



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

Issued by the Chief Inspector

Name of designated centre:	Portlaoise Area 1
Name of provider:	Health Service Executive
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	08 March 2022
Centre ID:	OSV-0002490
Fieldwork ID:	MON-0030056

About the designated centre

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

Portlaoise Area 1 is a designated centre operated by the Health Service Executive. This centre provides residential care for up to eight male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of two houses, located a few kilometres from each other in Co. Laois. One house is located in a rural setting near a town, while the second house, is located on the outskirts of a town. Both houses provide residents with their own bedroom, some en-suite facilities, bathrooms and communal use of kitchen and dining areas, sitting rooms, utility and each house has well-maintained rear and front gardens. Each house has its own transport, providing residents with access to local amenities. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 8 March 2022	10:55hrs to 16:50hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector visited both houses that comprise of this centre and met with four residents, a staff nurse, care staff and with the person in charge, who facilitated this inspection.

Upon the inspector's arrival to the first house, she was greeted by three members of staff who were on duty. There was a very relaxed and calm atmosphere in this house, where staff were supporting residents with their morning routines. One resident had already left for their day service, one resident was just finishing breakfast, one was preparing to leave for a hair appointment and another resident was having a lie on in bed. Five residents lived in this house, with one having transitioned to the centre a few months prior to this inspection. Staff told the inspector that this resident had settled in very well into their new home and got on well with the other residents. Due to the communication needs of these residents, they were unable to speak directly with the inspector. Despite this, staff introduced the residents to the inspector and told them why she was visiting their home. Throughout the inspector's time in this house, she observed very pleasant, kind and respectful interactions between staff and residents. There were many homely aspects to this house, such as, dinner being prepared by staff for residents, sending the smell of home-cooking throughout the house. Later, residents dined together in a very casual manner and were supported by staff with their meal, as required. Some of these residents required specific respiratory care at various times throughout the day and staff said that these residents liked to stay in the sitting room for this, as here, they could listen to music. These residents remained in the company of the inspector and person in charge in the sitting room for part of the inspection and appeared very content in doing so. As the inspector was leaving this house, staff were preparing the sunroom for an activity with residents to mark International Women's Day, through the use of music, television and soft therapeutic lighting. Although the second house was visited by the inspector, she didn't have the opportunity meet with these residents as they were out and about in the community with staff for the afternoon.

The centre comprised of two houses, which were located a few kilometres from each other in Co. Laois. One house, occupied by five residents was located in a rural setting near a town. Here, residents had their own bedroom, some en-suite facilities, bathrooms and communal access to a kitchen and dining area, sunroom, sitting room and utility. The layout and design of this house was considerate of the mobility needs of these residents, with tracking hoists fitted in bedrooms and a large bathroom, containing an accessible bath, was also available. The hallway in this house was wide and communal rooms were spacious, providing residents who were full-time wheelchair users, ample space to move around and relax in. Colourful ceiling decorations were creatively displayed in the hallway of this house, which provided a focal point to this area of the residents' home. The second house visited by the inspector, which was occupied by two residents, was located on the outskirts of a town in Co.Laois. Here, residents had their own bedroom and communal use of

a bathroom, kitchen and dining area, utility and sitting room. Both houses had very nice homely touches to them, with photographs of residents and their families proudly displayed by residents in their bedrooms. The provision of a locked safe was also available to residents to secure their possessions, if they so wished. Each house was comfortably furnished, well-maintained and nicely decorated, with rear and front garden spaces available for residents to use.

Many of these residents were non-verbal and communicated through the use of gestures, vocalisations and facial expressions. To support residents to effectively communicate, the continuity of care was an integral part of the service that this provider strived to provide for these residents. Staff who worked in this centre knew these residents and their communication styles very well and the inspector observed several times during the inspection, where staff demonstrated their competence in understanding and interpreting residents' wishes.

A number of residents had complex health care needs and required full-time nursing support. Nursing support was available to these residents and nursing staff who met with the inspector, were very familiar with the care and support that these residents required. Suitable health care equipment was available to these residents in their homes and the centre had good support from relevant allied health care professionals, which had a positive impact on ensuring timely review of residents' health care interventions, as and when required.

The quality of life experienced by these residents was largely attributed to the adequacy of the provider's staffing and transport arrangements. Prior to this inspection, one house had secured additional wheelchair accessible transport and the person in charge told the inspector that this had a positive impact for these residents, as it meant they now had more opportunities to access their local community. Based on the needs of some residents, some responded very well to sensory and more meaningful activities, while others liked to engage in day services, outings and various other activities. A sufficient number of staff were rostered in the centre, which allowed these residents to choose to stay in the comfort of their own home or choose to access local amenities.

Overall, this centre was found to operate in accordance with the assessed needs of the residents, ensuring they received the care and support that they required. The findings of this inspection will be outlined in the next two sections of this report.

Capacity and capability

This was an unannounced inspection to assess the provider's compliance with the regulations. Overall, the inspector found this was a well-run and well-managed centre that ensured residents received a safe and good quality of service. Although the provider was found to be in compliance with most of the regulations, some improvement was identified to aspects of fire safety, risk management, health care

and infection prevention and control.

The person in charge held a full-time role and was very familiar with the residents and with the operational needs of the service delivered to them. He was regularly present in both houses each week to meet with his staff team and to meet with the residents. He was supported in the running and management of this centre by nursing staff, care staff and his line manager. This was the only designated centre operated by this provider in which he was responsible for, and current governance and management provided him with the capacity to effectively manage the service.

Staffing arrangements were subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. Where residents had specific health care needs, the provider had ensured a suitable number of nursing staff were rostered to care for these residents. Both houses were also supported by on-call arrangements, which provided additional clinical support to staff and also with access to a member of management at all times. The person in charge spoke with the inspector about the arrangements that were in place to provide additional staffing resources to this centre, as and when required. Agency staff were required from time to time, and the person in charge spoke of how the provider had managed to secure regular agency staff, which had a positive impact on the continuity of care for residents. Staff who worked in this centre had supported these residents for a number of years and were very knowledgeable of the residents and their care and support needs. Effective training arrangements were in place, which meant that staff had access to the training they required, appropriate to their role held in the organisation. In addition to this, all staff also received regular supervision from their line manager.

The person in charge frequently held meetings with his staff team, which provided them with an opportunity to discuss and review resident related care arrangements and allowed him to update staff on any changes occurring within the organisation. In addition to attending various management meetings, the person in charge also maintained regular contact with his line manager to review operational related matters. Prior to this inspection, the provider had just completed a six monthly provider-led visit and the person in charge was awaiting the final report to be made available to him. The inspector reviewed the previous six monthly provider-led visit and where improvements were identified, a time-bound action plan was put in place to address these areas. Along with completing various internal audits, the person in charge also regularly completed trending and analysis of incidents and complaints and where action was required on foot of this, the person in charge ensured it was addressed in a timely manner.

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly at the centre to meet with staff and residents. He had good knowledge of residents' needs and of the operational needs of the service delivered to them. This was the only designated

centre in which he was responsible for and current governance and management arrangements gave him the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place, ensuring all staff had access to the training they required, appropriate to their role. Staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. The provider had ensured suitable persons were appointed to manage and oversee the service delivered to residents. Systems were also in place to monitor the quality and safety of care, including six monthly provider-led visits and various internal audits.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre operated in a manner that was considerate of residents' assessed needs, capacities and individual preferences.

