Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Leeside
Name of provider:	Health Service Executive
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	10 May 2022
Centre ID:	OSV-0003319
Fieldwork ID:	MON-0028480

About the designated centre

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

Leeside is a designated centre operated by the Health Service Executive. The designated centre provides community residential care for up to three adults. The premises comprises of a dormer style detached house on its own grounds. Each resident has their own bedroom and en-suite bathroom, and share a communal kitchen, recreation and living area. There is a secure easily accessible garden. The staff team consists of nursing and healthcare assistants and includes waking night support. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 10 May 2022	10:00hrs to 18:15hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

There were two residents living in this centre at the time of this inspection. The inspector had an opportunity to meet with both residents during the inspection. One resident used alternative communication methods and the staff team assisted them to communicate with the inspector.

On arrival, the inspector was greeted by one resident as they collected the post. The resident showed the inspector around their home and spoke about their interests in fire safety in the centre, golf, soccer and art. The resident was observed later on relaxing in the living room having a cup of tea. The inspector was informed that the resident had expressed a wish to move out of the centre. Whilst the resident expressed dissatisfaction with their current placement in the centre, they also spoke very positively about some of the staff team that supported them and about some of the activities that they were supported to take part in.

The inspector met with the second resident briefly. A staff member supported them to communicate with the inspector. This resident appeared content in their home and was very comfortable in the presence of the staff supporting them. This resident was reported to enjoy a variety of activities such as walking and swimming. The resident showed the inspector their living room and bedroom. The resident then communicated that they would like to access the community with staff and was supported to do same.

In addition, the two residents were supported to complete questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported them. In one resident's feedback they noted that they find the centre too hot at times. The inspector also reviewed the residents' family or representatives feedback in the provider's annual review. Overall, the representatives' feedback was positive on the care and support provided to the residents.

The inspector carried out a walk through of the premises. As noted, the centre is a dormer style house consisting of office, dining room, living room, kitchen, utility room and four resident bedrooms. Overall, the centre was decorated in a homely manner and was well maintained. However, some general upkeep and maintenance was required. For example, small areas of scratched paint were observed in areas of

the centre, the flooring in the staff toilet was lifting and the areas of the external paint was peeling. In addition, the inspector was informed that one resident was using a bathroom in a vacant bedroom as their en-suite was not suitable at the time of the inspection. A referral was made to Occupational Therapy to address this.

Overall, the residents appeared content and comfortable in their home and the staff team were observed supporting residents in an appropriate and caring manner. However, there were areas for improvement were identified including the governance and management, premises, infection prevention and control practices, safeguarding and fire precautions.

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

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. On the day of the inspection there was suitable staffing levels in place to meet the needs of residents. However, improvements were required in the oversight arrangements and timeliness of supervision.

The centre was managed by a full-time person in charge, who was suitably qualified and experienced. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the effective oversight of the service. For example, the inspector identified a number of areas including which had not been self-identified by the provider through the quality assurance audits.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of residents. From a review of the roster, there was an established staff team in place. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place which ensured continuity of care. At the time of the inspection, two vacancies which were being managed through regular relief staff and members of the staff team. the inspector was informed that the provider is actively recruiting to fill these roles. Both residents were supported on a one-to-one basis during the day and there were at least two staff members on shift at all times, including at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team had access to appropriate training, including refresher training in areas including safeguarding, infection prevention and control, fire safety and de escalation and intervention techniques.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed the supervision schedule and a sample of supervision records and found that some improvement was required to ensure all staff received supervision in line with the provider's policy.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Social Care Manager, who in turn reports to the Director of Nursing. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review 2021 and six monthly provider visits. In addition, monthly audits were taking place of the designated centre. The audits identified areas for improvement and action plans were developed in response.

However, improvements were required in ensuring the oversight arrangements were effective. For example, the inspector identified areas for improvement which had not been self-identified by the quality assurance audits. This included that the fire extinguishers had not serviced since March 2021, the cleaning schedules in place were not fully effective and improvements were required in the oversight of residents' finances.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person centre care and support to the residents in a homely environment. However, improvement was required in the premises, fire precautions, oversight of finances and restrictive practices.

