



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

Issued by the Chief Inspector

Name of designated centre:	Cuan Mhic Giolla Bhríde
Name of provider:	Inspire Wellbeing Company Limited by Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	16 November 2022
Centre ID:	OSV-0005559
Fieldwork ID:	MON-0035822

About the designated centre

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

This service provides full-time residential care and support for two adults with disabilities. The centre consists of a modern, two storey house situated in a peaceful, scenic and rural setting in Co. Louth. It is within driving distance to a nearby city and a number of large urban towns. There are good sized grounds and well maintained gardens surrounding the centre and ample space provided for private car parking. The ground floor of the property is essentially divided into two separate living spaces for the residents who live on the ground floor of the property. The residents have their own bedroom and bathroom. The residents share the use of a communal kitchen with a breakfast bar, a dining room and separate laundry facility. Upstairs there is one staff sleepover room, a staff room and an office. There is a full time person in charge employed in the centre. The centre is staffed on a 24/7 basis by nursing staff or a team leader. There are a team of support staff who work during the day and at night. Part of the service provided includes as required access to general practitioner (GP) services, allied health professionals. Residents do not attend formal day services but instead are supported by staff to choose how they want to spend their day and what social/learning activities to engage in.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Wednesday 16 November 2022	10:30hrs to 18:15hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was carried out to follow up on non compliances identified during a previous inspection of this centre in March 2022. During that inspection improvements were required in a number of the regulations inspected against. Overall on this inspection, the inspector found that a number of improvements had been made to the governance and management arrangements and, the management of risk and records stored in the centre, all of which were contributing to improvements in the quality of life of the residents living here.

On arrival to the centre, a staff member went through some precautions around infection control measures. Staff were supporting residents with personal care and preparing for the day ahead.

The two residents living in this service were provided with 'bespoke' services based on their assessed needs and, appeared comfortable in their home on the day of the inspection. Some of those assessed needs included, maintaining a routine, opting to take part in planned activities if they wished and being supported by a consistent staff team.

Since the last inspection, one resident had been supported to attend a day service, but had declined the placement having attended for one day. Instead, the resident was being supported to plan activities each day. For example; the resident had a goal in place to become more active and eat a healthy diet. The resident was observed going for walks on the day of the inspection and it was evident from reading the residents plan that this goal was having positive outcomes for the resident. This resident also really liked computers and since the last inspection a desk had been purchased for the resident to use it during the day.

One resident required a low stimulus environment and the inspector observed them relaxing in their room listening to music on their television. The staff had also purchased portable speakers for the resident, so as they could listen to music in other areas of their home.

The environment in which this resident lived was 'specialised' and tailored to meet the residents complex assessed needs. For example; this resident lived in a small area of the centre to include a changing room, large bedroom and another area where they could have their meals. While this resident could choose to access other areas of the centre should they wish, they invariably spent most of their time in these spaces in line with their expressed wishes. While this may have been assessed as limiting to the resident, the inspector found that this was regularly reviewed by the multi disciplinary team who supported the resident and at the time of this inspection was deemed to meet the needs of the resident as it provided a low stimulus adapted environment to meet their needs. In addition, it was also envisaged that over time the resident would be supported and encouraged to have more access to other areas of the centre but, that this had to be done on a phased

basis as the resident did not like changes to their environment.

Since the last inspection the actions the provider had outlined in their compliance plan had either been completed or were in progress. For example; at the time of the last inspection, the outside area for one resident needed to be reviewed to ensure that it was safe. An occupational therapist had visited the centre in early November 2022 and had recommended that the area itself was safe but suggested some equipment that may engage the resident in activities outside of their living space. The person in charge outlined some plans which included purchasing a swing and developing some wall art on the garden fence to the back of the property.

At times, one resident required 4:1 staff support and staff spoken with were knowledgeable about this residents care including, the behavioural support plans in order to best support the resident. Since the last inspection this staffing requirement had been reduced. For example; the inspector observed that one staff was now sufficient to support the resident when they were relaxing in their bedroom. Staff had also been provided with sensory integration training and had developed communication strategies to support the resident. Some improvements were required in the records maintained to ensure that these interventions were reviewed to see if they were effective. Over the last number of months the residents in the centre had been supported to engage in new activities. Residents were supported with this in line with their choices and specific needs at the time of the inspection. For example; one resident would sometimes express that they did not want to go for a drive or walk some days and this was respected.

Another resident had become a member of the credit union and was now been supported to engage in the running of their home and increase their independence. For example; they were now going with staff to do the weekly grocery shopping and engaging in activities to increase their independence. Some improvements were required to these records as discussed later in this report.

As part of the providers unannounced quality and safety review, they had spoken to a family representative who advised that they were very happy with the care provided to their family member. It was also evident from speaking to staff and observing interactions with residents that staff were respectful towards the residents and demonstrated a commitment to improving the lives of the residents living here.

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

The inspector found that the provider had implemented all of the actions from the

last inspection, some of which were still ongoing at the time of the inspection. The actions taken by the provider are discussed in more detail under the relevant regulations of this report. Some improvements were still required in staffing, risk management and personal plans.

There were clear governance and management arrangements in place. Since the last inspection, a new person in charge had been appointed, who was a qualified social care professional, with significant experience of working in management roles in disability settings. They facilitated this inspection and demonstrated a good knowledge of the regulations and were very responsive to any areas of improvement identified at the inspection to ensure a safe quality service for the residents. The registered provider also had systems in place to review the care and support being provided. This included a six monthly unannounced quality and safety review which is required under the regulations.

There were sufficient staff numbers in place to meet the needs of the residents. However, some vacancies had still not been filled despite an ongoing recruitment campaign by the provider. This meant there was still a reliance on agency staff in the centre.

Staff met said they felt supported in their role and spoke about training that had been provided to them since the last inspection. Regular supervision was held with staff and the person in charge facilitated staff meetings; one of which was due to take place the day after the inspection. Staff meetings were also used as an opportunity to review and discuss residents' needs and their plans.

Training records for staff were reviewed and all staff had up-to-date training in both mandatory and additional training required to meet the needs of the residents.

Significant improvements had been made to the records stored in the centre and of those reviewed by the inspector, they had been updated and reviewed.

Regulation 14: Persons in charge

A new person in charge had commenced in post since the last inspection and was employed on a full time basis. The person in charge was a social care professional and had a number of years working in and managing disability services. They demonstrated a good knowledge of the needs of the residents.

The person in charge was responsible for this centre only and was engaged in the ongoing improvements in the operational management of this centre, resulting in improved outcomes for residents.

Judgment: Compliant

Regulation 15: Staffing

There was planned and actual rota, reflecting the staff on duty during the day and at night time in the centre. There was a number of staff vacancies in the centre and the provider was engaged in an ongoing recruitment drive to fill these vacancies. As a result there was a large number of agency/relief staff employed. However, the registered provider and person in charge managed this through ensuring that regular relief and agency staff were employed. For example; a review of sample of staff rotas found that the same agency staff had covered shifts over a four months period. Agency/relief staff were provided with supervision and the person in charge had a mechanisms in place to ensure that these staff were Garda vetted and adequately trained. This ensured consistency of care to the residents and that skilled staff were employed to meet the residents' needs.

Notwithstanding this there was still a number of vacancies in the centre at the time of this inspection which has been an ongoing issue in this centre over the last four inspections.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Since the last inspection, specific training had been provided to staff to ensure that a care intervention for one resident could be implemented in safe manner.

A review of a sample of training records showed that staff employed on a full time basis had received training in fire safety, manual handling, safeguarding vulnerable adults, medicine management, sensory integration, supporting a person with epilepsy, infection prevention and control, basic life support and positive behaviour support which included bespoke training to meet the needs of one resident.