The person in charge had a robust system in place, where residents' needs were re-assessed on a regular basis. This process was supported by a key-worker system, where a member of staff were allocated with responsibility for reviewing residents' personal, social and health care needs, as and when required. Many of the residents living in this centre had complex health care needs and required daily support with regards to their nutritional care, manual handling needs and respiratory care. Staff were very aware of the changing needs of some residents and ensured that these were well-communicated, where changes to residents' health care status were identified. For example, as well as daily staff handover, the person in charge also contacted the centre each day to speak with nursing staff to get an update on the residents and on their overall well-being. This had a positive impact for these residents as it ensured timely response, should a review of their health care interventions be required. These residents had access to a wide variety of allied health care professionals, whom staff liaised with regularly to review resident specific health care interventions. As earlier stated, staff were supported by an on-call arrangement, which offered additional clinical support to them, should they have any concerns relating to the health care needs of residents.

The inspector met with one staff nurse as part of this inspection and she spoke confidently about the various health care needs that some residents had and was very familiar with her role in supporting these residents. Other areas of good practice were observed by the inspector in relation to this, for instance, for one resident requiring specific nutritional care, a well-documented risk assessment clearly described the health care measures that were put in place to support this resident with this aspect of their care. Although personal planning was an integral part of the care delivered to residents, improvements were required to some plans to ensure these adequately reflected the specific care that was regularly delivered to residents by staff. For example, for one resident who required enteral feeding, a staff nurse spoke with the inspector about the various observational assessments of the stoma site that they completed daily, to ensure it was free of infection and operating satisfactorily. Even though there was a personal plan in place for this aspect of the resident's care, it didn't clearly guide on this observational assessment, including, any action specifically required by nursing staff, should difficulties with feeding arise during the resident's daily feeding regime. Furthermore, although nursing staff spoke confidently about the care needs of one particular resident who, from time to time, required a specific respiratory care intervention, there was no personal plan in place to guide on the presentation of this resident, which would warrant this intervention to be implemented. Additional improvement was also required to a protocol in place guiding on the administration of emergency

medicines, in response to the assessed neurological care needs of one resident. This protocol was reviewed by the inspector and although the resident in question had not required this medicine in quite some time, the protocol required review to provide better clarity on the specific response required by staff, should this medicine need to be administered.

The provider had fire safety systems in place, including, fire detection and containment arrangements, emergency lighting, clear fire exits, completion of regular fire safety checks and all staff had up-to-date training in fire safety. A waking staff arrangement was available in both houses, which had a positive impact on fire safety as it meant a member of staff was at all times available to quickly respond, should a fire occur at night. Due consideration had been given to the mobility needs of some residents, with appropriate fire evacuation equipment available in the centre to support these residents' evacuation, should it be required. Prior to this inspection, the provider had reviewed the method in which fire drills were being conducted and had recently completed fire drills in both houses, which required the full evacuation of all residents. In the days subsequent to this inspection, plans were also in place to complete further fire drills in both houses using minimum staffing levels. Although staff who spoke with the inspector were clear on their role in responding to fire, the centre's fire procedure required further review to ensure it clearly guided on the specific response required, should a fire occur in this centre.

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to protect the safety and welfare of all residents and staff. Temperature and symptom checking, hand hygiene and appropriate use of PPE by staff was routinely practiced. The provider had developed a contingency plan to guide on the centre's response, should an outbreak of infection occur. This document was reviewed by the inspector and although it was found to be informative, it did require further review to ensure it was in accordance with the most up-to-date national guidance.

The timely identification and response to risk in this centre was largely attributed to the regular presence of the person in charge in both houses, discussions at staff team meetings and through the centre's incident reporting system. Where risk was identified, it was responded to quickly and effective oversight arrangements were put in place to monitor for re-occurrence. However, the inspector did observe where some improvements could be made to aspects of risk assessment. For example, given the age-profile and assessed healthcare needs of residents in one house, the person in charge was regularly monitoring for risks relating to residents' changing needs and also in relation to potential risks pertaining to the centre's staffing arrangement. Although these potential risks were low and well-managed, there was no risk assessment in place to support him in this monitoring process. Furthermore, although there was a fire risk assessment in place, it required further review to ensure it clearly identified the specific control measures that were in place to mitigate against the risk of fire occurring in this centre.

