



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

## Issued by the Chief Inspector

Name of designated centre:	Pearse Road Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	30 November 2020
Centre ID:	OSV-0005282
Fieldwork ID:	MON-0031113

## About the designated centre

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

The centre was run by the Health Service Executive, which provided residential care for up to eight male and female residents, over the age of 18 years with an intellectual disability. The centre comprised of two houses located within close proximity to each other in a town in Co. Sligo. In each house, residents have their own bedroom and have communal access to a kitchen, dining room, sitting room, utility room, bathrooms and garden area. Staff were on duty both day and night to support the residents who lived here.

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

Number of residents on the date of inspection:	7
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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 - 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
Monday 30 November 2020	10:00hrs to 13:50hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

As part of this inspection, the inspector visited one premises and met with the four residents who lived in that house. Each resident engaged briefly with the inspector and spoke of their plans for Christmas, of how they were looking forward to making and attending personal appointments in the run up to Christmas and about various activities that they liked to take part in.

Upon the inspector's arrival, some residents were being supported by staff with their personal care needs, while others were having their breakfast. One resident told the inspector that she had lived in this centre with her sister for a number of years. She also spoke of activities she liked to take part in, such as horse-riding and swimming in a nearby leisure facility. Another resident spoke of her love of knitting and of how she was in process of making a garment.

Prior to the introduction of public health safety guidelines, these residents led very active lifestyles. Due to the adequacy of staffing and transport arrangements in this centre, staff were able to continue to provide residents with multiple activities during the day and with opportunities to access the community, within public health safety guidelines. Residents had a good understanding of these guidelines and the provider had put additional infection prevention and control measures in place to safeguard these residents, which enabled them continue to safely access their local community, if they wished to do so. There was a shared transport arrangement between both houses within this designated centre and the person in charge told the inspector that this arrangement worked well. Due to the central location of both houses, residents also had access to taxi services and local transport, as and when required.

Overall, there was a pleasant and friendly atmosphere in this centre, which offered residents a very homely environment to live in.

## Capacity and capability

This was a well-run centre that ensured residents received a safe and good quality of service. Prior to this inspection, the provider had submitted an application to the Chief Inspector of Social Services to renew the registration of this designated centre. Although no actions were required from this centre's last inspection, this inspection identified where some minor improvements were required to aspects of infection prevention and control and risk management systems.

The provider had ensured the centre was adequately resourced in terms of equipment, transport and staffing. Since the introduction of public health safety

guidelines, team meetings had temporarily ceased. In the interim, the person in charge regularly met with staff on an individual basis to discuss any concerns arising regarding the safety and welfare of residents. On days she was not present at the centre, she maintained very regular contact with staff to offer support to them via phone. The quality and safety of care at this centre was subject to regular monitoring, which included the completion of six monthly provider-led audits and the person in charge was also conducting a number of internal audits on a monthly, bi-monthly and quarterly basis. Where improvements were identified, time bound action plans were put in place to address these.

The person in charge held the overall responsibility for the service and she visited the centre frequently each week to meet with staff and residents. She was supported by her staff team and line manager in the running and management of this service. She demonstrated very good knowledge of the residents and their needs and was also very familiar with the operational needs of the service delivered to them. She was responsible for another centre run by this provider and current arrangements gave her the support and capacity she required to also effectively manage this service.

Staffing arrangements were maintained under regular review by the person in charge, ensuring an adequate number and skill-mix of staff were at all times on duty to support residents. Nursing staff were rostered to offer support between both houses during day-time hours and on alternate weekends. On-call arrangements were also in place, should residents require nursing support outside of these hours. Since the last inspection of this service, in response to the changing needs of residents, the provider had increased this centre's staffing arrangement which had a positive impact for those residents requiring this additional support. Staff working at the centre knew these residents and their needs very well and this continuity of care meant that residents were at all times supported by staff who were very familiar to them.

#### Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this centre

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had very good knowledge of residents' needs and of the operational needs of the service delivered to them. She was regularly present to meet with staff and residents and had the required experience and qualifications, as

required by the regulation to do the role. She held responsibility for another centre operated by this provider and current arrangements supported her to also manage this service.

Judgment: Compliant

### Regulation 15: Staffing

The centre's staffing levels were frequently reviewed by the person in charge to ensure an adequate number and skill-mix of staff were at all times available to support the assessed needs of residents. Nursing support was available to residents during day-time hours and on-call arrangements were also available, as and when required.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge regularly met with her line manager and staff team to discuss any issues arising within the service. Effective monitoring systems were in place, and where improvements were identified, time-bound action plans were put in place to address these.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and this was under review by the person in charge at the time of this inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had an incident reporting system in place which ensured incidents occurring at the centre were reported, responded to and reviewed on a regular basis. The person in charge ensured all incidents were reported to the Chief

Inspector of Social Services, as required by the regulations.

Judgment: Compliant

## Quality and safety

This was very much a resident-led service, where residents were supported to be involved in the running of their home and to also spend their time as they wished. Residents had access to adequate staffing and transport arrangements, which meant that they had regular opportunities for social activities, with, and independent of their peers, as they wished.

The centre comprised of two houses located within close proximity of each other, located within a town in Co. Sligo. Each resident had their own bedroom, shared bathrooms, kitchen and dining area, sitting room and garden area. The premises visited by the inspector was well-maintained, clean, tastefully decorated and had a homely feel to it. Residents' needs were subject to regular assessment and clear and comprehensive personal plans were in place to guide staff on how best to support residents. Where residents had specific health care needs, the provider had ensured that these residents received the care and support they required. The person in charge spoke with the inspector at length about the changing needs of some residents and of the various supports in place to support these residents, particularly in the area of skin integrity and falls management. For example, in response to the mobility needs of some residents who live at this centre, the provider had installed handrails and sensor lighting, which had a positive impact on increasing residents' safety when mobilising around the centre.

The timely identification of risk at this centre was largely attributed to the regular oversight and presence of the person in charge at the centre, the provider's incident reporting system and rostering of staff who knew the residents and the service very well. Over the course of this inspection, the inspector observed multiple examples of where risk was quickly identified responded to, particularly with regards to specific risk relating to residents' health care needs. Positive risk taking was also promoted within this centre, with some residents being supported, independent of staff support, to access the local community and remain at the centre for periods of time on their own. Risk assessments were in place to support these activities, which clearly identified the effective measures that the provider had put in place to safeguard these residents from risk while doing so. Although the provider had done much to effectively respond to risk at this centre, some improvement was required to the risk-rating of some supporting risk assessments to ensure these accurately reflected the positive impact measures implemented by the provider had on mitigating against specific risks. Furthermore, risk assessments relating to infection prevention and control practices required further review to ensure these gave due consideration to risk posed by the layout of one house within this centre, particularly



in the event where residents may require isolation due to Covid-19.

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all staff and residents. Temperature checks, good hand hygiene and social distancing were regularly practiced. Where some residents were accessing the community independent of staff, risk assessments were in place, demonstrating the additional infection prevention and control measures that the provider had put in place for these residents, to safeguarding them from the risk of infection. During the inspection, the inspector observed staff to wear appropriate PPE, particularly when supporting residents where two-metre social distancing was not possible. Contingency plans and risk assessments were in place, should an outbreak of infection occur at the centre and the person in charge was very familiar with these arrangements. However, some improvement was required to ensure these contingency plans guided on the specific cleaning protocol that may be required within this centre, should an outbreak of infection occur, particularly where communal bathrooms may need to be shared between residents.

Where restrictive practices were in place, the provider had ensured that these were subject to regular multi-disciplinary review and that protocols for their application were available to staff. The provider also ensured that residents and their families were consulted on the use of any restraint required to support them with their assessed needs. This centre had a person-centred approach to care and to the use of restrictive practices. For example, in response to the falls management needs of one resident, in consultation with occupational therapy, an effective support mechanism using additional pillows was implemented, which resulted in this resident not requiring the use of additional restrictive practices to safeguard from the risk of falls.

The provider had fire safety measures in place, including, detection and containment arrangements, emergency lighting and regular fire safety checks. Clear fire procedures and personal evacuation plans for residents were available at the centre. Regular fire drills were also occurring, which demonstrated that staff could support residents to evacuate in a timely manner. At the time of this inspection, the person in charge was putting plans in place to conduct further fire drills that gave consideration to circumstances, such as, where evacuation may be required at times where some residents stayed at the centre independent of staff support. Each house within this centre had a waking night-time staffing arrangement in place which meant that, should a fire occur at the centre at night, staff were available to quickly respond to it.

## Regulation 17: Premises

The centre comprised of two houses, located within close proximity to each other. Each house provided residents with their own bedroom, bathroom, kitchen and dining room, sitting room and garden area. The premises visited by the inspector

was very clean, homely and in a good state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk. However, some improvement was required to the risk-rating of some risk assessments to ensure these accurately reflected the positive impact measures implemented by the provider had on mitigating against specific risks. Furthermore, risk assessments relating to infection prevention and control practices required further review to ensure these gave due consideration to risk posed due to the layout of some houses within this centre, particularly in the event where residents may require isolation due to Covid-19.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of residents. Temperature checks, social distancing, use of PPE and hand hygiene were regularly practiced. Contingency plans were also in place, should an outbreak of infection occur at this centre. However, the inspector observed some improvement was required to ensure these contingency plans guided on the specific cleaning protocol that may be required within this centre, should an outbreak of infection occur, particularly where communal bathrooms may need to be shared between residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had fire safety measures in place, including, detection and containment arrangements, emergency lighting, regular fire safety checks and waking night-time staffing arrangements. Both fire procedures and personal evacuation plans for residents were available at the centre. Regular fire drills were also occurring, which demonstrated that staff could support residents to evacuate in a timely manner.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Systems were in place to ensure residents' needs were subject to regular review and that clear and comprehensive personal plans were available to staff to guide them on the specific supports that residents required.

Judgment: Compliant

### Regulation 6: Health care

Where residents presented with specific health care needs, the provider had ensured these residents received the care and support they required, particularly in the area of skin integrity and falls management. A wide range of allied health care professionals were available to residents, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where restrictive practices were in place, the provider had ensured that these were subject to regular multi-disciplinary review and that protocols for their application in practice were available to staff. Residents requiring behavioural support had clear plans in place to guide staff on how best to support these residents.

Judgment: Compliant

### Regulation 8: Protection

Procedures were in place to support staff on the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. There were no safeguarding concerns at this centre at the time of inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were very much promoted at this centre, where residents were regularly consulted about the running of their home and were supported to spend their time, as they wished. They were supported by staff who knew them very well, which had a positive impact on ensuring the centre was run in a manner that was considerate of their capacities and health and social care needs.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Pearse Road Services OSV-0005282

Inspection ID: MON-0031113

Date of inspection: 30/11/2020

## 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
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider has ensured that there are systems in place in the designated centre for the assessment, managing and ongoing review of risk.</p> <ul style="list-style-type: none"> <li>• The Person in Charge has reviewed individual risks, and Health &amp; Safety risk assessments to accurately reflect the existing controls in place on militating against specific risks.</li> <li>• The Person in Charge has reviewed Infection control risk assessments in relation to suspected/confirmed case of COVID19 in relation to the use of communal areas within the community group home.</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider has ensured that procedures are consistent with the standards for the prevention and control of healthcare for residents</p> <ul style="list-style-type: none"> <li>• The Person in Charge has reviewed the contingency plan to reflect the correct procedure in relation to specific cleaning protocols that clearly guide staff in the event of an Infection outbreak.</li> <li>• The Person in Charge has reviewed Infection control risk assessments in relation to the use of communal areas within the community group home should an outbreak of Infection occur.</li> </ul>	

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/12/2020
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	Substantially Compliant	Yellow	11/12/2020



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