



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

Issued by the Chief Inspector

Name of designated centre:	Pearse Road Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	20 November 2023
Centre ID:	OSV-0005282
Fieldwork ID:	MON-0040757

About the designated centre

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

The centre was run by the Health Service Executive, which provided residential care for up to eight male and female residents, over the age of 18 years with an intellectual disability. The centre comprised of two houses located within close proximity to each other in a town in Co. Sligo. In each house, residents have their own bedroom and have communal access to a kitchen, dining room, sitting room, utility room, bathrooms and garden area. Staff were on duty both day and night to support the residents who lived here. A waking night support system was in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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 (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
Monday 20 November 2023	09:10hrs to 13:35hrs	Úna McDermott	Lead
Monday 20 November 2023	09:10hrs to 13:35hrs	Stevan Orme	Support

What residents told us and what inspectors observed

This was an unannounced follow up inspection to an inspection that took place in May 2023. At that time, the inspector found non-compliance in eleven regulations. There were concerns in relation to the welfare of the residents and the safety of the service provided. Further to this, a warning meeting was held with the provider during which the provider was put on notice of the enforcement action that would be initiated should they fail to address the areas of non-compliance and areas of risk identified.

In response to the findings of the May inspection, the provider submitted a compliance plan which detailed the actions that they planned to take in order to bring the centre into compliance. The purpose of this inspection was to assess the provider's capacity and capability to complete the actions required and to sustain an ongoing response in order to return to and maintain compliance with the Care and Support Regulations (2013). On this inspection, inspectors found significant improvement in the capacity of the provider to ensure effective oversight of the service and significant improvement in the safety of the care provided. From what the inspectors observed, it was clear that the residents living at this designated centre had an improved quality of life where they were supported to be active participants in the running of their home and to be involved in their communities.

This centre comprised two properties located close to each other on the edge of a busy town. This inspection was based in a semi-detached property which was located in a residential area. There were three residents living there. Each resident had their own bedroom and the use of shared bathroom facilities. There was a combined sitting and dining room. There was a small kitchen with an additional dining table provided and a garden to the rear of the property. Inspectors found that the property provided met with the assessed needs of the residents at the time of inspection. The provider was aware of the aging profile of the residents and were monitoring the suitability of their home for their future care needs.

On arrival at the centre, the inspectors met with two healthcare assistants. The person in charge arrived soon after and the registered provider representative attended for the feedback meeting. There were three residents at the centre and they were observed rising from sleep, eating breakfast and preparing for their planned activities that day. One resident was observed leaving their home on transport provided. Later in the afternoon, another resident went shopping. The atmosphere in the designated centre was homely and relaxing. Interactions between residents and staff were observed to be calm, respectful and supportive. Staff spoken with told the inspectors that they completed training in human rights. They said that this helped them to understand the importance of the voice of the resident in their day-to-day work.

Overall, the inspectors found improvement in the capacity of the provider to ensure effective oversight of the service and improvement in the quality and safety of the

care provided.

The next two sections present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to the residents.

Capacity and capability

Inspectors found significant improvements in this designated centre. The provider had the capacity and capability to provide a safe and person-centred service and there were good governance and management arrangements in place which ensured that the care delivered to the residents met their needs and was under ongoing review.

Staffing arrangements were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used. They were reported to be consistent and familiar with the assessed needs of residents. When the person in charge was not available the assistant director of nursing was available to provide support. An on-call system was used, which was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. All training modules reviewed were up to date. A formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review.

A review of the records required under regulation 21 was completed as part of this inspection. A sample of information and documents held in relation to residents and staff found that the information was up-to-date and in line with the requirement of the regulation.

The provider had a policy to guide staff on the management of complaints. This was displayed in easy-to-read format on the residents' notice board. Information on advocacy services and the confidential recipient was available. In addition, a review of incidents occurring found that they were documented in accordance with the provider's policy. The Chief Inspector of Social Services was informed if required in line with the requirements of the regulation.

Overall, the inspector's found that the enhanced governance and management arrangements in the centre led to improved outcomes for resident's quality of life and the standard of care provided. Ongoing work was required in order to sustain the improvements made and to maintain compliance.

