Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Portlaoise Area
Name of provider:	Health Service Executive
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	12 March 2020
Centre ID:	OSV-0002490
Fieldwork ID:	MON-0022912

About the designated centre

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

Portlaoise Area is a residential service for adults with an Intellectual Disability. The centre caters for residents with dual diagnosis (intellectual disability and mental health) and autism. The centres comprises of three individual houses, Summerhill, Glenregan and Serenity Lodge located in a busy town. The service provides 24hr holistic support by a staff team consisting of nurses and care workers. All of the houses have their own transport. Staff support individuals to access community based meaningful activities and facilitate engagement within their community. The service aims to promote independence whilst enabling individuals to lead lifestyles of their choice promoting community inclusion. Local amenities include shops, clubs, pubs and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 12 March 2020	09:30hrs to 15:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with 5 residents on the day of inspection in two of the centres houses. The centre comprised of three houses and the profile of residents living in one of the houses were an older group with some healthcare needs. Due to the COVID19 crisis, visitation to this premises was limited and therefore the decision was made for the inspector not to visit the residents here. The inspectors time in Glenregan and Summerhill was also kept brief due to this reason and the inspector spent the majority of the inspection day in the service administration buildings, reviewing documentation pertinent to the care and support provided and speaking with members of management.

Residents in Glenregan were having breakfast and getting ready for the day ahead on the morning of the inspection. The house was warm and welcoming on arrival. One resident told the inspector they were going on holidays soon and staff chatted comfortably with them about what they needed to pack in their suitcase for this. Another resident was relaxing in their armchair in their bedroom which had been personalised with pictures of the resident and their family and friends. The resident communicated with the inspector that they would like a cup of tea and staff brought them one in their room as requested. The resident appeared content here. Another resident showed the inspector their bedroom, which they appeared very happy with. This resident communicated that they were happy at present but would ultimately like to move to another supported living setting. The service was supporting this resident to find alternative accommodation. The inspector also visited Summerhill where there were two residents living. Residents here used non verbal methods to communicate. One resident was going for a walk around their garden and another resident was enjoying playing with their tablet. Staff support here was one to one and staff spoken with, appeared very familiar with the residents needs.

Questionnaires were issued to residents as part of the inspection process. Eleven of these were completed and returned to the inspector. Some of these were completed with support from staff. These all reported high levels of satisfaction with the service provided in areas including staff, activities, food, premises and residents rights. Residents reported taking part in lots of individualised activities including massage therapy, shopping, walks, bowling,the gym, meals out, hair appointments, mass, drives, sport events and singing groups.

Capacity and capability

The purpose of the inspection was to inform the renewal of registration of the designated centre. Overall, the inspector found that the provider, person in charge and people participating in management were striving to implement a person centred and safe service to the residents. Actions from the previous inspection had been addressed and the centre had a statement of purpose in place that accurately described the service that was provided.

The person in charge had the skills, experience and qualifications necessary to manage the designated centre and oversee the care and support that was provided. The person in charge shared a role between one other designated centres. This person divided their time equally between the centres and was present in all houses on a set day every week. Time on this day was allocated to spending time with the residents and staff and supervising and supporting the provision of care. Each house also had a senior staff member who supported the person in charge with administrative duties. There was a clear management structure in place and appropriate systems for the governance and oversight of the designated centre. Systems were in place for regular auditing and review of the service being provided. Six monthly unannounced thematic audits were completed by a person nominated by the provider. Monthly audits also took place, these were thematic and looked at areas including health and safety, personal plans, finance records, medication management and personal care. The regulations and standards were used as a tool for making judgments during these audits. Any actions identified from audits and reviews were allocated to the person in charge and these were then addressed in a timely manner. Weekly meetings occurred with persons participating in management and the provider representative and these were used to discuss any ongoing issues in the centre. Workshops were also held with persons in charge from other designated centres and these were utilised as a forum for shared learning. While a registration pack was submitted, it did not contain all the prescribed information required and this was not submitted in a timely manner. A full application to renew registration was not received until after the inspection date.

