



Office of the Chief Inspector

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

Name of designated centre:	Pearse Road Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	07 and 08 August 2019
Centre ID:	OSV-0005282
Fieldwork ID:	MON-0024139

About the designated centre

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

This centre provides full-time residential services to eight adults with a low to moderate intellectual disability over the age of 18. The centre is managed by the Health Service Executive (HSE) and is located in Co. Sligo. There are two houses in the centre which comprises of one two-storey detached house and also a large bungalow dwelling. In each house, residents have their own bedroom and have communal access to a kitchen, dining room, sitting room, utility room and bathroom. Residents also have access to a garden. There are sufficient resources available to facilitate residents to achieve their health and social goals. Four residents living in one of the houses are at retirement age, and enjoy participating in an active retirement programme. The residents living in the other house attend a day service during the week. All residents are supported by staff during the day to ensure their physical and social care needs are met. At night, the residents are supported by a sleep over staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
07 August 2019	17:00hrs to 20:00hrs	Thelma O'Neill	Lead
08 August 2019	10:30hrs to 15:00hrs	Thelma O'Neill	Lead

Views of people who use the service

The inspector met with five of the residents during the inspection. The other three residents were on their summer holidays. The residents told the inspector that they were very happy living in the centre, that the staff were kind to them, they liked their staff and that they were supported and enjoyed their active retirement programme.

Capacity and capability

On this inspection, the inspector found the provider had effective operational and management arrangements in place in the centre. This service had good governance and management systems and clear lines of accountability. The provider and the person in charge operated the centre in a person-centred manner, and the inspector observed robust practices over the course of this inspection.

As part of a recent review of the centre, the inspector found that the provider had appointed a new person in charge to manage the centre. She had taken up their post in May 2019 and had suitable qualifications, experience and knowledge for the role of a person in charge in accordance with the regulations. In addition, to managing this designated centre, they were also responsible for managing one other residential centre in the local area. The new person in charge had systems in place which ensured that residents' care and support needs were well-monitored and subject to regular review to ensure they were effective and up-to-date. She also had ensured that safeguarding and risk management arrangements at the centre were regularly updated, and that all staff had a clear understanding of the procedures in place to protect residents.

The provider had completed an annual review and six-monthly unannounced audits of this centre, and ensured that key areas such as health and social care, resident finances, medicine management, health and safety risks and safeguarding were adhered to in line with the organisation's policies and the regulations. The centre was well resourced in line with the centre's objectives as described in their statement of purpose.

Regulation 14: Persons in charge

The inspector found the person in charge had the required qualifications, skills and experience necessary to manage the designated centre. Furthermore, they were very knowledgeable on the individual needs of residents at the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff working in the centre, with the appropriate skills to ensure residents care and support needs were being met.

Judgment: Compliant

Regulation 16: Training and staff development

All staff have completed the required training to ensure continued professional development and to meet the assessed needs of residents at the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management system in place to ensure robust monitoring of the quality and safety of care in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider made available a statement of purpose that contained all of the required information set out in schedule 1.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the schedule 5 documents were available in the centre. The staff recruitment policy was present, however, it was currently under review.

Judgment: Compliant

Quality and safety

The inspector found this was a well-managed and safe service. Furthermore, the provider had measures in place to ensure that there were robust quality and safety procedures in operation at the centre.

The inspector found that there were good systems in place to manage identified risks in this centre. The risk-management practices were in line with the organisational policies and procedures, and staff could demonstrate to the inspector that there were effective risk management procedures in operation. These measures assured the inspector that the safety of the residents was promoted, and consistency of care was maintained to a good standard.

The inspector found the provider had ensured that residents' well-being was promoted at all times, and that they received a good-quality service. Residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice. There was evidence that the residents actively participated in their local community and were supported to do so by a structured and varied plan of activities.

The provider ensured that effective measures to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the centre.

The management team took measures to safeguard residents from harm. There was a safeguarding policy in place, and all staff had received specific safeguarding training. Staff were aware of the safeguarding risks in the centre and were familiar with the safeguarding plans in place to safeguard residents. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognize the signs of abuse.

Weekly house meetings were held in the centre, and this provided residents with the opportunity to express their views and preferences. Residents were involved in their individual planning arrangements to ensure that their needs were subject to regular reviews both annually and more frequently if required. Residents' individual plans were well formulated in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The individual planning process ensured that sufficient supports were in place to assist residents in achieving their chosen goals.

The provider had ensured that residents had access to medical services to ensure that they received a good level of healthcare. All residents had access to allied health professionals, including their general practitioner, who completed annual healthcare checks for each resident. Plans of care for good health were developed

for residents, which identified their specific care needs and these needs were addressed as required.

Residents told the inspector that they were very happy living in the centre and have the opportunities to participate in the decisions regarding the running of the centre. They also told the inspector that they had the freedom to exercise choice and control in their daily life. For example, they can choose if they stay at home during the day, or go on a social activity with staff support.

Regulation 13: General welfare and development

The provider had ensured that each resident was supported to achieve their occupational and recreational goals and some residents were enjoying active retirement and were supported to do so, in line with their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

There was appropriate risk management procedures in place to identify and manage risks and adverse events that may occur in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in the centre, and there was appropriate fire safety equipment, staff training and evacuation procedures in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate medication management systems in place in the centre. The person in charge regularly audited the medication practices in place, which ensured that residents received their medication as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All of the residents had annual health and social care plans in place, and annual reviews had taken place. In addition, each resident had social goals set to achieve over the coming year. The personal plans were in an easy-to-read and accessible format which allowed residents the opportunity to review their personal plans in a form they understood.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare support which met their assessed needs and was as described in their personal plans.

Judgment: Compliant

Regulation 8: Protection

Residents told the inspector they felt safe in the centre and that they were supported by staff to develop a good understanding of events and behaviours which could be abusive in nature and how to safeguard themselves including how to report such incidents to staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector that they were very happy living at the centre and that they have the opportunities to participate in decisions regarding its day-to-day running.

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
Views of people who use the service	
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 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant