

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

Issued by the Chief Inspector

Name of designated centre:	Esker Gardens
Name of provider:	Orchard Community Care Limited
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	19 November 2024
Centre ID:	OSV-0008293
Fieldwork ID:	MON-0042670

About the designated centre

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

Esker Gardens is a community facility designed for up to four residents and provides extended /long term care to residents over 18 years of age with varying conditions, abilities and disabilities. These include residents with a cognitive impairment, residents with physical, neurological and sensory impairments and residents with mental health needs. Esker Gardens operates on integrated model of care that meets both social and medical needs. Esker Gardens provides long stay residential care for female and male residents. Esker Gardens is a bungalow in a rural setting located near a large town. Esker Gardens provides an accessible, homelike, and safe environment that provides maximum privacy and autonomy for the resident. Facilities include four resident bedrooms, two living rooms, a kitchen/dining room area, utility area and a large front and rear garden. There is transport available for group outings or individual outings. Esker Gardens provides 24-hour care 7 days a week. Esker gardens is staffed by social care workers and healthcare assistants under the management of a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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
Tuesday 19 November 2024	11:00hrs to 16:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with regulations and standards.

There were four residents living in the centre on the day of the inspection, and the inspector met each of them during the course of the day. The inspector also had the opportunity to speak with family members of two of the residents.

Residents had been relocated to this designated centre as part of the 'Wasted lives' project, and all of them had previously been inappropriately accommodated in nursing homes. All residents were wheelchair users, and the designated centre was appropriate to meet their needs. For example, the kitchen area had been refurbished so that the kitchen island was at a low level to support access for wheelchair users.

The inspector conducted a 'walk around' of the centre, and met one of the residents who was enjoying a tv show in the living room. They interacted by vocalising with the person in charge (PIC), and the PIC explained that, when the resident first came to the centre they were unable to mobilise or eat and drink without support. They were now doing both these things, and could move around in their wheelchair, transfer independently and enjoy their meals and snacks without assistance.

One of the residents had a pet cat, and the inspector discussed this with the person in charge and the team lead, and all agreed that the resident had the right to have a pet, and that this was important to them. The resident spent some time with the inspector, and it was observed that the resident's eyes lit up when discussing their pet, so that it was clearly important to them.

Later in the day the two other residents returned from their activities. One of them had a chat with the inspector, and invited the inspector to see their bedroom, which was personalised and contained various preferred items. They took up a photograph of a family member and showed it to the inspector whilst giving it a kiss. They also showed the inspector equipment to increase their mobility, and described how they used it. They chatted about looking forward to Christmas, and then returned to the kitchen for a snack. The inspector observed the staff to be facilitating the choice of the resident, as they prepared the snack together.

The other resident also returned home, and showed the inspector their shopping. They spoke about their chess club, and described the game they had recently played with enthusiasm.

During the course of the inspection the inspector observed that one of the residents, who had a particular preference for foods from their own culture, preferred to eat their food from the packaging, and this was supported. The inspector observed them enjoying their meal which involved eating their preferred salad from the tub

that it was supplied in.

Family members who spoke with the inspector said that they were very happy with the care and support that their family members were receiving, and compared it to previous inappropriate accommodation. One family member said that this was the best thing that has ever happened for their relative. Another said that their relative's life had changed completely. They spoke about the significant improvements that the staff had supported their relatives to achieve. They spoke about the clear and transparent communication between the staff team and themselves, and said that they had no suggestions for any improvements.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and increasing and maintaining independence. There was a high standard of care and support in this designated centre, although some improvements were required in the safe management of medications home as further discussed under regulation 29 of this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff and was supported by a team leader.

There was a competent and consistent staff team demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team who were known to the residents. A planned and actual staffing roster was maintained as required by the regulations.

The inspector reviewed three staff files and found that they contained all the information required by the regulations, including current Garda vetting, however, there were gaps in the employment history in two of the files, one of five months and the other of two years.

