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:	Loyola/Eden
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	27 October 2021
Centre ID:	OSV-0002123
Fieldwork ID:	MON-0029647

About the designated centre

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

Loyola and Eden is a residential service located in Co. Wexford. The service provides full time residential care to eight individuals over the age of eighteen both male and female with an intellectual disability. Supports are provided to residents on a 24 hours a day basis in accordance with the assessed needs of each individual resident. Supports are provided by a staff team made up of a combination of nurses and care staff. The centre consists of two bungalows which have recently been renovated to meet the needs of the residents. Each bungalow consists of five single bedrooms which have been decorated in line with the individual personal tastes and interests. Within the statement of purpose, the provider states that Loyola and Eden's main focus is to provide a high standard of care for all residents while promoting community and social inclusion.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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
Wednesday 27 October 2021	09:30hrs to 17:30hrs	Leslie Alcock	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The designated centre comprised of two bungalows that were located some distance from each other on the outskirts of a town. Both houses were large, comfortable and homely. All the residents had their own bedrooms which were personalised to suit their preferences and had space to store their personal belongings. The houses had large communal living areas where the inspector observed residents, enjoying a meal, relaxing and watching television.

The inspector spoke with the residents to determine their views of the service, observed where they lived, observed care practices, spoke with staff and reviewed the residents' documentation. This information was used to gain a sense of what it was like to live in the centre. On arrival to the first house, the inspector observed one resident leaving for day service and was greeted by staff and another resident getting ready for their day service. Another resident was being supported to have their breakfast and the other resident was in bed. On arrival to the second house in the afternoon, the inspector met one resident who had just returned from day service, being supported to have their dinner. The other three residents were observed engaging with each other in the dining room while finishing their dinner. The residents introduced themselves to the inspector and one of them advised that they loved it in the centre and that the staff are very good to them. Another resident showed the inspector the Halloween themed artwork they had completed at the day service that day.

The inspector had the opportunity to meet and spend time with all eight residents on the day of the inspection. Residents moved freely throughout the house and appeared very comfortable in their environment and in the company of staff. In general, the inspector found that the residents were supported throughout the day by the staff. Staff demonstrated that they were aware of residents individual communication needs and were observed to communicate with the residents in an effective and respectful manner.

The residents enjoyed personalised activation schedules. Activities were based on the individual interests of the residents. On the day of the inspection, a number of residents went to day service and a number of them remain in the centre and were provided with an individualised service. Residents who remained in the centre were supported to engage in sensory activities, arts and crafts, baking, and walking. The residents were also supported to utilise the communal areas in the centre.

The inspector observed respectful, warm and meaningful interactions between staff and the residents during the day. Staff spoken with on the day of inspection spoke of the residents in a professional manner and were keenly aware of their needs. Staff were observed adhering to guidelines and recommendations within individualised personal plans to support the residents to achieve a good quality of life. For instance; the inspector observed staff using social stories with a resident to further support the resident develop their independent living skills in line with the personal goals outlined in their care plan.

In summary, based on what the residents and staff communicated with the inspector and what was observed, it was evident that the residents received good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. Some improvements were required to ensure that the service provided was safe at all times and to promote higher levels of compliance with the regulations. This was observed in areas such as; fire safety, staffing and training.

Capacity and capability

Overall, the inspector found that the registered provider demonstrated the capacity and capability to support the residents living in the designated centre. There was a clearly defined management structure, with clear lines of accountability and responsibility. However some issues were identified which required the providers attention in areas such as staffing, training, fire safety and premises as detailed in other sections of this report.

Residents were supported by a team of social care workers, health care assistance and had access to nurse support when required. There was a staff rota in place that accurately reflected staff on duty. There was a full time person in charge who was responsible for two additional designated centres and divided their time equally. The person in charge was supported by a full time team leader. The management team appeared to have a regular presence in the centre and staff and residents were familiar with the person in charge and the team leader.

There was evidence that the service was regularly audited and reviewed. This included an annual review and a six monthly unannounced provider audits. There was evidence that other audits in areas such as, finances, medication, personal care planning and infection prevention and control were also taking place regularly. In addition to this, the team leader conducted a monthly analysis and trending of incidents, risk assessments, compliments and complaints and safeguarding records. This monthly analysis was then reviewed by the person in charge and where further action was required, an action plan was put in place to address same.

Some issues were identified on the day of the inspection which required review to ensure higher levels of compliance with the regulations in relation to staffing and

training as detailed in other sections of this report. For instance; in line with the findings of the provider's own audits and reviews, the inspector found that the number of staff employed were not always appropriate to the meet the number and assessed needs of the residents at all times which impacted one resident's attendance to a social outing. In addition to this, upon review of a sample of personnel files, the inspector found that the Garda vetting for one staff member had recently expired. The provider took immediate action and began processing the relevant paperwork. The provider also assured the inspector that the staff member was removed from the rota until their vetting is complete. Staff had all completed training in line with residents' needs, however, there was a number of staff requiring updated refresher training. For the most part, the provider had scheduled dates in place for the completion of same.

