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:	Esmonde Gardens
Name of provider:	St Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	13 October 2020
Centre ID:	OSV-0001855
Fieldwork ID:	MON-0030671

About the designated centre

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

Esmonde Gardens is a designated centre which accommodates 10 adults, both male and female, with mild to moderate intellectual disabilities, mental health, dual diagnosis and behaviors that challenge. The centre comprises of ones single storey building and one three storey house. The single storey buidling, Esmonde Gardens, can accommodate up to seven residents, while the three storey house, River Chapel, can accommodate up to three residents. All residents have their own bedrooms which are decorated to suit their preferences. Both houses have communal kitchen/dining and living areas. Both houses are located close to local shops, pubs, restaurants, sports facilities and health services. There were a number of day services/workshops allied to the centre. The staff team currently comprises of care assistants, social care workers and nursing staff. Service vehicles are available to residents in both houses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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
Tuesday 13 October 2020	09:30hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with five residents on the day of inspection. Residents met with used both verbal and non verbal methods to communicate.

One resident showed the inspector around parts of the centre, including their own bedroom and communicated they loved the room when asked. The resident had a keen interest in technology and had many devices in their room for entertainment. All resident had their own bedrooms which had been personalised to suit their preferences. Pictures were observed around the centre of the residents and various activities they had enjoyed together.

Another resident spoke one to one with the inspector about living in the centre. The resident spoke proudly about the medals they had won competing in the special Olympics and places they had travelled overseas. They resident communicated that they really enjoyed living in the centre and they were very happy living with the other residents.

Esmonde Gardens had access to a seven-seater bus and River Chapel had another separate vehicle. These were used daily for transport to the residents preferred daily activities. Some day services were still operating on the day of inspection. Some residents were enjoying doing some in house activities and going for drives and walks when they could not attend day services due to COVID19. Prior to COVID19, some residents had completed courses in areas such as woodwork and and horticulture and some of the resident had trips away planned.

The centre had developed their garden into a sensory garden in recent times, and the person in charge communicated that resident often enjoyed sitting out when the weather allowed. Normal visitation to the centre had ceased due to national guidance for residential care facilities. However, socially distant outdoor visitation was being facilitated at times for some residents.

The inspector met with 2 residents coming home from day services in the afternoon. The atmosphere appeared relaxed and residents and staff were chatting and laughing together and getting a cup of tea. The inspector observed some warm and light hearted interactions between staff and residents.

Capacity and capability

This was a short term announced inspection used to observe the centres ongoing levels of compliance with the regulations. While the inspection findings were overall

positive, the provider had failed to adhere to and implement a plan submitted to the Chief Inspector in 2018 which stipulated that the overall capacity in the centre would be reduce from 10 to 8 by December 2019. This continued to affect the centres compliance in areas including regulation 23, 17 and 11.

There was a full time person in charge in place who had the skills, qualifications and experience necessary to effectively manage the designated centre. The person was also supported by a team leader in the second premises, River Chapel. The person in charge and team leader were in regular contact with each other and any concerns were highlighted immediately to the person in charge. Both the person in charge and team leader spoke in-depth about the residents and their individual needs and preferences.

Regular audits and reviews were being completed. The inspector observed the centres most recent annual review. This reviewed many aspects of the care provided and supports available in the centre. The review also included a consultation with residents and a review of residents documentation. The inspector observed the centres most recent six monthly report. Residents and their relatives had been consulted on their satisfaction with the service provided as part of this report. All reported high levels of satisfaction with the service provided. Any issues highlighted in the reports, were included in an action plan with clear time lines for addressing them and persons responsible. There were weekly meetings with all persons in charge working within St. Aidan's. This was an opportunity for shared learning and feedback. This had been facilitated by phone during the COVID-19 pandemic.

The staff team comprised of care assistants, social care workers and nursing staff. There were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents during the day and night. The centre had a relief panel in place to cover shifts in times of staff illness or annual leave. A service contingency plan was also in place for in the event of a COVID19 outbreak and a large number of staff becoming unwell.

All staff had completed mandatory training and refresher training. This included training in behaviour management, manual handling, safeguarding, fire safety, medication management and infection control. River Chapels team leader was also an in house trainer in behaviour management techniques and medication management. A member of the service human resource(HR) team did regular reviews of staff training needs. One to one supervisions were completed six monthly by the person in charge and staff meetings were held every two months. The person in charge also completed regular practical supervision sessions with staff on areas including hand hygiene and personal care.

