



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

Issued by the Chief Inspector

Name of designated centre:	Earrach Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	26 August 2020
Centre ID:	OSV-0005332
Fieldwork ID:	MON-0030173

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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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 26 August 2020	09:15hrs to 12:40hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

There were three residents present at the centre on the day of inspection. The remaining residents who also live at this centre were on holiday with family and were due to return the following week. The inspector had the opportunity to briefly meet with two of these residents and although they did interact with the inspector, due to their communication needs, neither spoke about the care and support they receive.

Upon the inspector's arrival, she was greeted and welcomed at the door by one of these residents. He told the inspector that he was going out to have lunch in a nearby town with his supporting staff member. Many of the peers that he lived with were on holiday, which gave him this time to have one-to-one support with the staff members on duty. The inspector observed this resident to help out with minor household tasks and he appeared very comfortable going to and from various rooms within his home.

The other resident was being supported by staff member to get ready for her day. Staff were observed to guide her to her bedroom for personal care and later on sit and relax with her in the dining room. The inspector observed staff using clear and short sentences to communicate with this resident and were very courteous with this resident in their communication and interactions with her.

Both residents appeared very comfortable in the company of the staff members on duty. Of the bedrooms and communal areas visited by the inspector, these were very personalised in each house. Photographs of residents and various outings they had been on were displayed throughout the centre and bedrooms reflected residents' preferred interests.

Capacity and capability

Overall, the provider had ensured that this centre was adequately resourced and well-managed so that it provided residents with a safe and high quality service.

The person in charge held responsibility for the service and she was based full-time at this centre which allowed her to meet with staff and residents very regularly. She knew the residents and their needs very well and was also very familiar with the operational needs of the service. She was supported by her line manager and staff team in the oversight and running of this service. She held responsibility for one other service operated by the provider and due to the effectiveness of the support arrangements in place, this provided her with the capacity to also effectively

manage this service.

The provider had ensured that the number and skill-mix of staff was adequate to meet the assessed needs of the residents who lived there. The person in charge had access to additional agency staff who were very familiar with the service and residents' assessed needs, as and when required. In addition to this, some staff members were re-deployed to the service and were also available to provide staff support, if required. Consistency in staffing levels was maintained, which meant that residents were constantly supported by staff that they knew. Each staff member was subject to regular supervision from their line manager and effective training arrangements meant that staff could avail of refresher training, as and when required. A well-maintained roster clearly identified staff names and their start and finish times.

The provider had ensured that this centre was adequately resourced in terms of staffing, transport and equipment. Since the introduction of public health safety guidelines, in lieu of staff meetings, the person in charge now met individually with staff members on a regular basis to discuss any areas of concern or any changes occurring within the organisation. She also held regular contact with her line manager to discuss such areas and also participated in scheduled teleconference calls with other members of management. Six monthly provider-led audits along with a number of internal audits were also occurring, which gave the provider an opportunity to identify any improvements required within this service and to also put plans in place to address these. Although for the most part, the oversight of the care delivered to residents was very well-monitored, the inspector did observe some deficits in the oversight of the implementation of infection control measures as set out in the centre's risk assessment.

The person in charge had a system in place for the identification, reporting, response and monitoring of incidents occurring at the centre. All incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Regulation 14: Persons in charge

The person in charge was based full-time at the centre and she knew the residents and their assessed needs very well. She also had very good knowledge of the operational needs of the service. She held responsibility for one other centre operated by the provider and current governance and management arrangements gave her the capacity to also effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were subject to regular review to ensure that all residents had access to the level of staff support and skill-mix that they required. A well-maintained roster clearly identified the names of staff and their start and finish times worked at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staff training arrangements ensured that all staff had access to the training required to fulfill their duties. At the time of inspection, some refresher training was being scheduled for staff to attend.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced and that suitable persons were appointed to oversee and manage this centre. Regular communication was maintained between staff and management and effective monitoring systems ensured that any improvements required were identified and addressed. However, some improvement was required to the oversight of care practices to ensure these were at all times implemented as set out in the centre's risk assessments, particularly in the area of infection control.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were recorded, responded to and monitored on a very regular basis. All incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

The provider had ensured that this centre was operated in a way that promoted residents' independence and personal preferences. Residents were supported to continue to have regular opportunities for routine and social engagement, in accordance with public health safety guidelines. Family engagement was also very much promoted, with many residents on holiday with their families at the time of this inspection.

Residents' communication needs were well-known to staff and the consistency in staffing levels played a vital role in ensuring that these residents were at all times supported by staff who could effectively communicate with them. Comprehensive communication plans were in place, which gave clear guidance on how best to understand each resident when they were trying to express their wishes. Some residents had impaired vision and clear guidance was also in place to guide staff on how to maintain these residents' safety, particularly when out in the community.

The centre comprised of two houses which were located adjacent to each other. Each house provided residents with their own bedroom, some en-suite facilities, shared bathrooms, kitchen, dining room, sitting room, visitor room, utility and staff offices. Although no residents required manual handling equipment, some bedrooms were fitted with tracking hoists, should the future needs of residents require it. The centre was very spacious and each house opened out onto a courtyard where residents had access to outdoor seating and barbeque area. In recent months, staff and residents had made improvements to these outdoor areas and further improvement work was on-going at the time of this inspection. Some residents were also recently provided with televisions in their bedroom, which meant they could watch programmes independent of their peers, if they wished to do so. Overall, both houses gave residents plenty of space, were clean and well-maintained and offered a very homely environment to the residents who live there.