There were appropriate staffing numbers and skill mix in place to meet the assessed needs of the residents. The staff team consisted of nurses and care workers. There was a staff rota in place that was maintained by the person in charge and this accurately reflected staff on duty. The centre used an internal relief system to cover periods of staff illness or annual leave. Staff spoken with were familiar with the needs and preferences of the residents. Supervision of staff was completed by line managers every four months and staff performance and issues were discussed during these sessions. Actions with set time frames were also devised from these sessions. There was a probation period of one year in place for any new staff members. The inspector reviewed a number of staff files and found that all Schedule 2 documents were in place as required.

All staff had received mandatory training to meet the assessed needs of the residents. Training was provided in areas including the safeguarding and protection of vulnerable adults, fire safety, manual handling, infection control and behaviour management. Management were completing a regular training needs analysis and these were highlighting training deficits or refresher training needs and scheduling

additional training when needed. However, following a review of training records, it was found that two staff members needed up-to-date refresher fire safety training.

There was an appropriate system in place for the management of complaints. There were no complaints communicated with the inspector on the day of inspection regarding the service being provided. The complaints process was prominently displayed in the designated centre along with details of advocacy services. Any complaints or concerns from residents or their representatives were appropriately recorded and treated in a serious and timely manner. The provider issues quality and safety questionnaires to residents and their representatives annually and these were used to assess residents levels of satisfaction with the service provided.

Registration Regulation 5: Application for registration or renewal of registration

Some items required by the Chief Inspector of Social Services were not submitted by the date requested as required.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge had the qualifications and experience required to effectively manage the designated centre and oversee the care and support that was provided.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents. The staff rota was appropriately maintained and accurately reflected staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was being provided to meet the needs of the residents. However, following a review of training records, it was found that two staff members needed refresher fire safety training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place and appropriate systems for the governance and oversight of the designated centre. Systems were in place for regular auditing and review of the service being provided. Six monthly unannounced thematic audits were completed by a person nominated by the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that accurately described the service provided and contained all items set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an appropriate system in place for the management of complaints. There were no complaints communicated with the inspector on the day of inspection regarding the service being provided.

Judgment: Compliant

Quality and safety

The registered provider and person in charge were ensuring the designated centre was suitable for the purposes of meeting the needs of the residents in line with their comprehensive assessments. In general, the residents appeared to be benefiting from a safe and effective service. Systems were in place to promote personalised

support and care. Residents were enjoying their daily lives and were working towards achieving their own social goals.

All residents had a comprehensive assessment of need and personal plan in place that guided the care and support that was provided. These were subject to regular reviews and these reflected resident's most current needs. A key working system was in place and key workers were responsible for maintaining resident's documentation, updating social goals and supporting residents to achieve their social goals. Residents had a number of personalised social goals in place. One resident had goals in place attend to educational course. Another resident hoped to maintain an important relationship and attend some massage sessions. Planning forms were in place for each goal and these outlined set time frames for goals to be achieved. Smaller steps were in place to support residents to achieve these goals. Plans in place guided staff to support residents with their activities of daily living and detailed levels of support required. Residents had annual person centred planning meetings and these were used as a forum to discuss and review their goals for the coming year. The inspector observed invitations had been issued to the residents preferred attendees for these planning meetings.

Residents were being supported to maintain their health. Some residents had high healthcare needs and there were appropriate care plans in place to guide support for these residents. Residents had adequate access to nursing support when required and staff were making appropriate referrals to different allied heatlhcare professionals as needed, including the residents general practitioner, occupational therapy, dietitian and speech and language therapy. One resident was being supported to independently manage certain aspects of their diabetes. Staff were supervising them when needed and regularly reviewing and recording this appropriately. There were plans in place to guide the administration of medicines needed as required (PRN).

Appropriate practices and resources were in place for the prevention of healthcare associated infections. The COVID19 crisis posed a risk to residents and staff on the day of inspection. The inspector observed appropriate hand washing and laundry facilities in place and the provider had ensured the provision of alcohol gel and personal protective equipment (PPE). Signage was noted on the door of the centre, highlighting the COVID19 risk and the measures in place to prevent spread. Contingency planning was ongoing and management spoke about measures in place should staff illness and absence be an issue. The provider had issued easy read guidelines to resident regarding the crisis. Management and staff were completing risk assessments on a daily basis and considering ways in which they could reduce the risk of residents contracting COVID19. Staff and residents were being vigilant not to shake hands with the inspector on the day of inspection.

Overall, systems were in place to prevent fire and protect against fire. The registered provider had ensured the provision of adequate fire fighting equipment in the designated centre and this was subject to regular servicing with an external fire specialist. Appropriate containment measures were in place and staff completed daily checks on the fire detection system and exits. Staff had received suitable training in fire safety and regular fire evacuation drills were completed in an efficient

manner which simulate day and night time conditions. Drill records detailed action plans for any future drills that would take place. Residents had individualised emergency evacuation plans in place and these detailed the residents levels of assistance required to evacuate the centre in the event of a fire. The inspector did not have the opportunity to visit one of the premises that was part of the designated centre, due to the COVID19 crisis.

Residents were supported to manage their behaviours and had appropriate access to multi-disciplinary healthcare professionals including a psychologist and a behavioural support nurse. Positive behavioural support plans were in place where required and staff were familiar with these. Any restrictive practices in place were initially reviewed and approved by a multi-disciplinary team. The practice was then reviewed three monthly. Restrictive practices were in place due to identified risks. Restrictive practices in place were notified to the Chief inspector of social services as required by the regulations. The inspector reviewed two behavioural support plans in place and found that these detailed the residents potential behaviours and proactive and reactive strategies to support the residents.

Residents were appropriately safeguarded in the designated centre. All staff had received up to date training in the safeguarding and protection of vulnerable adults. There was a designated officer in place who responded to any safeguarding concerns in a serious and timely manner. Staff spoken with were familiar with safeguarding measures and national policy. All staff had up-to-date Garda vetting in place and residents had intimate care plans in place that guided staff to safely support residents with personal care. Residents appeared to be a compatible group of individuals and there were no safeguarding concerns identified on the day of inspection.

Regulation 27: Protection against infection

Appropriate practices and resources were in place for the prevention of healthcare associated infections. The inspector observed appropriate hand washing and laundry facilities in place and the provider had ensured the provision of alcohol gel and personal protective equipment (PPE).

Judgment: Compliant

Regulation 28: Fire precautions

Overall, systems were in place to prevent fire and protect against fire. The registered provider had ensured the provision of adequate firefighting equipment in the designated centre and this was subject to regular servicing with an external fire

specialist. Appropriate containment measures were in place and staff completed daily checks on the fire detection system and exits.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had a comprehensive assessment of need and personal plan in place that guided the care and support that was provided. These were subject to regular reviews and these reflected resident's most current needs

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to maintain their health. Some residents had high healthcare needs and there were appropriate care plans in place to guide support for these residents. Residents had adequate access to nursing support when required

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and had appropriate access to multi-disciplinary healthcare professionals including a psychologist and a behavioural support nurse. Positive behavioural support plans were in place where required

Judgment: Compliant

Regulation 8: Protection

Residents were appropriately safeguarded in the designated centre. All staff had received up to date training in the safeguarding and protection of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Protection against infection	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 Portlaoise Area OSV-0002490

Inspection ID: MON-0022912

Date of inspection: 12/03/2020

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Items required by the Chief Inspector of Social Services for the application for renewal of registration were submitted and received by HIQA registration team on 18/03/2020	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The 2 staff members who needed refresher fire safety training were booked to attend fire training on 02/04/2020 however this training was cancelled on 30/03/2020 due to the government's additional measure to contain the spread of COVID-19 infection. The 2 staff members have reviewed the center's fire safety policy and completed a drill in fire safety precautions to ensure familiarity with fire precautions.	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	18/03/2020
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	10/08/2020