(FEDS) available for residents to help them and their families understand topics of relevance. In addition, there was information on advocacy services and a poster showing the photographs and contact information. a notice board in the centre clearly displayed designated officers and again information was provided on an accessible format with photos of the designated officers for residents. Staff on duty each day was also clearly displayed on notice boards in communal areas for all residents.

Overall, from what the inspector observed and was told and through reviews of various documents, it was found that the service aimed to ensure that residents were safe and supported, and received high quality care and support.

The next sections of the report described the governance and management arrangements and about how this impacts on the quality and safety of care and support provided in the designated centre.

Capacity and capability

The inspector found that the provider had the appropriate management systems and resources in the centre to ensure that the residents received effective, safe and consistent service. There were systems in place to monitor the service provided and to respond to any changes or identified risks as they emerged. Overall, there was a high level of compliance with the regulations reviewed on the day of the inspection. The inspector also found that the provider had addressed and reviewed all actions from the two previous reports satisfactorily.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing

and quality of life of residents.

The inspector met with four residents who lived in this centre. Although some residents were not able to express their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed to be spending time and interacting warmly with residents, and were supportive of residents' wishes and preferred activities. Observations and related documentation showed that residents' preferences were being met.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes ,dislikes,preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families and this information was used for personalised activity planning for each resident. There were sufficient staff in the centre to ensure that residents' support needs were being met. The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their role. A staffing roster had been developed which clearly showed all relevant information and was accurate at the time of the inspection.

Records reviewed during the inspection, such as personal plans, medication management records and risk management were comprehensive, informative and up to date. There was an informative statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Overall, there was a good level of compliance with regulations relating to governance and management of the centre.

Regulation 15: Staffing

On review of the staff roster it was clear that residents received continuity of care from staff members who were familiar to them. Residents also received staff support to complete individual or planned activities outside of day service activities each week.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that very effective governance, management and oversight arrangements practices were in place at the centre. The centre was subject to regular monitoring to ensure their effectiveness was maintained and of a good quality. Management arrangements ensured that appropriate resources were

available at the centre to support residents with their assessed needs, keep them safe from harm and supported residents to achieve their personal goals.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of contracts and found there were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reflected both the services and facilities provided at the centre and the person in charge made some amendments during the inspection to ensure that all information as required under schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were in place and had been reviewed within the required timeframe.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre received care and support which was of a good quality, person-centred and which promoted their wellbeing. The inspector found that no improvements were required and that the provider had addressed areas of improvement identified from two previous inspections.

The centre was located in a residential area on the outskirts of a large town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The kitchen comprised of one single storey house with spacious grounds to the front and rear of the centre. There was a well equipped kitchen, adequate communal and private space throughout the centre.

Residents had access to their local community and were also involved in activities that they enjoyed both in the centre, in their day services and in their local community. There was a wide range of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider also ensured that residents received day service support from allocated staff and services on weekdays and were supported by residential staff at all other times, day and night. This ensured that residents could choose to do the things they preferred and enjoyed both at the centre and elsewhere. During the inspection, the inspector saw that residents were spending some of their time out and about doing activities that they enjoyed in the local area.

Effective fire safety systems and precautions were in place, including fire detection, fire safety checks, emergency lighting arrangements and multiple exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal emergency evacuation plan (peep) was in place for each resident which ensured that staff guidance on how to support each resident required to evacuate.

There were suitable systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required. The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation of and frequent review of behaviour support plans.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative resident's guide that met the requirements of the regulations. This was also available to residents in a easy to read document.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were being actively identified, monitored, subject to regular review and reflected staff practices and knowledge.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the provider had measures in place to ensure effective infection prevention and control arrangements were in place in the centre, which included addressing all actions from the previous inspection satisfactorily and within the required timeframes.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal safety checks by staff, fire safety training for all staff, and refreshers as required, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an

up to date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication had received training in the safe administration of medication.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners (GP), healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. Behaviour support plans were developed where required with input from behaviour support specialist and psychologist. All staff had attended training in relation to the management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the rights of residents were upheld, and the privacy and dignity of residents was respected in this centre.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant