



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

Issued by the Chief Inspector

Name of designated centre:	Towlaght House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	22 September 2021
Centre ID:	OSV-0007996
Fieldwork ID:	MON-0033064

About the designated centre

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

Towlaght House can provide full-time residential service for five adults who present with intellectual disabilities, autistic spectrum disorder, and/ or acquired brain injuries. The house is situated within walking distance of a village in, Co. Meath. Residents can easily access local amenities. There are five individual bedrooms, one downstairs, wheelchair friendly bedroom, and one wheelchair-accessible bathroom. On the first floor, there are four bedrooms, all of which have their own en-suite. Residents are supported on a twenty-four-hour basis by team leaders and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 22 September 2021	10:00hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was the first since residents moved into the centre. The inspector found that the two residents who moved into the service in May of this year were settling in well. Furthermore, the inspector found that residents received appropriate care and support through observations and review of residents' information. Residents were being engaged in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights.

The inspector had the opportunity to meet with both residents. One of the residents sat and spoke with the inspector; the resident expressed that they loved their new house and were very happy. The resident spoke of their plans to re-engage in education and that they had been supported to review potential courses with the support of staff. The resident also showed the inspector artwork they had completed. The inspector observed the resident appear to be happy in their home and also to engage in their preferred activities.

The inspector met with the second resident in one of the sitting rooms. The resident briefly interacted with the inspector but again appeared comfortable in their environment. The resident was observed to take time away when it suited them and listen to preferred music. The inspector observed warm and friendly interactions between the residents and those supporting them.

The resident's home was designed and laid out to meet their needs and that it was well maintained and suitably decorated. An appraisal of residents' information demonstrated that the provider and staff team had sought to develop positive relationships with the residents. Residents were supported to identify personal goals to work towards and comprehensive assessments of resident's health and social care had been completed. The inspector also spoke with members of the staff team and found them to be knowledgeable of the residents' needs and supports that were in place.

Residents were supported to maintain links with their families and friends. Family members had also recently visited each resident. There were pictures of residents' engaging in activities in their new community, and these were captured in residents' plans and displayed around the house.

In summary, the residents were settling into their new home. Those supporting the residents were still in the process of getting to know each resident; despite this a range of individualised supports had been developed for the residents. There were some improvements required regarding staffing numbers and staff training; this will be discussed in detail in the Capacity and Capability section of the report.

The following 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.

Capacity and capability

The inspection found that residents were receiving a good standard of care. There were, however, some enhancements required regarding the staff numbers and ensuring that the staff team had been provided with all necessary training.

The provider had established an appropriate management structure. The provider and person in charge had developed appropriate arrangements that ensured that the service was effectively monitored. This meant that the service provided to residents was effective and focused on meeting their needs. For example, there were monthly audits being completed that were comprehensive and captured areas that required improvement. There were further examples of the provider's multidisciplinary team providing increased supports following residents' needs changing, this will be discussed in more detail in the Quality and Safety section of the report.

The inspector reviewed records that demonstrated that there had been a number of meetings between residents, their representatives, and the provider and person in charge before the residents' transition to the service. Residents had been supported to visit the house as part of the transition plan; they had also been presented with contracts of care that contained the necessary information as per the regulations. The contracts had also been signed by the residents.

A review of the staffing roster and observations on the day of inspection demonstrated staffing shortages. There had been occasions where this had negatively impacted residents' daily routines. Staffing shortages had meant that there had been periods where residents had not engaged in planned activities away from their home. The staffing vacancies had also resulted in residents not receiving continuity of care as the provider had been relying on staff from another service to complete shifts regularly. While the provider was completing a recruitment drive, there were improvements required to ensure that there were adequate staffing resources in place to meet the needs of the residents.

The inspector found that there were systems in place to track the training needs of the staff team. The review of the information found that there was five staff that required basic life support training. The provider was in the process of sourcing the training; however, on the day of inspection, these dates had yet to be finalised. The inspector does note that the staff team had been provided with a range of other training.

Overall, the inspection found that there were appropriate governance and management arrangements in place.

Regulation 15: Staffing

A review of the staff roster demonstrated that the provider had not ensured adequate staffing numbers. There had been occasions where staffing deficiencies had negatively impacted the service provided to the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had not ensured that all of the staff members had received their required training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Transition plans were developed and followed to support the residents in successfully transitioning to their new home. The residents had also been provided with appropriate contracts of care as per the regulations.

Judgment: Compliant

Quality and safety

Prior to this inspection, the Health Information and Quality Authority (HIQA) received unsolicited information regarding the service provided to the residents. This information informed some lines of inquiry during the inspection; the inspector found that there had been a period where a resident's presentation and needs changed. The staff team and the provider's multidisciplinary team had, however, responded and changed the supports being provided to the resident; this had led to positive outcomes. Therefore, the matters raised in the unsolicited information were not found to be substantiated at the time of this inspection.

The inspection found that the centre was operated in a manner that promoted and respected the rights of residents. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that the care being provided to residents was person-centered and reflected the changes in circumstances and new developments for residents.

As stated above, the review of records demonstrated that the changing needs of residents were being tracked and addressed. The provider's multidisciplinary team had developed a range of supports for residents in conjunction with a community nurse who was supporting the residents with their medical needs regularly. There was also evidence of residents being supported to attend medical appointments when required.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. This was demonstrated in response to the changing needs of one of the residents. The provider ensured that the residents received input from allied healthcare professionals and that the support plans reflected the changes in needs and supports required.

There were measures in place for the prevention and control of infection. The provider had adopted procedures in line with public health guidance in response to COVID-19. There was a COVID-19 contingency plan specific to the centre. Measures were in place to control the risk of infection in the centre included daily temperature and symptom checks for staff and residents, infection control check-lists, and planned audits.

There was a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm systems, and emergency lighting. Fire drills were taking place in the centre regularly, learning had been identified following drills, and the provider had demonstrated that they could safely evacuate residents. The inspector also found that personal emergency evacuation plans were in place for the residents.

In summary, the inspector found that the rights and needs of each resident were

being promoted and respected by those supporting them.

Regulation 10: Communication

Residents were being supported and communicated to in a manner that respected their needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were receiving appropriate care and support in accordance with their assessed needs and wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

<p>There were effective fire safety management systems in place.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.</p>
<p>Judgment: Compliant</p>

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Towlaght House OSV-0007996

Inspection ID: MON-0033064

Date of inspection: 22/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There are advertisements for the roles on a continuous basis. Staff are currently in recruitment stages and will be employed when Garda Vetting is completed. Agency staff will be used in the meantime to ensure continuity of care and support	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff have been registered in online training and classroom room training will be arranged for the practical training	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/10/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	30/10/2021

	training, including refresher training, as part of a continuous professional development programme.			
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