Since the introduction of public health safety guidelines, the provider implemented a number of measures to ensure the safety and welfare of all staff and residents. The provider had also ensured that social distancing, cough etiquette, adequate stock of personal protective equipment, good hand hygiene and regular temperature checks for staff, visitors and residents were in place. Hand sanitizer was also readily available throughout each house, both internally and at entry and exit points. The provider had also developed contingency plans in response to an outbreak of infection at the centre and these were subject to regular review by senior management. However, the inspector did observe some inconsistencies in the use of personal protective equipment used by staff. For example, the inspector observed face masks were not always worn by staff at times where two metre distancing could not be maintained. Such occasions observed included where some staff members were guiding residents to their bedroom for personal care and while also sitting with them at the dining table. Due to the nature of the service, the provider had identified that instances could arise where two metre social distancing may not always be possible and supporting risk assessments clearly identified that face masks were to be worn at these times.

Where risk was identified in this centre, the provider had ensured that it was responded to quickly and effectively. Incident trending was regularly completed by

the person in charge, which informed any risk management activities that were required. For instance, following a identification of incidents occurring at night involving a resident with a newly diagnosed health care condition, the provider put various measures in place were were effective in mitigating against any risk to the safety and welfare of this resident. Positive risk-taking was also promoted, with some residents accessing the community independent of staff. The provider had put a number of measures in place to ensure these residents were maintained safe while doing so and supporting risk assessments were reviewed on a scheduled basis.

Prior to this inspection, the provider had identified patterns in the night-time routine of one resident who had recently been diagnosed with a specific health care condition. In response to this, the use of a restrictive practice was in use to ensure the safety and welfare of this resident at night. In doing so, the provider had ensured this practice was appropriately assessed for, subject to regular review and that clear protocols were in place to guide staff on it's use. One staff member demonstrated to the inspector how this restriction was used and was very knowledgeable around the protocol supporting its use.

Safeguarding procedures were in place which supported staff to identify, report, respond to and monitor any concerns relating to the safely and welfare of residents. In response to a peer to peer incident that occurred prior to this inspection, the provider put additional measures in place which had been effective in ensuring a similar incident did not re-occur. The effectiveness of these measures had a positive impact for both residents, meaning that they now experienced more meaningful interaction with their peers.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that these residents were supported by staff who knew them very well in express their wishes. During the course of the inspection, staff were observed to support residents to communicate briefly with the inspector and personal plans clearly identified residents' preferred communication style.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses adjacent to each other. Both houses provided residents with their own bedroom, some en-suite facilities, kitchen, dining room, sitting room, utility, visitor room and staff offices. Each house opened out onto a courtyard that provided residents with an area to sit out in, if they wished to do so.

Both houses were very spacious, nicely decorated and had a warm and homely atmosphere.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to ensure risk was identified, responded to and monitored. Regular incident trending supported the provider in identifying and responding to any patterns in the type of incidents occurring. Where positive risk-taking was occurring, safety measures were put in place and subject to very regular review.

Judgment: Compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider implemented a number of measures to ensure the safety and welfare of all staff and residents. The provider had also developed contingency plans in response to an outbreak of infection at the centre and these were subject to regular review by senior management. However, the inspector did observe some inconsistencies in the use of personal protective equipment used by staff, particularly where two metre social distancing could not be maintained, which was not in line with the centre's own risk assessment.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire drills were regularly occurring at the centre and records demonstrated that all residents and staff could safely evacuate the centre in a timely manner. Personal evacuation plans also gave clear guidance on the specific supports that residents required in the event of fire at the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were subject to regular assessment and personal plans were in place to guide staff on their role in supporting these residents. At the time of inspection, the person in charge was in the process of updating some personal plans to ensure further clarity on some specific measures put in place to support residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, these residents received the care and support that they required. All residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where restrictive practices were in use, the provider had ensured that these were assessed for and reviewed in accordance with the centre's restrictive practice policy. Protocols were also in place, providing clear guidance to staff on their appropriate application in practice.

Judgment: Compliant

Regulation 8: Protection

Where safeguarding concerns were identified in this centre, the provider was responsive in putting effective measures in place to ensure similar safeguarding concerns did not re-occur. Procedures were in place to guide staff on the identification, response, reporting and monitoring of any concerns to the safety and welfare of residents. Refresher training in safeguarding was also available to staff, as and when required.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not 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

Compliance Plan for Earrach Services OSV-0005332

Inspection ID: MON-0030173

Date of inspection: 26/08/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Improvement in Oversight of care practices has been re-evaluated by the PIC, ensuring that all staff wear face masks when unable to adhere to a 2 meter social distance, and appropriate personal protective equipment as per RCF guidelines.</p> <ul style="list-style-type: none"> • Consistency is assured that in the absence of the PIC, the Staff Nurse on duty has been delegated the task of ensuring compliance by regular observations and meal times and other activities such as table top activities personal care or any activity within a 2 meter radios. • All staff have been inducted to this guidance • This will be evidenced as an extra control measure on the daily checklist 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC has reviewed the use of personal protective equipment by staff, and will ensure that all staff wear face masks when unable to adhere to a 2 meter social distance, and appropriate personal protective equipment as per RCF guidelines.</p> <ul style="list-style-type: none"> • Consistency is assured that in the absence of the PIC, the Staff Nurse on duty has been delegated the task of ensuring compliance by regular observations and meal times and other activities such as table top activities personal care or any activity within a 2 meter radios. 	

- All staff have been inducted to this guidance
- This will be evidenced as an extra control measure on the daily checklist
- The staff safety pause template has been updated to provide with consistent awareness of wearing masks in accordance with RCF guidance

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	18/09/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Not Compliant	Orange	18/09/2020

	published by the Authority.			
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