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate for the needs of residents. Where additional staff were required consistency of staff members was provided.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with mandatory and refresher training as part of a continuous professional development programme. A sample of modules were reviewed and found to be up to date.

Judgment: Compliant

Regulation 21: Records

A review of the records required under regulation 21 was completed as part of this inspection. A sample of information and documents held in relation to residents and staff found that the information was up-to-date and in line with the requirement of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that there was a defined management structure with improved lines of authority present in the centre. Management systems were enhanced to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. The annual review of care and support and the provider-led unannounced six monthly audit was up to date. The person in charge had a quality improvement plan (QIP) which documented the actions arising from the audits completed which was under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

Notice of adverse incidents occurring were submitted to the Chief Inspector in line with the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy to guide staff on the management of complaints. This was displayed in easy-to-read format on the residents' notice board. Information on advocacy services and the confidential recipient was available.

Judgment: Compliant

Quality and safety

Inspectors found that the care and support provided to the residents living at this designated centre was of a good quality and the staff were observed to be caring and responsive to the needs of the residents. Improvement in the capacity and capability of the provider had a positive impact on the quality and safety of the care provided.

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. In addition, residents had access to consultant based services if required.

Residents that required support with behaviours of concern had the support of a

psychologist and a clinical nurse specialist in place. Behaviour support plans were reviewed recently and the provider's policy on behaviour support was up to date. Restrictive practices were in use in this centre. Protocols for their use were in place and these were subject to regular review.

There were no open safeguarding concerns in this designated centre on the day of inspection. Safeguarding training was provided the inspectors found that this was up to date. Residents had intimate care plans which provided guidelines for staff on the dignity and privacy of each person.

The inspector's found that the designated centre was operated in a manner that respected the rights of each resident. Staff were provided with training in human rights. Residents were supported to participate in decisions about their care and support and to have control in their daily lives. Residents meetings were taking place on a weekly basis where plans for the week were agreed. In addition, the provider had a human rights committee in place. Meetings were taking place and the minutes were available to read in the centre.

Residents were provided with support to manage their daily and weekly finances and a review of the systems in place found that they were in line with resident assessed needs. In addition, residents' had adequate and safe spaces to store their money, their clothing and their personal possessions as required.

As outlined, this inspection was based in a semi-detached property which was located in a residential area. At the time of inspection, the inspectors found that the premises was suitable to meet with the assessed needs of the residents. It was of in a good state of repair and was clean and suitably decorated. The provider was aware of the aging profile of the residents and were monitoring the suitability of their home for their future care needs.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage any risks arising.

In summary, the residents living at this designated centre were provided with a good quality service, where their preferences were respected. There were improved governance and management arrangements in the centre which led to improved outcomes for the quality of life and care provided.

Regulation 12: Personal possessions

Residents were provided with support to manage their daily and weekly finances and a review of the systems in place found that they were in line with resident assessed needs. In addition, residents' had adequate and safe spaces to store their

money, their clothing and their personal possessions as required.

Judgment: Compliant

Regulation 17: Premises

At the time of inspection, the inspectors found that the premises was suitable to meet with the assessed needs of the residents. It was of in a good state of repair and was clean and suitably decorated. The provider was aware of the aging profile of the residents and were monitoring the suitability of their home for their future care needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective management systems in place to reduce and manage risk in the designated centre. This included an adverse incident management system and arrangements for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 6: Health care

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. In addition, residents had access to consultant based services if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had the support of a psychologist and a clinical nurse specialist in place. The provider's policy on behaviour support and behaviour support plans were up to date. Restrictive practices were in use in this centre. Protocols for their use were in place and subject

to regular review.

Judgment: Compliant

Regulation 8: Protection

The provider had improved systems in place to ensure safeguarding concerns were acknowledged and documented as required. The safeguarding and protection systems in place were in line with the requirements of the regulation and local and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the designated centre was operated in a manner that respected the rights of each resident. Staff were provided with training in human rights. Residents were supported to participate in decisions about their care and support and to have control in their daily lives.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant