



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

Issued by the Chief Inspector

Name of designated centre:	Portlaoise Area 2
Name of provider:	Health Service Executive
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	29 November 2021
Centre ID:	OSV-0002488
Fieldwork ID:	MON-0030833

About the designated centre

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

Portlaoise Area 2 provides services for adults with an intellectual disability and aims to provide holistic person centred residential services. The centre comprises of two well maintained bungalows. Residents had access to a range of local amenities such as shops, churches, restaurants, pubs, clubs and barbers. The houses are located a short drive from each other. Laurel Lodge is outside of Portlaoise town and located in a small village in County Laois and 09 Glenregan is located within Portlaoise town. The centre accommodates 9 adult residents 18 years old and above with varying degrees of intellectual disability and specific support needs in the management and support of autism spectrum disorders, management of behaviours that challenge and nutritional management. The staff team comprised of a mix of staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 29 November 2021	10:00hrs to 17:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On arrival the inspector had the opportunity to meet with five residents in the first house. In the second house the inspector met with a further three residents, the remaining resident had not returned from day service. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Some of the residents had the ability to converse with the inspector while others indicated their satisfaction through facial expressions and gestures. Personalised forms of communication are used within the services including Board Maker, Picture Exchange Communication (PECs) and LAMH. The residents were all up and about on the morning of inspection, some going out for the day with staff as part of an integrated day service and others going to day service. The residents were in and out during the day and interacted with the inspector at various times. The residents were very pleasant and welcoming and they seemed very proud of their home. Several residents showed the inspector their bedroom and they were decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home. There was an outdoor seating area in the garden of the first house which is used for activities and relaxation.

The residents in the second house in the designated centre showed the inspector around their home and bedrooms. One resident was watching tv and engaged a little with the inspector indicating that they were happy. Another resident was relaxing in their bedroom and invited the inspector to have a look around their room. Their room was personalised with photos and personal items that the resident had chosen and enjoyed. Again this resident gave a positive response when asked if they felt safe and happy in their home.

In the garden there was a half built gazebo for residents, it had not been completed and there was timber laying in the garden, this had been unfinished for some years, currently the timber in the garden posed a falls risk. When the inspector enquired regarding the gazebo they were informed by the person in charge that it had been identified in the annual review that that this required to be completed as the residents were in need of a separate place for activities and to have visits from family members.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis, this was

primarily through video and telephone calls. Residents were supported to buy new technology in order to keep in touch with families and friends. The person in charge advised that family contact has been very good for the residents and residents who have family contact have received phone calls and used video call applications to maintain contact with parents or siblings. When restrictions eased, face to face visits were supported for families and residents.

Some of the residents engaged in fitness classes online and lots of walks locally. Residents also engaged in cooking and baking skills in the house and one resident enjoyed sensory activities and sensory beads had been purchased for the resident. The back garden of the house was very unkempt, overgrown and broken timber items were strewn throughout. It was not an inviting garden for the residents to relax in and enjoy and there were indications that vermin, mink and cats were present.

The inspector observed the residents on the day of inspection and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The residents told the inspector that they felt safe in their home and that the staff were very good to them. The staff present were very knowledgeable about the residents' needs and preferences and were observed chatting and laughing with the residents. One resident enjoyed a particular music channel on the tv and this was facilitated. Residents went for meals out and holidays. Residents enjoyed TV, having meals together, and also enjoyed listening to music.

Residents were encouraged and supported around active decision-making. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The residents said that they were happy in their home.

In summary, the inspector found that each residents well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The person in charge demonstrated the relevant experience in management and was effective in the role. The provider had ensured that the staff skill mix and numbers at the centre were in line with the assessed needs of the residents, the actual and planned rota, statement of purpose and the size of the designated centre. The inspector noted on the day of inspection that there was adequate staff to support the residents.

The person in charge had a training matrix for review and the inspector noted that all mandatory training was up to date including fire safety training, safeguarding of vulnerable adults and medication management training. There was also significant training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training and Infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in other areas such as manual handling and positive behaviour management.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in January 2020 and June 2021 and a review of the quality and safety of service was also completed in January 2020. Families were sent questionnaires to complete with their feedback on how they feel their family members are being supported by the service. Families response overall was very positive. Communications received over the phone between PIC and a sister of one of the residents reiterated how thankful and appreciative their family is for the quality of life of her family member receives in the centre. The family have seen a significant change in their family members quality of life since living in Laurel Lodge. All of the families that responded stated that they were happy with the services, that they felt that their family member was respected and that they were comfortable raising issues if they had any.

The unannounced inspection reviewed staffing, quality and safety, safeguarding and also completed a review of accidents and incidents. The actions identified highlighted the re-development of sensory garden to be explored in line with OT and residents needs. Schedule 5 policies were to be updated. The audit also that the

person in charge needed to finalise the application to vary to pair Laurel Lodge with Glenregan. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or are actively being addressed.

The provider had an accessible, effective complaints system in place. It was noted that there were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number and staff skill mix at the centre was in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff received mandatory training as well as other appropriate training. The person in charge had effective systems in place to monitor staff training.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. An annual review and 2 six monthly unannounced audits had also been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

All individuals have an up to date care plan in place and health concerns are monitored closely by the person in charge. All residents also have a communication plan and hospital passport in place which are very informative and based on assessed need as well as knowledge of the residents.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. The assessment of need included support plans in areas of mental health and diagnosis such as dysphagia. These plans were noted by the inspector to clearly identify the issues experienced by the resident and how they may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for the resident who was diagnosed with dysphagia was very comprehensive and staff spoken with acknowledged that support plans and resulting training were very effective. The inspector noted information in the care plan regarding textured diet and the supervision of residents with dysphagia at mealtimes and the support they required.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. There was evidence that residents had regular health care reviews, access to GP and other clinical professionals such as occupational therapists, speech and language therapists and opticians.

The person in charge had ensured that the residents were assisted and supported to communicate. The inspector noted a comprehensive communication assessment which gave a very clear outline of the residents communication ability and needs in this area. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers was through regular video calls.

A comprehensive behaviour support plan was noted to be in place by the inspector. This included an in depth functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the

behaviour support strategies that were in place.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. There was evidence that the residents had meaningful activities in their community. The residents were active in their community, had a day service and went for meals out, shopping and holidays. The residents were also active on zoom during the pandemic.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Personal protective equipment in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and Infection Prevention Control were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national Infection Prevention Control guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19. The residents families were communicated with in relation to the new visiting protocols and were kept updated in line with government guidance. A contingency plan was developed across the organisation in line with government guidelines to ensure continuity of care to residents in the event of a staff member or resident being confirmed as having COVID-19.

The provider had ensured that the premises were laid out to meet the needs of the resident and overall the centre was clean and warm. The centre was decorated to the residents personal taste and there were photographs and personal items around the house. However following a provider review of the outdoor space, a number of health and safety concerns were identified due to vermin, cats and minks that have been seen in the area. This risk was identified as part of the unannounced audit and annual review. The back garden of the house was very unkempt, overgrown and broken timber items were strewn throughout. The provider had carried out a review of the garden with the occupational therapist to determine the design most suited to residents needs in creating a sensory garden. As it was unsuitable for one resident to play on the ground outside due to the risk of infection, a sensory assessment was carried out for this resident and an alternative to pebble shower was identified- dried chickpeas, a colander and a tent that can be moved or folded for storing following use. This can be utilised indoors or outdoors. The provider had identified this risk and had a management plan around it however the garden area needed to be addressed.

The person in charge had ensured that there was an effective fire management system in place. All fire equipment was maintained and there was emergency lighting, adequate fire extinguishers and an L1 fire alarm system in place. Personal egress plans were in place for the residents and there were fire doors throughout the house and automatic magnetic closers were on doors. Fire evacuation drills were

carried out, however it needed to be indicated on the form if the drill was simulated or real. Fire evacuation drills indicated that the residents could all be evacuated safely in 1 minute 45 seconds.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge and staff members regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine. There was evidence of regular house meetings where residents decided on activities for the week and discussed topics such as safeguarding and advocacy and how to make a complaint.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs. The residents had access to TV, Internet and had an electronic tablet for the purpose of video calls with family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs, having regard to the resident's assessed needs and their wishes. The residents had access to facilities for occupation and recreation and engaged in meaningful activities.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the residents. However the garden area needed to be addressed due to the presence of vermin, cats and mink impacting on the main premises.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The issues identified in relation to the risk of fire are dealt with under Regulation 28.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had an effective fire management system in place in the designated centre. Fire evacuation drills were carried out, however it needed to be indicated on the form if the drill was simulated or real.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well-being of the residents were promoted in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspectors. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons and were very familiar with the two active safeguarding plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives. However due to the fact that the back garden was not being suitable for residents to go out there as a result of health and safety concerns, this was impinging on their rights.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant

Compliance Plan for Portlaoise Area 2 OSV-0002488

Inspection ID: MON-0030833

Date of inspection: 29/11/2021

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC of the centre ensured that work on the garden area to create a sensory garden most suited to the residents' needs commenced on 20/12/2021. All overgrowth has been cut back and broken timbers have been removed from the garden area. New surfaces will be laid to ensure all areas of the garden are accessible for all residents and new tarmac is been laid.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC conducted a review of the Fire Evacuation drill form / template on 01/12/2021 and made amendment to ensure that the form reflects whether the Fire Evacuation drill carried out is real or simulated.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The work at the back garden to create a sensory garden most suitable to the needs of the residents as determined with the Occupational Therapist commenced on 20/12/2021.</p>	

All overgrowth has been cut back and broken timbers have been removed from the garden area.

New surfaces will be laid to ensure all areas of the garden are accessible for all residents and new tarmac is been laid.

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 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.	Not Compliant	Orange	23/01/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	03/12/2021
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	23/01/2022

	his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.			
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