



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

Issued by the Chief Inspector

Name of designated centre:	Earrach Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	26 April 2023
Centre ID:	OSV-0005332
Fieldwork ID:	MON-0031066

About the designated centre

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

Earrach Services is a service run by the Health Service Executive. The centre comprises of two two-storey houses which are located next to each other in a town in Co. Sligo. The centre provides full-time residential care for up to twelve male and female residents who present with an intellectual disability. The staff team consists of both nursing and non-nursing staff. A waking night arrangement is in place in both properties.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Wednesday 26 April 2023	10:00hrs to 15:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre. From what residents said and from what the inspector observed, it was clear that residents were enjoying a good quality life where they were supported to be active participants in the running of their home and be involved in their communities.

Earrach comprises of two two-storey houses located next to each other. The inspector visited each house during this inspection and found that the premises were designed to suit the assessed needs of the residents and in a good state of repair. The entrances halls were bright and welcoming. The kitchens were well equipped and there was a utility room for the laundering of clothing and linens nearby. The sitting rooms and dining rooms were comfortably decorated with items of personal interest displayed. Residents had access to a smaller sitting room at the front of the properties. This meant that they had a choice of where to spend their time and could sit alone if they wished. Each resident had their own bedrooms, some of which were en-suite. A spacious bathroom with a wet room for showering was provided for the use of the other residents. In addition, there was an office for administrative tasks. This was located in an area that did not impact on the homely and welcoming atmosphere in the centre.

In advance of the inspection, all residents had completed questionnaires with the support of staff members. The residents' feedback said that they were happy in their home, that they were happy with the range of activities offered and that they had choice in their daily lives. In addition, the inspector met and spoke with six residents on the day of inspection. One resident was observed completing household chores in the kitchen. They spoke with the resident about their home town and about a recent visit to a restaurant there. They invited the inspector to see their room as they wished to show them some of the items they brought back from this visit. The inspector found that the resident's bedroom was personally decorated, clean and comfortable. The resident told the inspector that Earrach was a 'happy home' and that they liked living there.

A second resident spoke with the inspector about their experience of living in this designated centre. Likewise, they told the inspector that they were happy in their home, that they loved their bedroom and that the staff were 'lovely'. The inspector found that each bedroom was personally decorated in line with the residents' wishes.

The third resident spoke to the inspector about their birthday celebrations. They

proudly showed the inspector a large poster which was displayed in their room. This showed pictures of the resident from childhood to adulthood and when asked, the resident said that it was made for them by a staff member. Later, the resident spoke to the inspector about feeling safe in their home and they explained that they would talk to staff if they felt worried or concerned.

All residents at this centre had good contact with their family members. This included visits to the centre, visits to their homes and telephone calls which were facilitated by staff members. In addition, residents were observed to be active participants in their local community and were reported to be known by their neighbours locally. Most resident attended a day service, however, this was reported to be in accordance with their personal wishes. On some days, some residents chose to stay at their home and this was accommodated by the service. On the day of inspection, one resident told the inspector that they were going to an appointment with a hearing specialist. Others went out for a walk, a drive and to visit a coffee shop. While in their home, residents were observed actively engaged in organising their home. One resident told the inspector that they were doing their laundry that day. Later, they were observed making their bed independent of staff support. Another resident was setting the table for lunch while chatting in a companionable manner with the staff member on duty. A third resident, had cleaned their room and they were observed independently returning the cleaning equipment used to a storage place.

The inspector met with five staff members on the day of inspection. When asked, they spoke with the inspector about using a human rights approach to their work. All staff spoken with had completed a number of training modules in human rights. This included training on an electronic platform, but also training in supported decision making and the national consent policy. In addition, the inspector found that the person in charge had a good knowledge matters pertaining to assisted decision making and legislation in this regard. This meant that the staff on duty were aware of the residents' right to make personal choices, to make decisions and of their role in supporting this. They spoke about the principle of empowerment and of how this underpinned their day to day work in this designated centre. This was evident from the staff and resident interactions observed on the day of inspection.

Overall, the inspector found that the staff on duty were very familiar with the residents support needs and very attentive to their requirements. The residents were provided with a good quality, person-centred and rights based service where they were actively involved in the running of their home and with activities in their local community.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre which ensured that the care delivered to the residents met their needs and was under ongoing review. Some improvements under the training and staff development regulation would further add to the quality and safety of the service provided.

The management structure consisted of a person in charge who reported to the director of nursing. In addition, the assistant director of nursing and a clinical nurse manager 3 were available to provide support as required. The person in charge was one year in post and this was their first inspection of Earrach Services. They had responsibility for the governance and oversight of two designated centres in total. These properties were located next to each other and the person told the inspector that they had the capacity to provide this oversight. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The provider had a statement of purpose which was available for review. It was revised recently and contained the information required under Schedule 1 of the regulations.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available. The inspector found that they were well maintained and provided an accurate account of the staff present at the time of inspection. The number and skill mix of staff was found to meet with the assessed needs of the residents. Night-time staffing arrangements included two waking night staff, one in each property. Where additional staff were required they were provided. The person in charge said that these staff members were familiar with the residents and the service and therefore consistency of care was provided. When the person in charge was not available, an on-call system was in place. This was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. The sample reviewed showed that although most of the training modules were up to date, some were yet to be completed. This included moving and handling training for 2 staff members that had commenced employment with the service. In addition, 2 staff required refresher training in positive behaviour support and 1 required training in the safe administration of medicines. The person in charge had plans in place to progress outstanding modules and the provider reported that they were working with trainers in order to secure training in a timely manner and as required.

A formal schedule of staff supervision and performance management was in place. This included supervision for the person in charge which had occurred recently. At service level, the person in charge told the inspector that they were working through their supervision meeting schedule. At the time of inspection 4 staff members had supervision meetings completed. This required review.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre and an audit schedule was used to assist with planning. The annual review of care and support provided and the unannounced six monthly audit were completed in March 2023. Other audits included monthly checks on medication management, bi-monthly care plan checks and quarterly audits on complaints and restrictive practice. The person in charge had a quality improvement plan (QIP) in place which documented the actions arising from the audits completed. This was a comprehensive document which was reviewed regularly. It included an action in relation to outstanding training.

Overall, the inspector found that the good governance and management arrangements in the centre led to improved outcomes for residents' quality of life and care provided. As outlined, an improvement in relation to training and staff development would further enhance the service provided.

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated. The roster was reviewed and the inspector found that it was well maintained and provided an accurate account of the staff present at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff

supervision and performance management was in place. However, the following required review;

- To ensure that all training modules were up to date for all staff.
- To ensure that the supervision records for all staff were up to date

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre and an audit schedule was in use to assist with planning. The quality improvement plan was in place and reviewed regularly

Judgment: Compliant

Regulation 3: Statement of purpose

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided in Earrach was person-centred, safe, and one where residents' wishes and rights were respected. Improvements in relation to training and staff development as outlined previously, would further add to the compliance found on inspection.

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. A named nurse and keyworker systems was in use in this centre and it was reported to work well. Each resident had a personal-centred plan which was reviewed regularly. Residents were actively involved in their local communities through a wide range of activities. This included attendance at a structured day service on days of their choosing. Also, they enjoyed swimming, horse-riding, football matches, reflexology, walks and trips to coffee shops and

restaurants. Longer trips were planned and documented on residents' goal setting plans. These included going to concerts and performances, which included overnight hotel stays. All residents had contact with their family members. This included visits home, visits to the centre and telephone calls which were supported by the staff on duty.

Residents that required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example, residents had the support of psychology, occupational therapy, speech and language therapy and physiotherapy. The inspector found evidence of speech and language therapy recommendations displayed on the notice boards of the properties which meant that the strategies were used on a day to day basis. On the day of inspection, one resident was attending a hearing clinic and improvements in his wellbeing were reported as very positive.

The inspector reviewed the arrangements that the provider and person in charge had in place in order to operate the centre in a manner that respects residents' human rights. Throughout the day of inspection, the inspector found evidence of the provision of choice, respect shown for residents' decisions and the promotion of residents' independence. Residents meeting were taking place regularly and this afforded opportunities to make day to day decision about the running of their house. In addition, resident had access to information sessions on advocacy which were provided through their day service and at their home if required. An easy read charter of human rights was displayed for residents use. In addition residents were making decisions about their finances, the decoration of their rooms, their attendance at day service and the goals that they would like to pursue. All of these were supported and respected by the staff on duty.

The provider had a residents guide available in easy-to-read format which met with the requirements of the regulation and it was available for residents use if required.

The provider had systems in place to ensure that residents were protected from abuse. This included an up-to-date safeguarding policy and the provision of staff training in safeguarding and protection. There were no open safeguarding concerns at this centre at the time of inspection. However, the inspector found that if a concern arose that it was acted on in line with the provider's policy and in line with national guidelines. Furthermore, safeguarding and protection was discussed at staff meetings, the identity of the designated officer was clearly displayed and staff were aware of what to do if required.

The provider had effective management systems in place to reduce and manage risk in the designated centre. This included a risk management policy and arrangements for the assessment, management and ongoing review of risk. A named health and safety officer was available to provide support if required. The provider had recently introduced a new biological risk management process and training for the staff team was ongoing. Residents had individual risk assessments with additional support plans to mitigate against the risks identified. As outlined above, this service promoted a human rights based approach and this included positive risk taking. For

example, one resident wished to attend some local activities independently. This was risk assessed, rated, control measures were in place and they were reviewed regularly.

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. In addition, residents had personal emergency evacuation plans and all staff had fire training. Staff spoken with were aware of how to evacuate the premises safely. In addition, the inspector found an easy-to-read evacuation poster of the residents on their notice board. A named fire officer was in place in order to provide additional support if required.

In summary, residents at this designated centre were provided with a good quality and safe service, where their preferences and rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. However, some improvements were required to ensure full compliance with the regulations in relation to auditing and fire precautions which would further enhance the service provided.

Regulation 20: Information for residents

The provider had a residents guide available in easy-to-read format which met with the requirements of the regulation and it was available for residents use if required.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective management systems in place to reduce and manage risk in the designated centre. This included a risk management policy and arrangements for the assessment, management and ongoing review of risk. A named health and safety officer was available to provide support if required.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate

the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from abuse. This included an up-to-date safeguarding policy and the provision of staff training in safeguarding and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had arrangements in place to ensure that the centre was operated in a manner that respects residents' human rights. Throughout the day of inspection, the inspector found evidence of the provision of choice, respect shown for residents' decisions and the promotion of residents' independence.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 Earrach Services OSV-0005332

Inspection ID: MON-0031066

Date of inspection: 26/04/2023

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance with Regulation 16 the following actions have been undertaken</p> <ul style="list-style-type: none"> • A plan has been developed and is in place for all outstanding training modules to be completed inclusive of CPR, manual handling and the Safe Administration of Medication. • The centers training matrix identifies all refresher training requirements and this will be closely monitored by the PIC to ensure these are completed within the specified timeframes. <p>All outstanding training will be completed by 2-6-23.</p> <ul style="list-style-type: none"> • There is a schedule in place for supervision of all staff.-The centres training matrix highlights when each supervision is due for renewal. This will be closely monitored by the PIC to ensure these are completed within the specified timeframes. <p>All staff will have supervision completed by 9-6-23.</p>	

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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	02/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	09/06/2023