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. This individual was engaged in the governance, operational management and administration of the centre in a regular and consistent basis. They had systems in place to monitor the quality of care and support for residents and were found to have a regular presence in the centre. For the most part, they were identifying areas for improvement in line with the findings of this inspection and were focused on quality improvement and on ensuring residents were happy and safe in their homes.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual staff rota in place and it was reflective of the staff on duty on the day of the inspection.

Overall, the staff team were found to have the skills, qualifications, and experience to meet the assessed needs of the residents. However, in line with the findings of the provider's own audits and reviews, the inspector found that the number of staff employed were not always appropriate to the meet the number and assessed needs of the residents at all times. When reviewing a sample of the centre's adverse incident records, the inspector found that one resident could not attend a social outing as a result of a staffing shortage.

The inspector found that while there was a reliance on relief staff as a result of the staff vacancies, the provider used a small group of regular relief staff to ensure continuity of care for residents. In addition to this, the person in charge and the team leader provided direct support to resident's when required.

A sample of personnel files were reviewed with the Human Resource manager and

they did not contain all of the required information as per the regulation. The Garda vetting for one staff member had recently expired and this required review.

Judgment: Not compliant

Regulation 16: Training and staff development

Supervision records reviewed and discussions with staff highlighted that one to one formal supervision had taken place for all staff and it was occurring in line with the provider's own policy. The provider's policy states that supervision should occur twice a year. It was also evident that informal supervision is provided to the staff on a regular basis by the person in charge and the team leader.

The staff were supported and facilitated to access appropriate training including refresher training that was in line with the residents' needs.The Human Resource department coordinated training and the majority of training was facilitated by the provider's own in-house trainers. The inspector viewed evidence of mandatory and centre specific training records with the provider's Human Resource (HR) manager. All mandatory training was in place, however, there was a number of staff requiring updated refresher training. For the most part, the provider had scheduled dates in place for the completion of same.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre was managed by a suitably qualified and experienced person in charge who was supported by a team leader and the staff team who were motivated to ensure residents were in receipt of a good quality and safe service. Staff who spoke with the inspector were aware of the systems in place to escalate any concerns they may have in relation to residents' care and support to the management team.

The provider had systems to monitor the quality of care and support for residents including six monthly unannounced audits and an annual review of care and support. In addition, the staff team were completing regular audits in areas such as, finances, medication, personal care planning, infection prevention and control, health and safety and restrictive practices. The inspector found that the team leader also completed a monthly analysis where they would review and trend a number of areas such as the incidents log, risk assessments, compliments and complaints and safeguarding records. This monthly analysis was then reviewed by the person in charge and where further action was required, an action plan was put in place to

address same.

The provider was self-identifying areas in need for improvement and for the most part, where actions were identified, plans were in place to bring about the required improvements to improve the overall quality and safety of care. The inspector found that all actions that were identified were completed with the exception of the staffing shortage. The provider was taking the necessary steps such as actively recruiting to resolve the staffing issue. The staff vacancies had also been risk assessed and appropriate controls measures were in put in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. The statement of purpose was available for staff and residents in the centre. There was also an easy to read version of the statement of purpose available. A minor amendment was required to ensure the correct registration number was on the statement of purpose. This amendment was made on the day of the inspection to ensure it contained the information required by the regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person centred care to the residents. A number of key areas to determine if the care and support provided to residents was safe and effective to the residents. This included a review of personal care plans, risk documentation, fire safety documentation, and protection against infection. The management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. However, some improvement was required in relation to relation to the premises and fire safety.

The inspector found that the residents had an assessment of need in place and care plans had been developed in line with these assessments. There were systems in place to asses and mitigate risks. There was a centre risk register in place and individualised risk assessments. The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing. There were mechanisms in place to monitor

staff and residents for any signs of infection. Personal protective equipment (PPE), including hand sanitizers and appropriate hand washing facilities were available and were observed in use in the centre on the day of the inspection.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The resident's had personal emergency evacuation plans in place which guided the staff team in supporting the residents to evacuate. However, effectiveness of a number of containment measures were noted on the day of the inspection. The registered provider promptly addressed the issue in one location but a number of the fire doors in the other location required review to ensure their effectiveness.

Overall, the designated centre was designed and laid out to meet the residents needs. The residents rooms were decorated in line with their preferences and interests. However, there were a number of areas that required minor painting repair where fixtures had been moved.

Regulation 12: Personal possessions

The registered provider had ensured that measures were in place to ensure that each resident had access to and control over their personal property and possessions. Residents clothing was laundered separately by staff for those who required support with this. There was also suitable facilities available for residents to launder their own clothes and were supported to do so by staff. The residents had their own furnishings with ample storage.

The provider developed a formalised process to support residents with the management of their finances. This was an area that had been highlighted previously during an inspection and improvements were found. The inspector also found that the resident's finances were audited regularly by management.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two bungalows and both were found to be clean and welcoming, externally there was a well maintained garden in both locations. It was designed and laid out to meet the needs of the residents. Doors into the house were ramped making the centre accessible. The residents had their own bedroom and a shared sitting room, bathroom, kitchen/dining room and one of the locations had a quiet room.