The inspector spoke to the person in charge, the team lead and a member of staff and found them to be knowledgeable about the care and support needs of residents, and about the management of any identified risks in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Staff had also received training in human rights. The quality of training in the safe administration of medication required improvement as discussed under regulation 29: Medicines and pharmaceutical services.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector viewed three of the records of supervision conversations, and saw that there was a review of needs and concerns, and that they included positive feedback to staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a team leader.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. This

review began with consultation with residents, and a review of any complaints. It examined all areas of the operation of the designated centre. Any required actions that had been identified included an expected timeframe for completion, and were monitored until complete. The inspector reviewed three of the required actions from the most recent review, and all had been completed including: self-administration of medications assessments, gaps in staff training and a missing monthly audit.

A monthly audit was completed by the person in charge, and this audit began with a review of any required actions identified the previous month. The audit looked at various aspects of care and support including: staff training, supervisions, team meetings and personal plans, and there was evidence included to support any findings. A monthly 'Governance and Oversight' report was prepared and submitted to senior management and the quality management team, so that it was clear that there was detailed oversight of the designated centre at each level of management.

There had been no accidents and incidents in the year prior to the inspection, however there was a system of reporting, recording and escalating any incidents if any did occur.

Regular staff meetings were held, and day-to-day communication was managed by a diary and a 'shift planner' which included a handover and an allocation of tasks. An update on each resident was include in this document.

Overall it was apparent that there was clear oversight in the centre and that staff were appropriately supervised.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were well managed, with consideration being given to the compatibility of residents. Where a resident had recently moved into the centre, a transition plan had been developed whereby there were a series of visits, including overnight visits, by the new resident during which they met the current residents. The potential admission was then discussed at residents' meetings, and residents indicated their agreement to the new resident moving in. The inspector reviewed the minutes of these meetings, and saw that residents had signed them as being an accurate record.

It was evident that the rights of the current residents were given the same priority as the rights of the new resident.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the chief inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There were no current complaints, but various compliments had been recorded, including comments from family members of some of the residents in relation to their satisfaction with the care and support offered to their relatives.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. However, significant improvements were required in staff training in the safe administration of medication to ensure competence in this area.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency, although an additional fire drill under night time circumstances was required. .

The rights of the residents were well supported, and residents indicated that they were happy in their home. Family members indicated both through discussion with

the inspector, by their input into the annual review and via the submission of complements that they were satisfied with the care and support offered to their family members.

Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate and all staff had received training in fire safety. However, there was no evidence of a fire drill having been undertaken under night-time circumstances. The last occasion that this had been undertaken was prior to the admission of one of the residents when there were only three residents in the house.

Staff accurately described the ways in which to support each resident to evacuate in the eventuality of an emergency, in accordance with the information in the personal evacuation plans and one of the residents who spoke to the inspector knew how to respond to an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required in the management of medication, and in particular in the training of staff members.

While four staff members had received training in the safe administration of medications at some point, including three competency assessments, the remainder of the staff team had only completed an hour long on-line course called 'management of medication'. Whilst the team leader said that they conducted competency assessments, there was no record of these.

The inspector was particularly concerned about the inadequacy of training because staff were required to administer suppositories and sub-cutaneous injections, and even though these had been demonstrated to them, there was insufficient evidence of competency.

However, there were plans in place with guidance to staff, for example in the rotation of the site of administration of sub-cutaneous injections, and an emergency

plan relating to the administration of rescue medications for epilepsy. In addition, the inspector spoke to one of the staff members who had been in receipt of a comprehensive 'safe administration of medication training', and this staff member gave a detailed description of their administration practice, which was in line with best practice.

Any medication errors were followed up appropriately. Where there had been two errors identified, a new risk assessment had been put in place and this was discussed at the following staff team meeting. There had been no errors since this. However, the inspector reviewed the audit of medication management and found that it was a yes/no questionnaire, and did not require any evidence to support the findings.

There was a dedicated fridge in the utility room for some medications which required cold storage, however these medications were not locked away. This matter was rectified during the course of the inspection so that all medications were then safely stored.