Where a nurse was not on duty during the day a team leader was assigned to work. They had been provided with training to ensure they could meet the needs of the residents. For example; these staff had specific training in the management of percutaneous endoscopic gastrostomy (PEG) feeding training and the safe administration of medicines.

Some refresher training was scheduled to take place for some staff in the coming weeks and the person in charge was able to verify through records that this was planned.

Regular staff meetings were held and the person in charge was developing a supervision schedule to ensure that the supervision of staff could take place in a planned and effective manner. Staff informed the inspector that they felt supported

in their role and could raise concerns, which were acted on. An example of this was provided whereby a staff member had concerns over how the handover meetings were managed in the morning and evening times as it did not always include all staff on duty. This practice had now changed and all staff attended the handover reports to ensure that they were fully informed about any changes to the residents support needs.

Judgment: Compliant

Regulation 21: Records

Since the last inspection, significant improvements had been implemented to the records stored in the centre. All of the residents plans had been updated and reviewed, the assessment of need was now a more comprehensive document that included the residents' assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

A new person in charge had been appointed since the last inspection who was employed full time in the centre. This ensured effective oversight of the care and support needs of the residents. There was a defined management structure in place. The person in charge reported to an assistant director of care, who reported to the director of care. The person in charge met with the assistant director of care regularly and had been provided with additional support from this person since taking up the role.

The registered provider had systems in place to review the care and support being provided. This included a six unannounced quality and safety review which is required under the regulations. The last one conducted had identified some improvements and a sample of those actions followed up by the inspector were found to have been completed.

The registered provider also had other audits and checks conducted to monitor the care and support being provided. This included medicine management audits, safety checks and environmental audits.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all of the requirements of the regulations and had been recently reviewed. Some minor improvements were required which the person in charge was amending on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that the person in charge was aware of their responsibilities under the regulations to notify the chief inspector when an adverse incident occurred in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that significant improvements had been made to the quality and safety of care and support residents received since the last inspection. Improvements were still required in personal plans and risk management records.

Each resident had an up-to-date assessment of need completed and allied health professional reviews were used to inform these assessments. Support plans were in place to guide practice and these plans were reviewed regularly. Improvements were still required to some of the care interventions in place.

The provider had also paid for an occupational therapy review for a resident which included a sensory assessment. At the time of this inspection the person in charge was awaiting a written copy of this report which included a recommendation for sensory integration for the resident. The person in charge intended to implement the recommendations for the resident once the report was received. However, the provider was still trying to source a private physiotherapy assessment for one resident.

Since the last inspection, some renovation works had been carried out on the premises and most remedial works were completed on the day of inspection. The person in charge had also identified other maintenance issues which had been reported. The inspector was satisfied that these were being followed up.

Risk management systems were in place to ensure that incidents which occurred in the centre were reviewed, assessed and that control measures were implemented to mitigate risks. Some improvements were required to the records maintained.

The provider had systems in place to manage/prevent an outbreak of COVID-19 in the centre. Since the last inspection, the provider had ensured that the mops in the centre were stored in a clean dry area. This had been an action required from the last inspection.

Staff had been provided with training in safeguarding vulnerable adults. Staff were aware of the different types of abuse and who they should report allegations of abuse to in the organisation. Since the last inspection there had been no safeguarding concerns reported in the centre.

Regulation 17: Premises

Since the last inspection, some renovation works had been carried out on the premises and most remedial works were completed on the day of inspection. For example; new doors had been installed at an exit, one residents shower room had been renovated and the flooring in one residents living area had been changed. The person in charge had also identified other maintenance issues/improvements which had been reported or were in progress at the time of the inspection. For example; one resident was awaiting a new chair and new curtains. The inspector was satisfied that these were being followed up.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage risk in the centre. Since the last inspection all records relating to risk management had been reviewed and updated. A sample of records viewed which included individual risk assessments for residents and overall risks in the organisation outlined the control measures in place to mitigate risks.