Each resident had their own bedroom which were decorated in line with their specific care needs and personal preferences. The residents had plenty of storage

for their personal items. There were also visual aids throughout the house to assist the residents, with their daily timetable, to locate the various items in their home, and to outline what staff were on duty. The centre also had ample table top activities for the residents to enjoy. In addition to this, there were photos of the residents and their artwork located throughout both houses.

One of the resident's beds required repair and the centre had made the necessary arrangements for same. The centre had a number of areas that required minor painting repair where fixtures had been moved.

Judgment: Substantially compliant

Regulation 20: Information for residents

Resident guides were prepared and available to residents in one of the communal areas of the designated centre. There was also an easy-to-read copy available. The resident's guide met all the requirements in the regulations such as a summary of services and facilities provided, the terms and conditions of residency and arrangements for ensuring the resident's involvement in running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted the safety of residents and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place which were also updated regularly. There was an effective system in place for recording incidents and accidents.

The centre had up to date policy in place which was also subject to regular review. However, the policy did not contain all the information required in Regulation 26 (1)(c). This was amended immediately after the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection prevention and control in preparation for a possible outbreak of COVID-19. The person in charge ensured sufficient personal protective equipment was available at

all times and staff had adequate access to hand sanitising gels and appropriate hand washing facilities.

Risks associated with residents and staff contracting COVID-19 had been carefully considered and risk assessed with appropriate control measures in place. The service had an appropriate action plan in place to follow, in the event of an outbreak of COVID-19 in the designated centre. The provider also completed the HIQA Self-assessment Tool on preparedness planning and infection prevention and control assurance framework for registered providers.

There was a cleaning schedule in place that included deep cleaning of all aspects of the designated centre. The cleaning schedule also included cleaning of specialised equipment. The staff completed the relevant up to date training in infection control protocols and there was guidance available to them.

Judgment: Compliant

Regulation 28: Fire precautions

In general, fire safety systems were in place that involved visual checks on the fire fighting equipment, containment measures, emergency lighting and evacuation routes. There was personal evacuation plans in place which also included an easy to read version for residents. There was evidence of regular evacuation drills taking place. The documentation in place relating to evacuation drills outlined that the simulated fires took place in different locations in the centre, the length of time it took to evacuate, the evacuation route, and the staffing levels. The drill records also documented the learning derived from the drill which informed new evacuation procedures.

Fire detection and containment measures were in place in this centre including, fire doors, fire fighting equipment and an appropriate fire alarm system. Prior to the inspection, the provider had identified an issue with a number of door guards in one of the locations and were actively addressing the matter. However, an issue regarding the effectiveness of a number of fire doors was noted on the day of inspection and this was promptly followed up with maintenance who fixed all the doors in one centre to ensure all appropriate containment measures were fully in place at the close of the inspection day. However, a number of the fire doors in the other location required review to ensure their effectiveness.In addition, there were a number of staff that required refresher training in fire safety.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The residents had comprehensive assessments of need completed and personal care plans which were subject to regular review. There was a key working system in place. The residents had personal goals and there was evidence of the residents working towards achieving these goals. The individual social care needs of residents were being supported and encouraged and this was reflected in their personal support plans. It was evident from a review of these plans that residents were receiving care which was person-centred and tailored to meet their assessed needs with regular input from multi-disciplinary professionals.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Where there were safeguarding concerns, there were safeguarding plans in place and evidence that these concerns were monitored, reviewed and dealt with appropriately. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Staff were also familiar with who the designated officer for the centre was. Residents had intimate care plans in place which detailed the level of support they required. There was also an up to date safeguarding policy in place that provided clear guidelines for staff should a concern arise.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Loyola/Eden OSV-0002123

Inspection ID: MON-0029647

Date of inspection: 27/10/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will ensure that there will be appropriate staff employed to meet the assessed needs of the residents at all times. The PIC and Team Leader have liaised with the resident's day service to put a plan in place to ensure there is additional staff to support residents with all social outings going forward.	
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 Gardai vetting was complete immediately, 01.11.2021.The P.I.C and Human resource manager will ensure going forward that all staff Gardai vetting is up to date and will send out notification reminders in advance. Any outstanding staff refresher training will be completed by the end of January 2022. As staff availability during COVID-19 has proven to be difficult, a schedule is in place for all planned training. The PIC and provider will ensure that by February 2022 all staff vacancies will be filled with permanent staff. The service ensures regular and ongoing recruitment to fill any outstanding vacancies.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The resident's bed has been repaired on 03.12.2021.

The painting contractors have given a date of April 2022 to complete all paint repairs inside/out due to weather and availability.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The P.I.C and Team Leader met with the engineer 29.11.2021 and he assessed the designated Centre fire doors, all doors now click close to meet regulation. In addition to this there is now a daily check of these fire doors which staff on duty complete and document.

An electrician met with the P.I.C & Team Leader of the designated Centre on 03.12.2021 to complete a survey on magnetic door closures for 21 doors. This will be completed the end of January 2022. These magnetic door closures are to make the designated Centre accessible to all 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
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	06/12/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	01/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/01/2022

	as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/01/2022