There was a clear complaints procedure in place. Complaints appeared to be addressed in a serious and timely manner. The inspector observed documentation detailing a complaint made last year by a resident. This was managed in line with service policy. The complaint was concluded and the residents was notified of the outcome and they appeared satisfied with this. The complaints procedure and details of advocacy services were prominently displayed in the centre.

Regulation 14: Persons in charge

There was a full time person in charge in place who had the skills, qualifications and experience necessary to effectively manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training and refresher training. Regular supervision of staff was being completed.

Judgment: Compliant

Regulation 23: Governance and management

Regular audits and reviews were being completed including an annual review and six monthly report. Any issues highlighted in the reports, were included in an action plan with clear time lines for addressing them and persons responsible

The provider had failed to adhere to and implement a plan submitted to the Chief Inspector in 2018 which stipulated that the overall capacity in the centre would be reduce from 10 to 8.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. Complaints appeared to be addressed in a serious and timely manner.

Judgment: Compliant

Quality and safety

The person in charge and team leader had ensured that each resident had an individual assessment of need and personal plan in place. These were all subject to regular review and accurately reflected the needs of the residents and their current goals. Some goals included healthy eating and exercise programs, visiting family members, courses, new activities, and holidays. Some goals had been impacted by COVID19 and these were reviewed and re-structured to reflect this. Personal planning meetings were held six monthly with residents and their representatives. These were an opportunity for residents to discuss any goals or plans they had for the months ahead and ways in which they would achieve them. One resident in the centre had a long term goal in place to live independently. Social stories and transitional plans had been developed with them around this, along with corresponding risk assessments, smaller goals, and educational key working sessions on safeguarding, relationships an medication management.

The centre consisted of two premises. One was a single story building located in a housing estate in a busy town. While this premises was in a good state of repair internally and externally, communal areas in the centre like the kitchen and living areas, continued to be too small for 7 residents. In light of the COVID-19 pandemic, there was also an increased risk when residents sat close together in communal areas. Meal times were being staggered to facilitate all residents living there. Furthermore, there was no designated area in the centre that could facilitate private visits for residents and their family and friends that was not the residents own bedroom.

The provider had failed to adhere to implement a plan submitted to the Chief Inspector in 2018 which stipulated that the overall capacity in the designated centre would be reduced from 10 to 8 before December 2019. The second premises in the centre, Riverchapel, was a two story semi detached house where three residents lived. This was also maintained in a good sate of repair internally an externally.

The centre had adapted and implemented procedures and protocols for protection against infection and for the management of the COVID-19 pandemic. The centre was visibly clean on the day of inspection. Cleaning schedules were in place to ensure that the centre was deep cleaned twice daily. An easy read guide was in place for resident on the management of COVID19 and infection control measures in place. The inspector observed hand washing facilities and alcohol gels around the centre. All staff and residents were completing regular temperature checks and staff were working in separate pods to reduce contacts in the centre. The provider had

ensured ample supplies of PPE were in stock for in the event of an outbreak. Staff were observed wearing appropriate PPE in line with national guidance for residential care facilities.

The registered provider had ensured that safe and effective management procedures were in place for fire safety. Fire evacuation drills were being completed monthly by staff and residents which simulated day and night time. All residents had personal emergency evacuation plans in place. Following a walk around both premises, the inspector observed containment systems, fire fighting equipment, emergency lighting and detection systems. These were all subject to regular servicing with a fire specialist. All staff had received mandatory training in fire safety.

Residents were supported to manage their behaviours. Individualised positive behavioural support plans were in place where required. The centre had seen a reduction in the use of restrictive practices. Any restrictive practices in use were reviewed by the service human rights committee and notified to the Chief inspector on a quarterly basis, as required by regulation 31. Residents had access to a behavioural therapist when required and staff were making referrals when necessary. Therapeutic interventions were utilised regularly by staff and residents including use of signage, re-direction, and rapport strategies. A traffic light system was used to clearly identify different profiles of behaviours. Plans and strategies in place were subject to regular review.

Residents appeared to be safeguarded. There was a designated service safeguarding officer. There were no open safeguarding concerns in the centre on the day of inspection. All staff had received training in the safeguarding and protection of vulnerable adults. All residents had intimate care plans in place. One resident had been supported to maintain and develop an important relationship. Staff and management had facilitated educational key working sessions and conversations to support the resident to do this in a safe manner.