The inspector reviewed a sample of residents' personal files. Each resident had an up to date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the resident with their needs. As noted, one resident expressed dissatisfaction with their placement and a wish to move out of the centre. This was being reviewed by the resident's circle of support including advocacy and a referral for an independent assessment had been made in order to explore the resident's preferences.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, it was not evident that the fire extinguishers had been serviced since March 2021. In addition, improvement was required in the fire safety arrangements in place for the safe evacuation of all persons in the event of a fire.

There were systems in place for the prevention and management of risks associated with infection. The provider had prepared contingency plans for COVID-19 in relation to staffing and the self-isolation of residents. The inspector observed sufficient access to hand sanitising gels and PPE through-out the centre. Staff were observed wearing PPE as required. However, some improvement was required in relation to infection prevention and control practices in areas including the storage of cleaning equipment and effectiveness of cleaning schedules.

The provider had systems in place for safeguarding residents. However, the inspector reviewed one resident's finances and found that the oversight practices in place required improvement.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and was generally well-maintained. The previous inspection identified that some improvements were still required to some of the exterior of the premises including the accessibility of a shed on the grounds and external areas of rough ground required attention. This had been addressed.

However, due to the changing needs of residents, one resident was using a bathroom in a vacant bedroom for personal care as the shower was deemed as not being appropriate to meet their needs. While the impact on the residents privacy and dignity was managed by the provider the accessibility of the bathrooms required review in order to meet residents' needs. The inspector was informed a referral had been made to Occupational Therapy.

Some areas of the premises also required improvement. The external painting of the premises in areas was flaking and the internally paint was observed to be scratched in areas. The inspector also observed the flooring lifting in staff bathroom.

In addition, CCTV (close circuit television) cameras were in place on the exterior of the premises and in the hallways of the centre. While this was not operational at the time of the inspection, they were very visible and negatively impacted on homeliness of the centre. The placement of CCTV cameras throughout the centre required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. There was an up to date risk register in place which identified a number of risks. The risk register outlined the controls in place to mitigate the risks. Each resident had a number of individual risk assessments on file, where required, which were up-to-date and guided the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The registered provider had taken steps to ensure that there were systems in place to keep residents safe from healthcare associated infections.

There was a centre specific contingency plan for the management of suspected and confirmed cases of COVID-19 and this included systems in place in shared apartments. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. Staff were observed wearing PPE as appropriate throughout the day of inspection.

The provider had an infection control policy in place which guided staff on the management of waste and laundry. However, this was a general policy and was not

centre specific.

There were systems were in place to run water in areas not currently in use protecting residents from the risk of water borne disease. Cleaning schedules were in place. However, some improvement was required in the effectiveness of the cleaning schedules. For example, cobwebs were observed in one resident's bathroom and on a door frame in the hallway. The cleanliness of one shower also required review. Other areas of the centre were visibly clean on the day of inspection.

In addition, some improvement was required in the cleaning equipment storage practices. The inspector observed a damp mop stored in a bucket which contained water stored in a cabinet in the laundry room. This practice posed an infection control risk. The inspector was informed an infection control audit was planned in the coming weeks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had a local fire management plan in place. However, this required review as it referred to a resident who had since moved from the centre.

The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. While there was evidence that the emergency lighting and fire alarm had been serviced as required, it was not evident that the fire extinguishers had been serviced since March 2021.

There was evidence of regular fire evacuation drills taking place in the centre. However, improvements were required in the arrangements to ensure the safe evacuation of all persons in the event of a fire. For example, while there was evidence of regular fire drills the time of the drill was not recorded for all drills. So, it was not evident a night time fire drill had been completed in the last year. In addition, recent fire drills completed in November 2021, December 2021 and March 2022 took 10 minutes, seven minutes and five minutes respectively. It was not clear from a review of records the reasons for the length of time to fully evacuate the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Each resident had a

comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed locally. However at the time of the inspection the restrictive practices were in the process of being reviewed by the organisation's human rights committee.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content in their home and spoke positively about living in the designated centre.

However, the system in place to safeguard residents' finances required review. The inspector reviewed one resident's finances and found that there was evidence of day-to-day records and checks. However, the resident was assessed as requiring support with finances and it was not evident that the oversight practices in place were appropriate in order to ensure that the residents' finances were fully and appropriately safeguarded in line with their assessed needs.

Judgment: Not 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Leeside OSV-0003319

Inspection ID: MON-0028480

Date of inspection: 10/05/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Supervision schedule has been reviewed to ensure all staff receive supervision in line with the provider's policy.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: → A fire warden has been appointed within the staff team. This staff member alongside the PIC will conduct monthly audit and walk through in relation to fire safety. A new template for this audit has been complied by the PIC. This Audit will include full assessment of all fire safety equipment to ensure that maintenance/service of equipment is conducted within specified time frame going forward. Furthermore the PIC has compiled a new fire drill log to be completed monthly, this log is more detailed than the one being used at time of inspection, guidelines for completing fire drills has also been developed, the PIC will provide oversight and governance on monthly fire drills. →Since Inspection a full IPC inspection has been carried out by the HSE IPC team and recommendations for improvement has commenced. The PIC has devised a new template for the schedule and recording of cleaning within the premises and this will include oversight from PIC going forward. →In relation to oversight of residents finances, the service has developed a new audit to be carried out monthly by the PIC, this audit includes, reviewing all resident bank statements, saving accounts, cross checking them with receipts, requesting proof of purchases made. A full review of all saving accounts/credit unions accounts to be carried out by PIC, and safeguarding measures from this review will be implemented.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: →Need for OT services had already been escalated from DON to General Manager, actively sourcing private OT in the meantime. Once recommendations have been made, alternative arrangements will be provided for this resident in relation to bathroom/bedroom facilities, transport and seating. → The head of maintenance has been contacted and has visited Leeside on 25/05/22 and plan is now in place to address issues raised in relation to premises. →Works will be carried out on external/internal painting, Staff toilet floor covering has been fixed on 1/06/22 and re-grouting of one residents shower completed on 1/06/22, deep cleaned of entire house was carried out on 18/05/2022 →Internal/external CCTV cameras which are no longer in use have been removed by maintenance on 3/06/22

Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: →IPC inspection carried out on 18/05/22, recommendation received and currently been implemented →Deep Clean carried out throughout house on 18/05/22 → The National Community Infection Prevention & Control (IPC) manual (2022) guides the Centre in relation to infection prevention and control practices and processes. Equally, The National Clinical Effectiveness Committee (NCEC) is in the process of ratifying a NCEC Health care associated infection/IPC Guideline which will complement the above named community IPC manual. Where the Centre has identified Centre specific practices and processes, a standard operation procedure will be developed with the collaboration of residents (where applicable, for example residents use of laundry room) and the community clinical nurse specialists in Infection Prevention and Control. →New schedule and recording of cleaning implemented following IPC inspection, included on this schedule is oversight including visual inspection monthly from PIC →Following inspection all staff briefed on importance of following IPC regulations and ensuring all cleaning chemicals are locked away, as per health and safety guidelines also.	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: →All Fire Extinguishers were serviced on 13/05/2022 →A Fire Warden has been appointed within the staff team →Fire Safety Policy has been reviewed by PIC, oversight from PIC going forward →New Fire Drill guidelines and fire drill log has been developed and implemented by PIC in line with regulation 28	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

RIRC scheduled for 12th July 2022 to review all outstanding restrictive practices	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: →An additional task has been assigned to the keyworker to ensure review of bank statements is included when completing monthly financial audit for their relevant service user →PIC has developed a new audit template to be completed by the PIC once per month, this will include cross checking all withdrawals from bank accounts with entries into personal petty cash books with bank statements, checking all receipts and ensuring appropriate purchases made, requesting proof of purchase, checking any savings accounts and if any withdrawals were made, evidence of why. →Full review of all residents personal and savings accounts underway. Protections to be implemented following review.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	25/07/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/09/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Not Compliant	Orange	30/07/2022

	needs, consistent and effectively monitored.			
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	30/07/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	20/05/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/05/2022
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.	Not Compliant	Orange	15/05/2022

Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	12/07/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	01/07/2022