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:	Aingeal Lodge
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	14 November 2023
Centre ID:	OSV-0008505
Fieldwork ID:	MON-0040149

About the designated centre

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

Aingeal Lodge provides a residential service for up to five male and female residents from 18 years plus. Located in the countryside within walking distance to a nearby village and within a short driving distance to two larger towns. The centre is made up of a two storey house. Each resident has their own bedroom. The centre is managed by a person in charge with support from two team leaders. The residents are supported by a team of social care workers and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 14 November 2023	09:40hrs to 18:15hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector found that the governance and management arrangements in the centre facilitated good quality, person-centred care and support to residents.

The inspector had the opportunity to meet all three residents living in the centre. One resident arrived back at the end of the inspection, they had attended an external day program and afterwards went to the hairdressers, followed by coffee and cake out with a staff member. They briefly spoke to the inspector and said that they were happy living in the centre. They then baked cookies that evening. The inspector observed some jovial interactions between that resident and the staff supporting them.

The other two residents spoke to the inspector separately and both stated that they were happy living in the centre. They communicated that the staff were nice, that they liked the food and felt they had choices about their day.

In addition to the person in charge, there were three staff members on duty during the day of the inspection along with another staff completing induction. The person in charge and the staff members spoken with demonstrated that they were familiar with the residents' support needs and preferences.

The person in charge had arranged for some staff to have training in human rights. One staff spoken with said that the training encouraged them to be more interactive and explain more of what happened when supporting residents with their care needs. They also said they now have even more focus on ensuring they were providing care according to the residents' wishes.

The house appeared tidy, tastefully decorated and for the most part clean. The sitting room and the kitchen had televisions available for use and the residents were supported to have televisions in their rooms if that was their preference.

Each resident had their own bedroom. There were sufficient storage facilities for their personal belongings in each room. Residents’ rooms had personal pictures displayed and each room was personally decorated or in the process of being redecorated to suit each of their personal preferences. For example, one resident had chosen paint colours but then had changed their mind. They were facilitated to buy new colours and the inspector was informed that the room was due to be repainted within the coming weeks. The centre had a wraparound large garden with a basketball net for use.

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

Capacity and capability

This inspection was undertaken to assess if centre was operating in compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This was the first inspection of this centre since it opened in May 2023.

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

There was a defined management structure in place which included team leaders and the person in charge. From what the inspector observed and what they were told, staff were provided with good leadership and the leadership team were familiar with the residents' support needs.

The provider had completed an unannounced visit to the centre as per the regulations. There were other local audits and reviews conducted in areas, such as health and safety audits.

There was a planned and actual roster in place maintained by the person in charge. A review of the rosters demonstrated that there was appropriate staffing in place to meet the assessed needs of the current residents at the time of the inspection.

There were supervision arrangements in place for staff. In addition, the provider ensured that staff had the required training to carry out their roles. For example, staff had training in fire safety and medication training. However, one staff was due some training, for example hand hygiene and it was not evident if staff had aseptic techniques training in order to support them when completing a healthcare related task.

A directory of residents was made available to the inspector and contained the required information.

From records reviewed, the inspector found that some of the records kept in the centre required more detail in order to guide staff properly or ensure clarity of the information provided. In addition, one staff member's recent employer reference could not be accounted for.

The inspector reviewed a sample of recent admission transition plans and there was evidence of the residents having the opportunity to visit the centre prior to their admissions. Each resident had a contract of care which described the services available to them and if there were fees that they would incur.

The inspector reviewed the complaints log for the centre and found that the provider had suitable arrangements in place for the management of complaints.

Regulation 14: Persons in charge

There was a suitably qualified person in charge in place managing the centre. The person in charge worked in a full-time role managing two centres. They were supported in their role by two team leaders in this centre.

The person in charge demonstrated a good understanding of residents and their needs. In addition, they had appropriate systems in place to ensure the service provided was monitored on an ongoing basis.

Judgment: Compliant

Regulation 15: Staffing

Staff had the necessary skills to meets residents' assessed needs. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were formal supervision arrangements in place for staff as per the organisation's policy.

In addition, the provider ensured that staff had access to a suite of training and development opportunities. For example, staff had mandatory training as well as other training deemed necessary by the provider in order to support the residents, such as adult safeguarding. Staff had received additional training to support residents, for example some staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

However, one staff member required training in hand hygiene, feeding eating and drinking, and food hygiene. In addition, it was not evident if staff had completed training in aseptic techniques specifically in the area of aseptic non touch technique in order to support them to perform a specific task for one resident. Other staff were due certain trainings and these training were scheduled to take place over the coming weeks.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre and it was made available to the inspector. It included the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All required records were for the most part maintained and available for inspection, including records of staff meetings and supervision. There was a residents' guide available for residents, as well as a statement of purpose.

However, in relation to staff personnel files some information was not present in the files originally and had to be sourced by management at the request of the inspector. In the case of the documentation required all was made available prior to the end of the inspection apart from one staff member's previous employer reference which could not be sourced.

The inspector observed that the assessments of need did not appear to review certain areas, for example independent living skills, community or road safety and independence or intimate care. Support required in these areas for residents appeared to be known by staff and management therefore it appeared to be a documentation issue.

In addition, one resident's health plan information in relation to a specific healthcare need was spread across three different files and some information was vague and ambiguous. For example, one guidance document described that a particular medical device was due to be rotated daily; however, from speaking with a staff member it was communicated that it required to be rotated twice daily. Due to the staff member being confident with the frequency of the care required the inspector believed that this was more of a documentation error. However, this had the potential to lead to errors if not addressed.

Additionally, some care plans required review to ensure all information provided was accurate. For example, one resident's personal evacuation emergency plan (PEEP) stated that a resident did not have a visual impairment; however, they did in fact wear glasses. Notwithstanding, that resident required full staff support in the case of an evacuation so therefore this issue was a documentation issue.

It was also observed that the inventory log of residents' personal belongings was a

little vague in the description of items recorded. Furthermore, the contract of care was vague in relation to some aspects of additional costs that residents could occur.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge, the assistant director and the director of operations for the organisation.

The provider had recently completed an unannounced visit to the centre to assess how they were operating within compliance of the regulations and this review appeared to be thorough in its assessment.

There were other regular audits and reviews conducted in areas, for example restrictive practices, infection prevention and control (IPC), medication and health and safety.

The person in charge facilitated regular team meetings to ensure the team was kept up to date and to promote consistency among the team.

The inspector found that the specific care and support needs facilitated in the centre had not been been fully represented in the statement of purpose (SOP) when the centre opened, for example to state they could support people with physical disabilities. However, the SOP was amended to provide the correct information in the days prior to this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Prospective residents were provided with an opportunity to visit the premises in advance of admission. In addition, the residents were afforded a contract of care that reflected the current living environment and if fees would apply. There was some slight vagueness in relation to some additional costs that residents could incur and this is being dealt with under Regulation 21: Records.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. While there had been some complaints made in the centre any complaints made had been suitably recorded, investigated and resolved.

Judgment: Compliant

Quality and safety

Overall it was found that the centre had the resources and facilities to meet residents' needs and residents communicated that they were happy living in this centre.

The provider had ensured that assessments of residents' health and social care needs had been completed. Care and support was provided in line with their care needs. Residents had personal plans in place for different identified areas, for example communication plans.

There were some restrictive practices in place, for example a lap belt. The inspector found that they were logged and subject to review. Specialist behavioural input was provided and available when required. In addition, the inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. For example, staff had received training in safeguarding adults.

The inspector observed that the centre was being operated in a manner that promoted the rights of residents. Residents were being offered the opportunity to engage in activities of their choice and how they spent their day.

Residents were encouraged to have ownership and access to their belongings and from a sample of residents' finances reviewed they were supported to have bank accounts in their own name and access to those accounts.

The inspector observed that the premises appeared comfortable and found it to be tidy and for the most part very clean.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had individual risk assessments on file were deemed appropriate so as to support their overall safety and wellbeing.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place. There was evidence of periodic fire evacuation drills taking place and residents had up-to-date personal emergency evacuation plans (PEEPs) which outlined how to support residents to safely evacuate in the event of a fire.

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property; residents had their own items in their home and these were recorded in a log of personal possessions. While the log of personal possessions was a little vague in the description of items this is being dealt with under Regulation 21: Records.

In addition, the inspector observed from a sample reviewed that residents had access to bank accounts in their own names. One resident was supported by the provider to access external advocacy in order to get full access to their bank account and money. They had been successful in gaining access to their money and account by the time of this inspection.

Additionally, the person in charge completed monthly possessions and finance audits.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be homely, tastefully decorated and it was adequate in meeting the current assessed needs of the residents. It was found to be in a good state of repair and for the most part clean. There were some areas that required a deeper clean, for example the microwave and part of the oven. The person in charge arranged for them to be cleaned prior to the end of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks. For example, there was a risk management policy and safety statement in place. In addition, centre specific and individual risk assessments had been developed and control measures in place as required. In addition, all incidents were reviewed by the person in charge and seen to be appropriately dealt with.

Additionally, the centre's vehicle had an up-to-date national car test (NCT), insurance and was serviced in August 2023.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was scheduled for quarterly servicing. There was evidence of regular fire evacuation drills taking place and each resident had an up-to-date PEEPs in place that outlined what supports they required to safely evacuate in the event of a fire.

One resident's door had a larger than recommended gap between their fire containment door and the door frame. The provider arranged for this to be rectified shortly after the inspection and evidence provided to the inspector.

In addition, there was an over reliance on keys being available for escape in the event of an emergency. Again the provider arranged for thumb turn locks to be fitted shortly after the inspection with evidence provided to the inspector.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and there were personal plans in place for any identified needs, for example communication plans and intimate care plans which had all recently been reviewed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place with regard to restrictive practices. The person in charge had completed a self-assessment tool in relation to reviewing how the centre measured up to the standards with regard to restrictive practices. No apparent issues were recorded.

There were two identified restrictive practices in place which were a lap belt for a wheelchair and a particular medication to be administered when needed in order to support a resident when they displayed certain behaviours of distress. The inspector found that restrictive practices were subject to review.

In addition, residents had access to specialised behavioural support when required to support them with regard to behaviours of concern or distress and in order to help guide staff practice.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was reviewed and where necessary, a safeguarding plan was developed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and have control over daily activities. There were regular residents' meetings to promote residents making choices and keeping them informed. Two residents communicated to the inspector that they felt listened to. Residents were observed to have choice in how their rooms were decorated as discussed in section one of this report.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aingeal Lodge OSV-0008505

Inspection ID: MON-0040149

Date of inspection: 14/11/2023

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC in conjunction with HR will complete a full audit of training records to ensure all staff have completed training within required timelines as identified in Statement of Purpose or as a identified as required specific need for resident before 10/01/24	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: PIC will complete a full review of the assessment of needs. Areas that require additional information will be updated. All residents intimate care plans will be reviewed. Specific need plan referenced in report will be reviewed by the community nurse to ensure all steps are clear and match with practice. PIC in conjunction with assistant director and HR will complete a full Audit of staff files for designated centre. Inventory Logs for residents property to be reviewed and updated. Peep for resident was reviewed and updated. Contract of care of updated to include information on charges. To be complied with by 10/01/2024	

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	10/01/2024
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	10/01/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are	Substantially Compliant	Yellow	10/01/2024

	maintained and are available for inspection by the chief inspector.			
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	10/01/2024