



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:	Announced
Date of inspection:	18 December 2023
Centre ID:	OSV-0007996
Fieldwork ID:	MON-0033069

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

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
Monday 18 December 2023	09:00hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor compliance with regulations and standards and to assist with the assessment of fitness to renew the registration of the centre. Through observations, the review of information, and discussions with residents and management, the inspector was assured that residents were being supported in a manner that promoted and respected their rights and individual needs.

The inspector found the residents' home to be a busy but homely environment, with residents chatting and moving throughout their home as they wished. Christmas decorations were on display throughout the house, and the residents appeared comfortable in their environment and chatted with one another and with staff members.

There was a large staff presence to ensure that residents' needs were being met and this added to the busy environment.

On arrival to the centre the inspector met with some of the residents who were preparing to go on an outing to Dublin. Four of the five residents were seated at the kitchen table and were chatting with staff. One resident showed the inspector their dog and showed the inspector one of the sitting rooms. Another resident showed the inspector their cat and their back garden. The inspector said hello to the fifth resident but did not get to chat to them as they left with the other residents to go on the outing. While the inspector had limited interactions with the residents, there was sufficient information available to demonstrate that they enjoyed a very active lifestyle. For example, engaging in educational programmes, attending local gyms, going out for food with peers, and attending music and sporting events. There was evidence of residents being supported to maintain links with their families, and some were maintaining links with old friends.

The provider and staff team supporting the residents focused on developing skills in self-determination and decision-making. The inspector reviewed a sample of residents' daily notes and found that they were engaged in things they wanted to do for example, some residents were completing financial management and computer courses after identifying this as a goal. Another example was that, a resident who had a keen interest in motorsports, was supported to purchase their preferred car using their personal funds. The car was due to be modified to aid the resident when travelling in the vehicle.

The review of information also showed that residents were communicated with appropriately and staff were focused on developing relationships with the residents and supporting them to have positive outcomes. There were examples of staff facilitating residents' expression of their feelings and giving them time and space to manage their emotions. Social stories had been developed to support residents' positive interactions and outcomes in their interactions with others. There were also

examples of the residents having access to the provider's multidisciplinary team if required.

Residents were supported to complete surveys regarding the service provided to them to help support the inspection findings. Residents gave overall positive feedback, but some identified that they didn't always get along with those they lived with. There were occasions where residents had negatively impacted one another. However, the review of the incidents did identify that they were brief and that residents often reconciled quickly.

In summary, the provider and the team supporting the residents did so in a person-centred manner. Residents were encouraged to take the lead in all aspects of their lives, and if required, the staff team were there to support them. The regulations reviewed during the inspection were found to be fully compliant with the regulations.

Capacity and capability

The inspection found that the provider had ensured that effective management and oversight arrangements were in place. A review of the information demonstrated that the provider had developed the required policies and procedures as per Schedule 5 of the regulations.

A clearly defined management structure was in place. The person in charge was supported in the oversight and management of the service by a house manager and the provider had ensured that there were clear lines of authority and accountability concerning all areas of service provision.

A schedule of audits and monitoring practices was developed. The inspector reviewed records that demonstrated there were effective monitoring practices. The audits reviewed demonstrated that the provider had identified actions and areas for improvement, action plans had been drawn up following the reviews, and there was evidence that the management team promptly addressed the actions. Members of the provider's senior management team were regularly present in the service and conducted monthly reviews, leading to further effective oversight.

An appraisal of current and previous staff rosters identified that, for the most part there was a consistent staff team in place. The person in charge and a member of the provider's senior management determined that a review of the skill mix of the staff team was required and this had occurred earlier in 2023. This review resulted in changes to the staff team and led to a period of inconsistent staffing. However, at the time of this inspection the staff team were settled and the inspector found that there was a consistent staff team in place which led to continuity of care and support for residents. The review of rosters also demonstrated that there were some staff vacancies however, the inspector was assured that the vacancies would be

filled in the coming weeks.

The person in charge had ensured that the staff team had received appropriate training. The team's training needs were under regular review, and the inspector was provided with evidence to show this. Records reviewed also demonstrated that the staff team were supervised as appropriate.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully support the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents.

Judgment: Compliant

Regulation 21: Records

A review of records showed that the provided had gathered and maintained the required information per the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured that the service was well resourced with high levels of staffing each day; the management and staff team were providing a service that was appropriate to the needs of each resident and one that was challenging residents and supporting them to be as independent as possible.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose containing the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications for review by the Chief Inspector per the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing and adopted and implemented policies and procedures on the matters set out in Schedule 5

Judgment: Compliant

Quality and safety

The inspector found that the provider had completed comprehensive assessments of the residents' health and social care needs. Care plans had been developed regarding the residents' needs, and the review of these showed that the care plans were under regular review and reflected the changing needs of the residents. As noted above, the provider was supporting residents with complex needs.

The provider and person in charge had ensured appropriate systems were in place regarding the management and follow-up of safeguarding concerns. There had been a period where some residents had negatively impacted their peers, the provider responded to this and put measures in place to protect the residents and promote and support positive relationships between them.

Residents had access to members of the provider's multidisciplinary team. The inspector reviewed a sample of behaviour support plans and found that the support plans were person-centred and focused on achieving positive outcomes for the residents by guiding staff members on how to best respond and support the residents in times of escalating behaviours.

The review of information identified that there were appropriate risk management procedures. There were arrangements for identifying, recording, investigating, and learning from serious incidents or adverse events involving residents. These were under regular review and guided staff on maintaining safety and reducing risk for each resident.

The provider had developed a contingency plan regarding planning for instances such as, an outbreak of a respiratory virus in the service. There were clear guidelines for staff members and thresholds for when clinical support was required. The inspector also found that the staff team had received appropriate IPC (Infection Prevention and Control) training. The residents' home was clean, and there were day and night-time cleaning checklists for staff to follow.

The inspector also reviewed the provider's fire precautions and medication management arrangements. Both areas were found to be appropriate; there was appropriate fire detection and firefighting equipment in place, and the staff

members had also received training in fire safety and medication management.

As stated earlier, the findings from the inspection were positive. The residents appeared happy in their home and comfortable interacting with those who supported them. The provider had developed monitoring systems to ensure that the standard of care provided to residents was under close review, leading to positive outcomes for residents.

Regulation 10: Communication

The inspector reviewed samples of daily notes and support plans. The review showed that residents were communicated to in a manner that fitted their needs. There was guidance for how staff should respond to residents during difficult periods and examples of staff members supporting residents to regulate and then discussing how they were feeling with residents.

Judgment: Compliant

Regulation 13: General welfare and development

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was laid out to meet the aims and objectives of the service and the number and needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the relevant information outlined in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had also received appropriate IPC training.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were effective fire safety management systems are in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to ordering, receiving, prescribing, storing, disposing and administering medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' information and found that the provider and person in charge had ensured that assessments of the residents' health, personal and social care needs had been completed. Care plans had been created that were individual to each resident, and there was evidence of these being updated to reflect the changing needs of the residents. Support for residents was developed through a person-centred approach with the staff team encouraging residents to be the lead decision-makers.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed a sample of residents' behaviour support plans. The plans were focused on promoting positive outcomes for residents and reducing challenging events for them. MDT notes showed that the provider's behaviour specialist regularly met with residents and staff. The plans were under regular review and reflected the changing needs of residents

Judgment: Compliant

Regulation 8: Protection

There were occasions where residents negatively impacted upon one another. These incidents were regularly short and well-managed by the staff team. As discussed earlier, there was a significant staff presence each day to ensure that the needs of all residents were met.

The provider's MDT team had also given the staff team information for staff to follow regarding developing positive relationships between residents and positive associations for residents. Resident meetings provided residents with information on maintaining their safety and discussed appropriate behaviours in their homes.

The provider had also demonstrated adequate arrangements regarding the response and investigation into safeguarding concerns. Furthermore, staff members had received appropriate training regarding protecting those they supported.

Judgment: Compliant

Regulation 9: Residents' rights

There were many examples of the rights of residents being promoted and respected by those supporting them. As discussed in a number of sections, residents were encouraged to be independent and to be the decision-makers regarding their daily activities and future goals.

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	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant