



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

Issued by the Chief Inspector

Name of designated centre:	Piercetown
Name of provider:	Three Steps Limited
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	17 February 2021
Centre ID:	OSV-0007841
Fieldwork ID:	MON-0031027

About the designated centre

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

The is a service providing residential care and support for up to five adults with disabilities. The house consists of seven large bedrooms, a large sun room, a sitting room/TV room (with additional space for a relaxation area), a large fully equipped kitchen cum dining room, a separate dining room a utility facility and a large communal bathroom. Each resident has their own large en-suite bedroom. The house is situated on its own private grounds with private parking facilities to the rear and side of the property. The house is staffed on a 27/7 basis by a person in charge, a deputy centre manager, a team leader and a team of support workers. The overall aim of the service is to provide a safe, caring, supportive, thoughtfully created environment that respects the individual rights, meets the individual needs and maximises personal development, autonomy and independence of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 February 2021	09:30hrs to 15:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spoke with two residents and spoke with one family representative over the phone so as to get their feedback on the service provided. A small sample of written feedback on the service from residents was also reviewed by the inspector.

On arrival to the centre residents were in the process of preparing breakfast. The house had a warm and welcoming atmosphere and residents appeared very much at home in this service. They were observed to be chatting with staff in a jovial and friendly manner over the course of their breakfast and discussing plans for the day ahead. One resident informed the inspector that while they liked living in the house, they were hoping to move to their own apartment in the not too distant future. Plans were also in place to support the resident in achieving this goal. The resident had a good sense of humour and spoke to the inspector about things they liked to do throughout the day. They also asked the inspector a number of questions on the inspection process and on the role of the Health Information and Quality Authority (HIQA). The inspector observed that the resident was knowledgeable on the role of HIQA and was informed about the inspection prior to the inspectors arrival.

The inspector also observed one resident attending their day service, which was facilitated online from their home. The resident appeared in very good form and staff were seen to be attentive to their needs at all times. The resident was attending a cooking class online and was learning how to make pancakes. They appeared to very much enjoy their online class and were observed to be smiling throughout the activity while being supported by staff.

Another resident informed the inspector that they were happy in their home and got on well with staff. They said that while they were not enjoying the current lock down, they were happy with the range of activities on offer in the house and continued to enjoy attending their day service. They also reported that they would speak with a staff member if they had any issues or problems. A small sample of written feedback on the service from residents also informed that they were happy in their home.

The family member spoken with informed the inspector that they were very happy with quality and safety of care provided to their relative. They said that the staff were a super team, they were constructive, helpful, caring and responsive to the needs of their loved one. They also informed the inspector that their relative was very happy in the house and that staff supported them to make a video call home every evening. The family member reported that they have had at times some minor issues with the service. However, they also reported that once any issue they had was brought to the attention of the staff team, it was addressed immediately. They also said that they had no complaints whatsoever about the service.

Overall residents appeared happy and content in their home and were observed to

be comfortable and at ease in the presence of staff. Staff were also observed to support residents in a warm, friendly, caring and professional manner. An issue was identified with one aspect of the risk management process which is discussed in section two of this report: Quality and Safety.

Capacity and capability

On the day of this inspection residents appeared happy and content in their home and the provider ensured that appropriate supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who was supported in their role by a deputy centre manager and a team leader. The person in charge was an experienced qualified professional, who provided good leadership and support to their team. The inspector also observed that they were responsive to the inspection process and aware of their legal requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The regulations). For example, the person in charge was aware of the requirement to review the statement of purpose on an annual basis (or sooner if required) and to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations. They were also knowledgeable of the assessed needs of the residents living in the centre.

The person in charge ensured that resources were used appropriately which meant that the individual and assessed needs of the residents were being provided for. From a small sample of files viewed, the inspector also observed that staff were appropriately trained, supervised and supported and they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, manual handling, positive behavioural support, basic first aid, fire safety and infection prevention control. The person in charge also had a system of 1:1 staff support and supervision in place. From speaking with one staff member over the course of this inspection, the inspector was assured that they has the knowledge necessary to provide for the assessed needs of the residents. A family member spoken with also reported that the staff team as a whole are kind, caring and responsive.

The centre was being monitored and audited as required by the regulations. The annual review of the quality and safety of care was not due for completion at the time of this inspection as the centre was only registered six months ago. However, the person in charge and local management team has systems in place to ensure the centre was audited and action plans were developed from those audits. For example, a recent audit identified that a number of staff files required updating and these issues had been addressed at the time of this inspection. There was also a daily auditing system in place so as to ensure that daily protocols and procedures

with regard to managing the risk of infection of COVID-19 in the centre were adhered to by the staff team.

