



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

Name of designated centre:	Earrach Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	09 January 2019
Centre ID:	OSV-0005332
Fieldwork ID:	MON-0023398

About the designated centre

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

Earrach Services is a service run by the Health Service Executive. The centre comprises of two two-storey houses which are located next to each other in a town in Co. Sligo. The centre provides residential care for up to twelve male and female residents who present with an intellectual disability. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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How we inspect

To prepare for this inspection the inspector or 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
09 January 2019	11:10hrs to 15:15hrs	Anne Marie Byrne	Lead

Views of people who use the service

On the day of inspection, the inspector met with one resident who lives in this centre. This resident spoke briefly with the inspector with the support of staff, about the chores he enjoys doing in the centre and of how he was supported to take a recent break with family members. This resident appeared very content and comfortable in the company of staff working in the centre.

The inspector spoke with the person in charge, nursing and care staff about the care and support that other residents living in this service receive. All staff spoke confidently about areas such as health care, the measures in place to support residents to achieve their goals, social care, the measures in place to keep residents safe from the risk of harm, behavioural support and communication.

Capacity and capability

Overall, the inspector found that this service was resourced and managed in a manner that ensured the effective delivery of care and support to residents in accordance with the centre's statement of purpose. The provider had ensured that all actions required from the last inspection of this centre in August 2017 were completed.

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents living in this centre. Additional staffing arrangements were also in place to support residents to access the community and to participate in activities of their choice. A well-maintained staff roster ensured residents received continuity of care and staff who spoke with the inspector were found to be very knowledgeable of each resident's assessed needs. Staff received regular supervision from their line manager and had access to adequate training arrangements.

The person in charge held the overall responsibility for this service and she was frequently present in this centre to oversee the care delivered to residents. She was supported by her line manager in the management of this centre and told the inspector that the current governance and management arrangements supported her to have the capacity to fulfil her role. Regular meetings were occurring between the person in charge, nursing and care staff to discuss areas concerning the care and welfare of residents. The occurrence of regular management meetings ensured that operational issues were also consistently discussed and reviewed.

Effective monitoring systems were in place which ensured the service delivered to

residents was regularly monitored and reviewed. Incidents occurring in the centre were reported and responded to in a timely manner and a system was in place for the regular review of these incidents to identify trends and areas for improvement. The annual review was just completed prior to this inspection and the person in charge was awaiting the outcome of this review to be made available to her. Six monthly provider-led visits were occurring in line with the requirements of the regulations where improvements were identified; actions were put in place to address these.

Since the last inspection, the provider ensured signed written agreements were now in place for each resident. On the day of inspection, not all information was contained within the directory of residents as required by the regulations. Similarly, the statement of purpose required further review to ensure it contained all information as required by Schedule 1 of the regulations. Subsequent to the inspection, written assurances were provided to the inspector that these documents were reviewed and were updated with all information as required by the regulations.

Regulation 14: Persons in charge

The person in charge was found to meet the requirements of regulation 14 and the current governance and management arrangements supported her to have the capacity to fulfill her role. She was regularly present in the centre to meet with residents and staff.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured adequate staffing levels were in place to meet the assessed needs of residents. A staff roster was in place which clearly identified the staff on duty and their start and finish times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training and refresher training arrangements were also in place. All staff received regular supervision from their line manager.

Judgment: Compliant

Regulation 19: Directory of residents

On the day of inspection, the directory of residents did not contain the date of admission to the designated centre for all residents. Subsequent to the inspection, written assurances were provided to the inspector that the directory of residents was updated to contain this information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that this service was regularly monitored and reviewed. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All residents had a signed written agreement with the provider in place.

Judgment: Compliant

Regulation 3: Statement of purpose

On the day of inspection, the statement of purpose did not contain all information as required by Schedule 1 of the regulations. Subsequent to the inspection, a revised copy of the statement of purpose containing the outstanding information was provided to the Chief Inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure the Chief Inspector was notified of all incidents as required by the regulations.