Since the last inspection, 16 incidents had been recorded as occurring in the centre. The inspector reviewed a sample of these incident reports and found that they were reviewed by the person in charge, the assistant director of care and a health and safety representative/ quality officer in the organisation. Where additional controls were required they were implemented and staff were aware of these controls. For example; the person in charge recommended introducing soft pillows to prevent a resident injuring themselves and this was in place at the time of the inspection.

However, one improvement was required in the records relating to bruising, for example; where a residents sustained a bruise, this was recorded on a body map and not on an incident report form. This needed to be improved to ensure that

incidences of bruising were reported properly and reviewed by relevant professionals/ senior staff to mitigate further risks in the future.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Suitable procedures were in place for the prevention and control of infection. Since the last inspection the mops were now stored in a cleaning room.

Staff were observed to wear appropriate personal protective equipment in line with public health guidelines and there was a sufficient supply of personal protective equipment (PPE) in the centre. The provider had a contingency plan in place to manage and outbreak of COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The assessment of need had been revised since the last inspection to include a more comprehensive outline of the residents needs.

Support plans were in place to guide practice which staff were aware of. A review of these support plans took place every week or month depending on the need. A multi-disciplinary team also oversaw a review of the care and support needs of the residents. In particular, one resident due to their complex needs was reviewed on a monthly basis by this team.

At the time of this inspection the provider was still trying to source a private physiotherapy assessment for one resident.

Care interventions in relation to the residents health care needs were being monitored and recorded daily or as required. However, improvements were required in other interventions for residents. For example; one resident was being supported to gain more independent living skills, however this was not recorded consistently or in a planned manner. In addition, while staff were able to talk to the inspector about some of the communication strategies they had in place for residents, this was not clearly recorded in their personal plans. For example; staff were supporting a resident to use some sign language to increase their communication skills, but it was not clear which signs were being used in order to assess the effectiveness and ensure that all staff were consistently supporting the resident with this.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had been provided with training in safeguarding vulnerable adults. Staff were aware of the different types of abuse and who they should support allegations of abuse to in the organisation. Since the last inspection there had been no safeguarding concerns reported in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cuan Mhic Giolla Bhríde OSV-0005559

Inspection ID: MON-0035822

Date of inspection: 16/11/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> - There are a small number of outstanding vacancies for Team Leader, Nurse Team Leader & Support Worker as at 08/12/22: <ul style="list-style-type: none"> o The Team Leader role is in the offer accepted stage as at 08/12/22; o Alongside the permanent Nurse Team Leader there remains 1.25hrs FTE vacant and this is being filled with regular agency until filled; o One Support Worker role has been filled commencing 12/12/22; there remains 7.48hrs FTE vacant and this is being filled with our own relief staff or regular agency; - Where vacancies remain or arise, the Provider carries out rolling recruitment every 2 weeks. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> - The Person in Charge communicated with staff at team meeting on 18/11/22 that incidents of bruising or marks must always be detailed on an incident report in addition to the body map record; - A summary of all incidents, now including bruising/marks, are routinely reviewed by the MDT in their monthly meetings to ensure any possible future mitigations are implemented. 	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Reg 5(4)(b)</p> <ul style="list-style-type: none"> - The Person in Charge has devised new tools to support the monitoring of care interventions: <ul style="list-style-type: none"> o An Independent Living Skills Recording Chart has been implemented with the team on 07/12/22. This will be reviewed by the team at monthly meetings to inform personal plan progress; o Recording of LAMH signs being used was implemented on 30/11/22, and visual guides are provided for staff to new LAMH signs being introduced. <p>Reg 5(2)</p> <ul style="list-style-type: none"> - The Person in Charge will continue to try to source a private Physiotherapist. 	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2022
Regulation 05(2)	The registered provider shall ensure, insofar as	Substantially Compliant	Yellow	31/05/2023

	is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/01/2023