Where some residents required positive behavioural support, the provider had ensured these residents received the care and support that they required. Staff were

supported in caring for these residents by relevant allied health care professionals, who provided support and guidance in relation to behavioural support interventions, as and when required. A designated officer for safeguarding was assigned to this centre, which ensured the timely review of any concerns relating to the safety and welfare of residents. At the time of this inspection, there was no safeguarding concerns in this centre.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured these residents received the care and support that they required to express their wishes.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses, where residents had their own bedroom, some en-suite facilities, shared bathrooms and communal use of kitchen and dining area, sitting rooms and utility rooms. Both houses were found to be clean, well-maintained and provided residents with a comfortable living environment.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response and monitoring of all risk in this centre. However, some improvement was required to aspects of risk assessment. For example, although the person in charge was regularly monitoring for potential risks relating to residents' changing needs and to the centre's staffing arrangement, there was no risk assessment in place to support him in this process. Furthermore, although there was a fire risk assessment in place, it required further review to ensure it clearly identified the specific control measures that were in place to mitigate against the risk of fire occurring in this centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to ensure the safety and welfare of all residents and staff. However, a review of contingency plans in response to an outbreak of infection in this centre was required to ensure it considered up-to-date national guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, regular fire safety checks were completed by staff and all staff had received up-to-date training in fire safety. However, some improvement was required to the centre's fire procedure to ensure it adequately guided staff on what to do, should a fire occur in this centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' health, personal and social care needs were regularly re-assessed on a minimum annual basis.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents received the care and support that they required. However, improvement was required to some personal plans and protocols to ensure these reflected the care delivered to residents by staff on a daily basis, particularly in the areas of respiratory care, administration of emergency medicines and nutritional care.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some residents required positive behavioural support interventions and the provider had ensured these residents were supported in this aspect of their care. Where restrictive practices were in use, these were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to support staff in the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding. There were no safeguarding concerns in this centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, where staff were considerate of residents' capacities and interests. In respect of the assessed communication needs of some residents, all efforts were made by the provider, staff and person in charge to ensure these residents were involved in the running of their homes.

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 (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	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Portlaoise Area 1 OSV-0002490

Inspection ID: MON-0030056

Date of inspection: 08/03/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A risk assessment to outline and support the resident's changing needs and the centre's staffing arrangements will be developed with controls to support these processes and mitigate any risk with this regard. Frequent fire drills to be implemented to reflect a variety of scenarios, in particular at night time situations and associated staffing levels. The current fire safety risk assessment and specified controls will be reviewed to ensure they are reflective of the fire precautions in place.</p> <p>Step by step evacuation plan will then be devised by the PIC in conjunction with the respective teams and this will be displayed clearly in the houses for the attention of staff as required.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Covid contingency plan updated in line with current guidelines following inspection and PIC will ensure this remains updated on a weekly basis and in line with the ever changing guidelines to ensure best practice in terms of infection control.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The centre's fire safety procedures will be reviewed to include more specific detail to guide staff actions and interventions in the event of a fire occurring within the centre.</p> <p>The fire risk assessment will be reviewed to ensure it clearly identifies the specified control measures to guide staff actions and interventions on responding to the fire alarm and evacuate the centre in the event of a fire occurring.</p> <p>A step by step fire plan will be devised and displayed for all staff as a reference guide in case of emergency and for future practice evacuation drills. Resident's PEEP's will be reviewed based on simulated fire drill practices to reflect any learning.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Personal plans and protocols will be reviewed to ensure they contain all the required interventions to guide staff in their clinical and personal care delivery, particularly in the areas of respiratory, nutritional care and the administrations of emergency medications.</p> <p>The PIC will ensure that all PRN protocols will be updated, paying particular attention to the protocol on administration of Buccal Midazolam.</p> <p>The PIC will also ensure that all care plans are clear and precise and are a true reflection of the health and care needs of each individual within the centre.</p>	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	10/03/2022

	published by the Authority.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	01/05/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/08/2022