Judgment: Compliant

Quality and safety

The registered provider had ensured that suitable arrangements were in place to support residents to enjoy a good quality of life. Residents had regular opportunities for recreation, to access the community and to participate in activities of interest to them.

This centre was found to provide residents with a comfortable environment to live in. The centre comprised of two two-storey houses located next to each other in a town in Co.Sligo and the centre was designed and laid out in a manner that met the needs of residents living there. For instance, in response to the changing needs of residents in the process of dementia screening, the provider had adapted the features of internal doors in the centre to support these residents. Each resident had access to their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining areas, utilities, sitting rooms and outside garden spaces. Residents' bedrooms were found to be suitably decorated to residents' own interests. The centre had access to two rooftop garden areas and the person in charge told the inspector of the plans in place to refurbish these areas in the coming months for residents to enjoy.

Effective assessment and personal planning arrangements ensured that residents received an appropriate assessment of their needs and that plans were in place to guide staff on the level of support each resident required. These assessments and personal plans were subject to regular review and residents were facilitated to participate in this process. Where residents presented with assessed health care needs or specific communication needs, arrangements were in place to ensure these residents received the care and support they required.

The provider had ensured that effective fire safety management systems were in place, including, fire detection, fire containment and response to fire in the centre. There was internal emergency lighting available in the centre and the person in charge told the inspector that actions were in place for additional external emergency lighting to be installed. Fire drills were occurring with staff and residents on a regular basis, which demonstrated all residents could be safely evacuated from the centre. Multiple fire exits were available on the ground and first floors of this centre, all staff had received up-to-date fire training and were familiar with their role in responding to fire in the centre. On the day of inspection, the inspector observed some improvements were required to residents' evacuation plans and to the centre's fire procedure. This was brought to the attention of the person in charge who

rectified this prior to the close of the inspection.

Safeguarding arrangements ensured that residents were protected from all forms of abuse. Procedures were in place to guide staff on how to identify, respond to and report any concerns regarding the care and welfare of residents. Residents who required behavioural support had effective behaviour support plans in place which adequately described how staff were to support these residents. There were no restrictive practices or active safeguarding plans in place at the time of this inspection.

Positive risk-taking was promoted in this centre, with some residents accessing the community on their own for periods of time. These residents had appropriate risk assessments in place, which described the measures in place to maintain each resident's safety while doing so. The registered provider had an effective system in place for the identification, response, management and review of risk in the centre, which was overseen by the person in charge on a regular basis.

Regulation 10: Communication

Where residents presented with assessed communication needs, the provider had arrangements in place to ensure these residents were appropriately supported. All residents had access to internet, television and radio.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that residents were free to receive visitors. Adequate space was available in the centre for residents to meet with their visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured residents had opportunities to participate in activities in accordance with their interests. Residents were also supported to have opportunities to engage in education and employment, if they wished.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out in a manner that meet the needs of the residents living there. Each resident had access to their own bedroom and shared communal areas. Overall, the centre was found to be clean, suitably decorated and in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a system in place for the identification, assessment, management and review of risk. The inspector observed that one resident's specific risk assessment required review and subsequent to the inspection, written assurances were provided to the inspector that this review was now complete.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured fire precautions were in place and that all staff had received up-to-date fire safety training. Some improvements were required to residents' evacuation plans and to the centre's fire procedure. This was brought to the attention of the person in charge who rectified this prior to the close of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured assessments and personal plans were in place for each resident and that these were subject to a minimum annual review.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with specific health care needs, the registered provider had ensured that appropriate plans were in place to guide staff on the supports these residents required. Residents also had access to a wide variety of health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans were in place for residents requiring behavioural support and staff were aware of the support they were required to give these residents. There were no restrictive practices in place at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place in this centre at the time of inspection. A system was in place to guide staff on identifying, reporting and responding to safeguarding concerns. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant