



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

## Issued by the Chief Inspector

Name of designated centre:	Towlaght House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	29 September 2022
Centre ID:	OSV-0007996
Fieldwork ID:	MON-0033086

## About the designated centre

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

Towlaght House can provide a full-time residential service for five adults who present with intellectual disabilities, autistic spectrum disorder, and or acquired brain injuries. The house is situated within walking distance of a village in Co. Meath. Residents can easily access local amenities. There are five individual bedrooms, one downstairs, wheelchair-friendly bedroom, and one wheelchair-accessible bathroom. On the first floor, there are four bedrooms, all of which have their own en-suite. Residents are supported on a 24-hour basis by team leaders and direct support workers..

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Thursday 29 September 2022	09:30hrs to 16:30hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

Upon arrival at the residents' home, the inspector was greeted by a staff member who completed symptom checks as per the provider's infection prevention and control practices (IPC). Two of the residents were sitting with staff members at the kitchen table and discussing their plans for the day. One of the residents asked the inspector why they were there. The inspector explained their role and what they would do throughout the inspection.

One of the resident's told the inspector that they were planning on running errands and then returning to the centre for a birthday party. Both residents explained that they were attending a day service programme two to three times per week. Both residents spoke positively of their home and also of their day-service programmes.

The inspector briefly met with a third resident later in the day. The resident said hello to the inspector and then engaged in their morning routine. The inspector observed that the resident appeared, comfortable and relaxed in their home, while watching television and listening to music. The other two residents attended their day service programmes during the inspection.

Through observations and the review of records, the inspection found that, the residents were receiving a service that was meeting their needs. Residents were being communicated to in a manner that respected their rights, and they were encouraged as much as possible to be active decision-makers regarding their daily lives and care.

The inspector reviewed a sample of weekly resident meetings. Residents were encouraged to identify topics or activities they would like to discuss or engage in. The staff team also used the meetings to share information with residents regarding their rights, the complaints policy, IPC practices or updates regarding the COVID-19 pandemic and vaccinations.

A review of daily notes also demonstrated that residents were engaged in activities in their community, such as going out for food, going shopping or going for a drink. Some of the residents were engaging independently in activities outside of their home.

The inspector reviewed a sample of feedback questionnaires completed by residents' family members regarding the service being provided to their loved ones. The responses were positive.

The inspector observed warm and jovial interactions between the residents and the staff team and noted a homely atmosphere in the residents' home. There were sufficient staffing levels on the day of inspection. The provider had recently increased staffing numbers following the admission of a new resident. The review of staffing rotas identified that safe staffing levels were being maintained each day.

There were, however, improvements required regarding ensuring that there was a consistent staff team supporting the residents. This will be discussed in more detail in the capacity and capability section of the report.

A member of the provider's senior management team guided the inspector on a walk through the residents' home. The residents' home was clean and well-maintained. The inspector did observe that there was surface damage to handrails in a resident's bathroom. The surface damage impacted the staff team's ability to effectively clean the handrails. This will be discussed in more detail in the quality and safety section of the 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 on the quality and safety of the service being delivered.

## Capacity and capability

Residents were receiving a consistent and good standard of care. The centre was effectively resourced with a clearly-defined management structure in place.

The management team had developed appropriate arrangements to ensure the service was effectively monitored. The service provided to residents was effective and focused on meeting their needs. For example, monthly comprehensive audits were being completed and captured areas that required improvement.

The provider had completed an annual review of the quality and safety of care. They had also carried out unannounced visits to the centre as per the regulations. Written reports on the safety and quality of care and support in the centre were generated following the visits. Areas that required improvement were identified, and action plans were developed to address any deficits found.

As noted above, the provider had ensured that there was sufficient staffing numbers in place to meet the needs of the residents. However, the review of rotas found that there had been a number of changes to the staff team in recent months. The provider had, for a period, been unable to ensure that a consistent staff team was in place to support residents. Therefore, improvements were required to ensure that the residents were receiving continuity of care.

The inspection found that there were appropriate arrangements for supporting, developing and performance managing the staff team. The provider and the person in charge had ensured that the staff team had access to and had completed appropriate training to support the residents. There was evidence to demonstrate that the staff team were receiving regular supervision.

The inspector reviewed information relating to a recent admission to the service.

The provider ensured that the person coming into the centre had been supported to visit the house before their admission and had an opportunity to meet with some staff members. The residents already living in the house were informed of the planned admission, and the provider had completed an impact compatibility assessment before the resident's admission. Residents had also been provided with contracts of care. These contracts contained the required information and had been signed by the residents or their representatives.

Overall, the provider and person in charge had ensured that adequate systems were in place to provide good quality and safe service to residents.

### Regulation 15: Staffing

The review of previous and the current staff roster identified that there had been a number of changes to the staff team and, therefore, improvements were required to ensure that residents received continuity of care and support.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

### Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were appropriate arrangements in place to support new admissions to the service. The provider also ensured that residents were provided with contracts of care containing relevant information per the regulations.

Judgment: Compliant

## Quality and safety

The provider had ensured arrangements were in place for the prevention and control of infection. The provider had adopted procedures in line with public health guidance and there was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. The staff team had access to up-to-date information regarding IPC practices and COVID-19 updates. Notwithstanding these measures, infection control risks were identified. There was damage to the surfaces of handrails in one of the resident's bathrooms. The surface damage meant the areas could not be effectively cleaned.

The person in charge and team leaders had completed IPC audits. These audits, however, had not identified that there were issues with the handrails. Therefore, some improvements were required to how audits were being completed.

The inspector did note that the residents' home was spacious and well maintained. Adaptations had also been made to the premises to meet the needs of residents. There were areas for residents to take time away and space to receive guests if they wished.

A review of residents' records found that the provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that, the care provided to residents was person-centred and reflected the changes in circumstances and new developments for residents. The information reviewed also demonstrated that residents received and had access to appropriate healthcare.

There were arrangements that ensured residents had access to positive behavioural support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific. There were systems to gather information following behavioural incidents to promote learning for the staff team and residents. The behaviour support plans, as a result, were focused on identifying and alleviating the cause of residents' behaviours.

There had been a period in August where residents had impacted negatively upon one another. This had intensified following the most recent admission to the service in late July. The provider had ensured that suitable systems were in place to

respond to safeguarding concerns. The provider carried out investigations and developed safeguarding plans to maintain the safety of residents when required.

The inspector reviewed a sample of incident reports that had been completed. It was found that there were systems to identify, record, investigate, and learn from adverse incidents. As stated above, there had been a period where residents impacted negatively upon one another. The review demonstrated a significant reduction of incidents in September.

The person in charge and the staff team supported a group of residents with complex needs. Individual risk assessments were devised for each resident. These were concise and provided the staff team with the information to keep themselves and residents safe. There was also evidence of the risk assessments and support plans being updated regularly to track the changing needs of residents.

In summary, the inspection found that there were some improvements required. However, residents were cared for in a person-centred manner.

### Regulation 10: Communication

Residents were communicated with in a manner that respected their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had opportunities to participate in activities per their interests, capacities and needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

## Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance. However, it was noted that the damage to surfaces in a resident's bathroom meant that the areas were difficult to clean from an infection control perspective.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

## Regulation 6: Health care

The healthcare needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions 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
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Towlaght House OSV-0007996

Inspection ID: MON-0033086

Date of inspection: 29/09/2022

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• Ongoing recruitment for staff</li> <li>• New staff have started and new staff have accepted are scheduled to start</li> <li>• Ongoing supervision and supports in place for staff to promote staff retention</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Infection Control Policies and Guidance in place. <ul style="list-style-type: none"> <li>• All staff are trained in Infection control.</li> <li>• Infection Control Guidance in place for staff to follow.</li> <li>• Infection control checklists and audits in place completed by the PIC and infection control leads.</li> <li>• Equipment for residents bathroom ordered and surfaces replaced to promote infection control</li> </ul>	

## 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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	20/11/2022
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 published by the Authority.	Substantially Compliant	Yellow	01/11/2022