A medication self-administration assessment had been conducted with each resident, and two residents were managing their own medication with some staff support. The assessments outlined exactly what supports were required by staff, and what steps residents could take for themselves. There were pictures of tablets and their names available to residents to assist with their understanding of the purpose of each medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on a detailed assessment of need which was reviewed at least annually. A person-centred plan had been developed with each resident, and person centred planning meetings were held at which goals were set or reviewed with each resident in relation to maximising their potential. Goals were set in accordance with the preferences and abilities of residents, and steps towards achieving goals were recorded. The inspector reviewed the goals of two of the residents and found them to be person centred and achievable.

For example, one resident was working towards setting up their own bank account, and had already achieved the step of opening a credit union account. Another had chosen to work towards having a job, and various steps towards this goal had been achieved, the next step being an appointment with an advisor.

The personal plans also included sections on healthcare and these also provided clear guidance to staff as discussed under regulation 6: Healthcare.

Overall there was an emphasis on gaining and maintaining independence for

residents, and on listening to their views.
Judgment: Compliant
Regulation 6: Health care
<p>Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were detailed healthcare plans in place, for example in relation to stoma care, pressure area care and constipation. Whilst these plans included in-depth direction for staff, aspects such as stoma care and sub-cutaneous injections required the additional support of competency based training for staff, as discussed under regulation 29: Medicines and pharmaceutical services.</p> <p>Residents had access to various members of the multi-disciplinary team (MDT) as required, including the occupational therapist, the speech and language therapist and the physiotherapist. In addition residents had access to the public health nurse who conducted annual health reviews.</p> <p>The occupational therapist had designed exercises for residents to maximise their independence, for example in mobilising and transferring, and the improvements had been documented.</p>
Judgment: Compliant
Regulation 8: Protection
<p>There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training. Residents and their families knew who to approach if they had any concerns.</p> <p>There were no current safeguarding plans issues in the designated centre, however the inspector was assured that residents were safeguarded, and that appropriate action would be taken if any safeguarding issues were identified.</p>
Judgment: Compliant
Regulation 9: Residents' rights
Residents were consulted with regularly about the operation of the designated

centre, and about their care and support needs.

Regular residents' meetings were held, and residents chose whether or not to attend these meetings. If they chose not to attend, staff ensured that individual discussions were held with them. Staff ensured that the voices of residents were heard and that they were supported to make their own decisions. Where residents might make unwise decisions, staff described the ways in which they would ensure that all pertinent information was made available to them. For example, one of the residents smoked cigarettes, and while information about the health implications had been made available to them, the resident made their own decision.

Each resident had an intimate care plan in place, which included detailed direction for staff as to how to best support them. These documents also included the residents' preferences of staff who would help them in this regard.

There was an emphasis on maintaining and improving residents' independence. Residents had their own presses in the kitchen, and helped themselves to snacks or made themselves a sandwich whenever they chose. Others were being supported to increase their mobility. All residents were supported to be involved in their local community if they so chose.

One of the residents was interested in art, and had taught themselves to paint by watching YouTube videos after being introduced to art at their day service. They had been further supported to join a local art group, and were enjoying painting on canvas with this group. One of their goals was to sell some of the pieces of art.

Overall it was evident that all efforts were made to ensure that the rights of residents were respected.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Esker Gardens OSV-0008293

Inspection ID: MON-0042670

Date of inspection: 19/11/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• Person in charge will review all staff files to ensure that all staff's CV comply with regulations. Will be Completed by 10.01.25	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• Night time fire drill with minimum number of staff and maximum number of residents was completed- Completed 14.12.2024• A night time evacuation demonstration took place on the 17th December at the team meeting. Completed 17.12.2024.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none">• All staff will undertake comprehensive training to include competency based assessments completed by 31st January.• In house Suppository training, Sub-cutaneous injection training scheduled for all staff-	

Completed by 16.01.25

- In house medication training specific to each resident has been scheduled for all staff-

Completed by 16.01.25

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	10/01/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	17/12/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal	Substantially Compliant	Yellow	31/01/2025

	and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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