Residents appeared to have choice and control in their daily lives. Residents spoken with appeared content and comfortable living in their home. Residents meetings were held every two months and this was a forum for residents to communicate any thoughts they had about the running of the centre. These were also used as an opportunity to discuss an topical issues such as COVID19, the complaints procedure, safeguarding, day services and infection control measures. Menu's and food choices were discussed with residents weekly.

Residents were safeguarded in the centre. There was a designated service safeguarding officer. There were no open safeguarding concerns in the centre on the day of inspection. All staff had received training in the safeguarding and protection of vulnerable adults. All residents had intimate care plans in place.

Regulation 11: Visits

There was no designated area in the centre that could facilitate private visits for residents and their family and friends that was not their own bedroom. This was also secondary to the premises being too small for the number of residents living there.

Judgment: Not compliant

Regulation 17: Premises

While the premises was in a good state of repair internally and externally, the provider had failed to adhere to implement a plan submitted to the Chief Inspector in 2018 which stipulated that the overall capacity in the centre would be reduce from 10 to 8 before December 2019. Communal areas in the centre like the kitchen and living areas, continued to be too small for 7 residents. In light of the COVID-19 pandemic, there was also an increased risk when residents sat close together in communal areas.

Judgment: Not compliant

Regulation 27: Protection against infection

The centre had adapted and implemented procedures and protocols for protection against infection and for the management of the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that safe and effective management procedures were in place for fire safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had an individual assessment of need and personal plan in place. These were all subject ot regular review and accurately reflected the needs of the residents and their current goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Individualised positive behavioural support plans were in place when required. The centre had seen a reduction in the use of restrictive practices - any in use were reviewed by the service human rights committee and notified to the Chief inspector on a quarterly basis, as required by regulation 31.

Judgment: Compliant

Regulation 8: Protection

Residents appeared to be safeguarded. There was a designated service safeguarding officer. There were no open safeguarding concerns in the centre on the day of inspection. All staff had received training in the safeguarding and protection of vulnerable adults. All residents had intimate care plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents appeared to have choice and control in their daily lives. Residents spoken with appeared content and comfortable living in their home.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Esmonde Gardens OSV-0001855

Inspection ID: MON-0030671

Date of inspection: 13/10/2020

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 23: Governance and management</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The provider has reduced the number of placements by 1 in this designated centre in January 2021. Updated registration renewal documents reflecting this change will be submitted in February 2021 as required.

• The Provider has submitted a separate document outlining the de-congregation plan for the service.

• The provider is purchasing a house in the locality, subject to securing capital funding via a CAS application. It is anticipated that the new house will open for residents in Summer 2022 & this will facilitate a further reduction in registered placements by 1. The Provider will submit a request that the previous applications to remove/vary Condition 8 will be withdrawn & that Condition 8 will now be varied to reflect the new decongregation plan that has been submitted to the Chief Inspector.

• Together the above will achieve previous commitments to reduce the numbers in this designated centre from 10 to 8 residential placements.</td></tr>
<tr><td>Regulation 11: Visits</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 11: Visits:
• A bedroom has been converted into a second reception room, and this is the designated area to facilitate private visits for residents and their families.

• The addition of this further reception room enlarges the social space available to residents.</td></tr>
<tr><td>Regulation 17: Premises</td><td>Not Compliant</td></tr>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:
• The provider has reduced the number of placements by 1 in this designated centre in January 2021. Updated registration renewal documents reflecting this change will be submitted in February 2021 as required.

• The Provider has submitted a separate document outlining the de-congregation plan for the service.

• The provider is purchasing a house in the locality, subject to securing capital funding via a CAS application. It is anticipated that the new house will open for residents in Summer 2022 & this will facilitate a further reduction in registered placements by 1. The Provider will submit a request that the previous applications to remove/vary Condition 8 will be withdrawn & that Condition 8 will now be varied to reflect the new decongregation plan that has been submitted to the Chief Inspector.

• Together the above will achieve previous commitments to reduce the numbers in this designated centre from 10 to 8 residential placements.

• A bedroom has been converted into a second reception room, and this is the designated area to facilitate private visits for residents and their families.

• The addition of this further reception room enlarges the social space available to residents.

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
11 (3) (b)	Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.	Not Compliant	Orange	31/03/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/08/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2022