Overall residents appeared happy in their home, feedback from one family representatives on the service was very positive and the provider ensured that appropriate supports and resources were in place to meet residents assessed needs.

Regulation 14: Persons in charge

There was a person in charge in the centre with experience of working in and managing services for people with disabilities. They were also aware of their remit to the regulations, were found to be responsive to the inspection process and aware of the assessed needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection, there were adequate staffing arrangements in place to meet the assessed needs of residents. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the knowledge necessary to provide for the assessed needs of the residents. A family member spoken with also reported that the staff team as a whole are kind, caring and responsive.

Judgment: Compliant

Regulation 23: Governance and management

The centre was being monitored and audited as required by the regulations. The annual review of the quality and safety of care was not due for completion at the time of this inspection however, a number of local audits were in place so as to ensure the service remained responsive to the needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incidents occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and their community, their rights were respected and systems were in place to meet their assessed emotional, health and social care needs. However, a risk management plan for one resident required review and updating.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve goals, learn new skills and their independence was being supported and provided for. Prior to COVID-19, residents were engaging in social activities of interest such as horse riding, swimming, bowling, dance classes and attending clubs. Notwithstanding the current lock down, social activities were still being provided for. For example, some residents were attending day services online and on the day of this inspection, one resident was attending a virtual cookery course. The resident appeared very much to enjoy this activity and staff were observed to be supportive of same. Other residents were attending exercise and dance classes online and one parent informed the inspector that staff supported their family member to make a video call home every evening during the current lock down.

Residents were supported with their emotional and health care needs and as required access to a range of allied health care professionals formed part of the service provided. While residents had only moved into the service in December 2020, access to GP services and GP reviews were being provided for and facilitated. At the time of this inspection, some residents were awaiting to be assigned a new GP in the local area however, if or where required, the centre continued to link in with their current GP and family representatives at this time. The inspector also observed that access to speech and language therapy and occupational therapy

were provided for and hospital appointments were facilitated. Residents were also being supported with their emotional health and wellbeing and where required, the centre had both psychology and behavioural consultancy input and support.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. It was observed that some peer-to-peer related issues had been ongoing between some residents however, they were being managed locally and where required, recorded and reported accordingly. At the time of this inspection however, there were no safeguarding plans open. Information on how to make contact with independent advocacy services was also available to the residents (and in previous placements the inspector observed that some residents had availed of the services of an independent advocate).

There were currently no live complaints on file about the service and one family member spoken with, was complimentary about the quality and safety of care provided in the centre. From viewing a small sample of files, staff had received training in safeguarding of vulnerable adults and Children's First and from speaking with one staff member, the inspector was assured that they would report any concern (if they had one) to the management team of the centre.

Residents were supported to hold weekly meetings where they agreed and planned weekly menus and organised social and house-based activities between them. Residents were also consulted with about about the running of their home and at the time of this inspection, were in the process decorating and painting their bedrooms, choosing their own colors and furnishings. There were few restrictive practices in use in this service however, where any restriction was in place it was discussed and agreed with each resident and where appropriate, family representative.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being.

However, it was observed that a risk management plan for one resident at risk of falling, required review and updating. As part of this residents risk management plan, an occupational therapist (OT) carried out an assessment on their home in January 2020. This assessment was to provide staff with recommendations and guidance on how to reduce or mitigate the risk of the resident falling in the house. However, the resident had transitioned to a new home in December 2020. The recommendations and control measures as prescribed by the OT had not been reviewed or updated to reflect the resident's current living arrangement or to ensure they remained adequate in mitigating the risk of the resident falling.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with

national guidelines, there were adequate hand washing facilities and hand sanitising gels available throughout the house. The person in charge informed the inspector that if required, the house would be in a position to support residents self-isolate in the event of a suspected or confirmed case of COVID-19 in the centre.

Overall, residents appeared happy in their home and their health, emotional and social care needs were being supported and provided for. A family member also reported that they were satisfied with the quality and safety of care provided in the centre. However, a risk management plan for one of the residents required review and updating.

Regulation 26: Risk management procedures

A risk management plan for one of resident required review and updating.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. Staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve goals, learn new skills and their independence was being supported and provided for.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their emotional and health care needs and as required access to a range of allied health care professionals formed part of the

service provided.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. It was observed that some peer-to-peer related issues had been ongoing between some residents however, they were being managed locally and where required, recorded and reported accordingly.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were supported and respected in this service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Piercetown OSV-0007841

Inspection ID: MON-0031027

Date of inspection: 17/02/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk management plans for all residents will be reviewed and updated by the centre manager.</p> <p>Any changes to level of risk for residents will be reviewed by the centre manager and advise sought from the relevant professional if required.</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	29/03/2021