

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Lemongrove House
<b>Centre ID:</b>	OSV-0005703
<b>Centre county:</b>	Wexford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Co Wexford Community Workshop (Enniscorthy) CLG
<b>Provider Nominee:</b>	
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 November 2017 08:30 To: 23 November 2017 13:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to Inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Co. Wexford Community Workshop (the provider). The centre was a new build and this was its first inspection and there were presently no residents living there as it was not operational as yet.

The provider was seeking to register this building with HIQA so as to temporarily use it for eight residents while their current home (already registered with HIQA) was being renovated.

The inspector found that the person in charge was a highly experienced, skilled and qualified professional and would be involved in the overall operational governance and management of the centre.

She was to be supported by a qualified person participating in management and a team of qualified nursing, social and health care professionals.

Overall the inspector found that there were systems in place to ensure that the

residents would receive a safe and good quality service. Of the nine outcomes assessed, eight were found to be compliant and one substantially compliant.

How we gathered our evidence:

The inspector spoke with one staff member about the service to be provided. He was found to be qualified social care professional, had been working with the service for some time and knew the assessed needs of the residents very well.

The inspector also had tea and spoke directly with one of the residents due to move into the centre. They informed the inspector that they were looking forward to moving into the new house, picked their own room and were very happy with it.

The CEO, Clinical Nurse Manager III, (CNM III), Person in Charge and two team leaders were also spoken with at length over the course of this inspection. All were found to be knowledgeable of and responsive to their remit to the Regulations.

A family member was also spoken with. They reported that they were satisfied that their relative would be very well looked after in the centre, staff were very kind and caring, they were kept informed of their relatives overall health and well-being and had no cause for concern with the service.

The inspector reviewed a sample of documentation such as health and social care plans, some policies and procedures and staff training records. The person in charge was spoken with at length on the day of inspection as was the person participating in management and said above, both were found to be knowledgeable of their remit to the Health Act (2007) and Regulations.

Description of the Service:

The centre comprised of a very large detached two storey house with capacity to support eight residents. It was maintained to a high standard and had large secure gardens and patio areas for residents to avail of as they so wished.

It was located close to large town which provided access to a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels.

The person in charge informed the inspector that adequate transport (two people carriers) would also be provided by the centre for residents to avail of.

Overall judgment of our findings:

This inspection found that the centre was compliant across eight of the nine outcomes assessed. There was also an experienced and qualified person in charge to manage the centre who was to be supported by a team of qualified nursing, social care and health care professionals.

Plans were in place to ensure that the health needs of residents would be provided for and residents would have access to a general practitioner (GP) and to a range of other allied health care professionals as and when required.

The management team discussed the arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their interests and preferences. Proposed medication management practices were also found to be in order.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that once the proposed centre was operational, the care and support as described by the person in charge and documentation viewed would be consistent and sufficiently provide for the residents' assessed needs and wishes.

The inspector reviewed one sample of a personal plan and found that it was comprehensive in identifying how to meet the individual needs of the resident.

For example, the plan took into account the residents overall health and well being, daily occupation, how community inclusion would be supported, goals to be achieved and the persons individual likes and preferences.

The inspector also had a cup of tea and spoke with one resident who was due to transition into the centre. They informed the inspector that they were looking forward to moving into the centre. They also spoke about their job in the community and the day activation centre they attended.

They also liked to knit, attend piano lessons and listen to social stories. All these activities were provided for the resident as part of their daily routine and planner.

The social care needs of the residents were supported on their terms and on their individual likes and preferences. For example, one resident at times did not wish to attend a day service. Instead, the resident was supported on a one-to-one staff basis and engaged in social activities of their choosing.

The person in charge informed the inspector that supports and interventions would be facilitated in order to provide for a safe transition for each resident moving into their new home.

Management also informed the inspector that adequate transport would be provided so as residents could access the local nearby town and use all local amenities.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the centre was suitable for its stated purpose. It was also found to be accessible throughout, spacious, homely and very well maintained throughout.

The centre provided eight large ensuite bedrooms for the eight individual residents due to move in. There was also one large communal bathroom available, a number of storage rooms and a room provided for a staff office space.

There was a small, but well equipped kitchen, two large dining rooms, a number of sitting rooms/social areas for residents to relax in and a separate utility room. The house was beautifully maintained throughout. spacious, bright and homely.

There were private garden areas to the front and back of the centre for residents to avail of as they so wished. The gardens were private and very well maintained. They provided a large courtyard area, a patio area with seating and a pond.

It was also observed that suitable arrangements would be put in place for the safe disposal of general waste.

**Judgment:**  
Compliant

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Effective Services

### **Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the centre and there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a Health and Safety Statement in place and there was also a policy on risk management. The person in charge had already put together a risk register containing environmental risks and reported that this would be further developed to take into account individual risks once the residents transitioned into the centre.

The person in charge and management team had already commenced addressing some areas of risk (or were in the process of addressing them). For example, in order to ensure the residents' safety ramps were to be installed at three external doors to the centre. Other specialist equipment such as specialised beds were on order for the centre so as to ensure the safety of one resident that required this support.

Smoke alarms/detectors and the heating alarm system had recently been serviced by an external consultancy company. Documentation viewed by the inspector informed that the systems in place were functional correctly and compliant.

Fire fighting equipment was installed and had also been serviced by a consultancy company in October 2017. All recommendations arising from the consultants visit to the centre had also been implemented by the time of this inspection.

Documentation viewed by the inspector informed that there would be plans in place to carry out regular fire drills. A sample of a fire log was viewed and the inspector was assured that fire drills would be carried out as required by regulations. Daily checks of escape routes would also be carried out and from a small sample of files viewed most staff had attended fire training as required.

There was a gap noticed in fire training however, management said this would be addressed as a priority and this was further discussed under Outcome 17: Workforce.

The person in charge informed the inspector that personal emergency evacuation plans had already been developed for the residents moving into the centre. Emergency lighting was also in operation and a range of fire fighting equipment, including fire extinguishers and a fire blanket were in place.



**Judgment:**  
Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**  
Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that adequate measures would be put in place to protect residents being harmed in the centre.

There were policies and standard operating procedures in place on supporting vulnerable adults. This was to ensure all residents who use the service were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

The inspector spoke with one staff member who was to work in the proposed centre once it opened. It was observed that he had training in safeguarding of vulnerable adults and knew the reporting procedures with regard to any allegations of abuse of any kind.

The inspector also spoke directly to one resident and a family member of another resident due to move into the centre. Both reported that they had no safety concerns with regard to the centre. The family member reported that their relative was very well looked after by the staff as well.

Where required, safeguarding plans were in place and had been adequately reviewed. The inspector was also satisfied that residents would be provided with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach to behaviour that challenges.

Where required it was also observed that residents had positive behavioural support plans in place that were being appropriately reviewed by staff, with multi-disciplinary input and support.

Of the staff spoken with, they were familiar and knowledgeable of the content of both

the safeguarding plans and positive behavioural support plans.

The inspector reviewed a small sample of training records which informed that staff had received specific training in this area. However, there were some gaps noted. The management team informed the inspector that this would be addressed as a priority and this was further discussed under Outcome 17: Workforce.

There was a policy and register in place for the use of restrictive practices. The person in charge informed the inspector that some minor restrictions would be in place however, they would only be in use to promote the safety of the residents.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that residents' health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners as and when required.

The inspector saw that residents had regular and as required access to a GP, their medication requirements were regularly reviewed, visits to the dentist were organised, as were visits to a range of other allied health care professionals such as psychologists, speech and language therapists and dentist.

Special conditions would also be provided for. For example, where a resident had epilepsy, a care plan was in place, hospital appointments were facilitated as required and medication reviewed regularly.

The inspector was satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

The person participating in management also discussed how healthy eating options would be encouraged and residents would be actively involved in planning their menus.

Overall the inspector was satisfied that residents would have access to a general practitioner (GP) and to a range of allied health care professionals as identified above. It was also observed that residents had recently had a physical examination with their GP.

<b>Judgment:</b> Compliant

**Outcome 12. Medication Management**  
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The inspector found that the proposed medication management policies and procedures as described by the management team were satisfactory and safe.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications.

The policy was also informative on how to manage medication errors.

The person in charge explained to the inspector that medication would be kept under lock and key in a secured unit in the centre.

From a sample of files viewed the inspector saw that staff had undertaken training in the safe administration of medication.

Regular medication audits were also to take place within the centre by the person in charge and or the person participating in management.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**  
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose 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.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems would also be in place to support and promote the delivery of safe, quality care services.

The person in charge informed the inspector that arrangements were already in place for an annual review of the quality and safety of care delivered to the residents. Arrangements would also be in place for audits to be carried out in the centre by the person in charge and/or person participating in management.

The inspector was also satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development, held an honours degree and was pursuing another third level qualification.

She was supported in her role by the Provider (CEO) and two qualified person participating in management A CNM III and a Team Leader). Both were in the centre throughout the inspection process. There was also a management on call out of hours service provided as backup to staff working overnight in the centre.

The inspector spoke with one staff member and it was found that he was familiar with the procedures for contacting management on call out of hours if required.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was also available that all staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

However, it was observed that there were some gaps in staff training with regard to safeguarding and fire training.

The person in charge told the inspector that the staffing levels were based on the assessed needs of the residents and were flexible as required. For example, it was observed that at times one resident may decide not to go to their day service. When this was the case the centre provided a wrap around service to the resident and supported

them to stay at home or engage on activities of their choosing.

The inspector saw that there were arrangements in place for the provision of supervisory meetings with each staff member. These would be facilitated by the person in charge and team leader on a regular basis.

From a small sample of files viewed, staff had attended a range of training in areas such as positive behavioural support, safe administration of medication, manual handling and fire safety training. Many staff also held third level qualifications in nursing, health and/or social care.

The inspector spoke with one staff member. He was found to be enthusiastic and looking forward to working in the new centre and spoke about the residents in a positive and dignified manner.

As said above, some gaps were identified in staff training however, the inspector was assured that the management team would address these as a priority.

**Judgment:**

Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Co Wexford Community Workshop (Enniscorthy) CLG
<b>Centre ID:</b>	OSV-0005703
<b>Date of Inspection:</b>	23 November 2017
<b>Date of response:</b>	20 December 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Gaps were identified in safeguarding training and fire training.

#### 1. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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

**Please state the actions you have taken or are planning to take:**

Fire safety training was completed for all relevant staff on 06 December 2017.

Safeguarding training was completed for all relevant staff on 08 December 2017.

**Proposed Timescale:** 08/12/2017