



Office of the Chief Inspector

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

Name of designated centre:	Esmonde Gardens
Name of provider:	St Aidan's Day Care Centre Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	14 May 2019
Centre ID:	OSV-0001855
Fieldwork ID:	MON-0026097

About the designated centre

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

The centre was registered 2015 to provide long-term care to 11 adults, both male and female, with mild to moderate intellectual disabilities, mental health , dual diagnosis and behaviors that challenge. Residents who have additional nursing care needs are also supported in one residential unit which is specifically set up for this purpose. The centre comprises of two residential units and one standalone self-contained apartment. The residential units accommodated up to three and seven residents respectively, while the apartment can accommodate one resident. The self-contained apartment was not occupied at the time of this inspection. There were a number of day services/workshops allied to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 - 2015 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
14 May 2019	09:30hrs to 19:00hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met with five of the residents and spoke with three. Other residents allowed the inspector to observe some of their daily routines and communicated in their preferred manner with staff assistance.

The residents said that they still continued to enjoy their training centres, jobs and their various social activities. They said that they had enjoyed recently participating in the Special Olympics abroad and were very pleased with this experience and the welcome they got when they returned home with their medals. A number of residents told the inspector of their plans for the summer months. They said that they felt safe living in the centre. However a resident also told the inspector that she really didn't want to or need to live in this type of environment and with some supports she could live in a place of her own. This resident was aware that an alternative arrangement was being sought.

The inspector observed that the staff and residents communicated warmly. The residents appeared to be overall content and well cared for. However, the living /communal areas were found to be small, very crowded and noisy when the residents returned in the evening. This was obviously a source of anxiety for some residents despite the best efforts of staff to mitigate this.

Capacity and capability

This inspection was undertaken to assess the providers continued compliance and actions agreed since the previous inspection in August 2018. At that time, the centre was subject to escalation procedures on behalf of the Chief Inspector. This inspection found that the provider had continued to implement the changes necessary to improve the level of care and support to the residents.

These changes included the appointment of a suitably qualified and experienced quality and compliance manager and additional expertise on the registered providers governing board. The role of the person in charge was also more clearly defined. The findings in relation to the care, and safety and welfare of the residents demonstrate the effectiveness of these changes. There was evidence of monitoring, direction of practice and prompt recognition of and response to any concerns/issues for the residents.

This inspection also reviewed the actions taken by the provider following the

detailed external review of the service in December 2018 and found that a significant number of these had been addressed satisfactorily. The majority of the actions identified at the last inspection had also been addressed. However, the substantive matter of appropriate placements for a small number of residents, which impacted on their welfare, remained unresolved. Nonetheless, the inspector saw evidence of consistent efforts by the provider, in consultation with the funding body, residents and families to resolve this matter. The provision of two new houses was progressing. The provider was working actively to achieve the conditions attached to the registration of the centre for completion by December 2019.

There was evidence of improved reporting and accountability at all levels with more direct involvement by the board in terms of oversight. Systems for monitoring were robust with good oversight by the compliance manager and evidence of effective communication with the person in charge. This facilitated better oversight of residents care and direction of staff practices.

The quality and safety management systems had been improved with unannounced visits and audits undertaken. These audits included medicines, use of PRN (as required medicine) and restrictive practices. All incidents/accidents were seen to be effectively reviewed as they occurred and volume of same had significantly reduced in this centre.

Staffing levels and deployment arrangements remained good and this supported the residents' care and access to activities while helping to prevent incidents. Staff advised inspectors that these changes to the structures provided more effective support and guidance to them. Training records demonstrated a commitment to mandatory staff training with training in behaviour supports continuing.

From a review of a sample of personnel files, the inspector saw that recruitment procedures were carried out satisfactorily; good quality staff supervision was taking place and evidence of good induction undertaken. Systems for satisfactorily and transparently managing complaints were also evident. All of the managers and staff spoken with had good knowledge of the care and support needs of the residents and their own responsibilities to them.

Regulation 14: Persons in charge

The person in charge was suitably qualified, very experienced and carried out the role effectively.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix including nursing care and deployment arrangements were good and this supported the residents' care and well being.

Judgment: Compliant

Regulation 16: Training and staff development

Training records demonstrated a commitment to mandatory staff training with training in behaviour supports continuing. There were good supervision and induction programmes undertaken.

Judgment: Compliant

Regulation 23: Governance and management

The management systems had significantly improved with appropriate structures, reporting and levels of accountability and oversight evident. The provider was working actively to achieve the conditions attached to the registration of the centre for completion by December 2019.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that the provider and person in charge were forwarding the required notifications to the Chief Inspector

Judgment: Compliant

Regulation 34: Complaints procedure

Systems for satisfactorily and transparently managing complaints were evident.

Judgment: Compliant

Quality and safety

The number of residents with greatly different needs remained unchanged in the centre, in particular in the seven bedded house. The substantive issues remain in terms of space, compatibility of needs and residents own wishes. There was evidence that the provider was actively seeking to address these matters in accordance with the conditions of the registration. These included seeking suitable alternative placements for some residents based on their assessed needs and preferences and reducing the number of residents living in the centre. However, the funding to proceed with this had not been agreed at the time of this inspection. This matter remains of concern due to the impact on the individual residents and the group. One of the houses is too small and with limited communal space, taking the need for specialists seating into account. The inspector observed this problem especially when all of the residents returned after their day.

That said, the inspector found evidence that the increase in staffing, additional behaviour support guidance and access to their preferred activities was to some degree mitigating the negative impact of this. The staffing levels ensured residents had access to good levels of individual support, participated in the activities they enjoyed and spent a lot of time outside for the centre if they wished. Residents advancing age and healthcare needs were very well supported. The residents had access to a range of pertinent multidisciplinary assessments including speech and language, physiotherapy and mental health services. Personal support plans were detailed and there was evidence of consultation with the residents in regard to these. However, given that a number of the residents had limited verbal communication skills strategies to support their communications were not outlined in their personal plans. These would benefit the residents and staff, in particular new staff, to understand and communicate more effectively.

The residents care was reviewed frequently. On this occasion, there was evidence that the reviews addressed the residents needs in a more comprehensive manner by including their need for more suitable accommodation, environment and healthcare changes.

The residents attended a number of day services based on their preferences, age and capacity. They had good access to the local community and attended local events, went shopping and horse riding, did arts and crafts, sports, and individual trips were being planned for the summer. The staff supported them with life skill as appropriate to their needs.

Resident healthcare needs continued to be well managed and the person in charge provided good oversight and clinical review. Access to pertinent screening was made available to them. The inspector saw that during a recent period of acute illness all appropriate clinical and emotional support had been made available to the resident

and family. The resident remained at home during this time and revised clinical assessments were undertaken to enable the best possible return to health. The residents bedroom had also been re-assessed by an occupational therapist and changes made to facilitate comfort and ease of access.

The residents were being protected by better recognition of incidents of harm or abuse. There were systems to prevent, manage and report such incidents implemented and safeguarding plans and strategies were devised. There was, overall, a better understanding of the complexities and responsibility for safeguarding evident to the inspector. The details outlined in the personal care plans however, did not take account of the preferences, personal integrity and dignity of the residents and required review. The use of restrictive practices was minimal, monitored and there was evidence that any such practices were reviewed and implemented in a considered manner. While the inspector noted an increase in the use of sedative medicines this clearly accounted for due to a specific illness. This had been clinically reviewed and had decreased at the time of the inspection.

The number of incidents of peer-to-peer behaviours had reduced significantly in the centre. There were comprehensive individual behaviour support plans implemented and the clinical support and oversight of this was evident. This had a considerable positive impact on the quality of life for the residents in the centre.

The actions in relation to the management of fire safety and evacuation of residents had been resolved. The local authority fire service had visited the premises, met with the residents and did training with staff regarding the use of the slide sheets and other equipment. Drills had been undertaken with the residents. The inspector saw that all of the fire safety management equipment continued to be serviced and monitored as necessary.

Overall, the inspector was satisfied that the residents were protected by the risk management systems with some changes necessary in the details available to guide staff. Residents had pertinent risk assessments and management plans implemented for their individual needs. The inspector saw that there was a balanced approach taken to risks with person-centred plans devised in relation to risks to the residents. For instance, going absent from the centre and the management of residents monies and medicines. These plans took account of the residents different capacities, need for support and the right to make their own decisions with advice. However, a number of the plans lacked details of the actions to be taken in some situations, for example, where incidents of self-harm or choking occurred. That said, staff were able to tell the inspector of the correct and timely actions they would take in these circumstances. From a review of the accident and incidents records the inspector was satisfied that such incidents were managed appropriately and actions taken to prevent them.

Regulation 10: Communication

While staff were seen to understand the residents non verbal communication very

well there were no supportive strategies outlined in the support plans given which would enhance this.

Judgment: Substantially compliant

Regulation 17: Premises

The suitability of one of the houses to provide for the current number of residents and physical care needs of the residents still required review. The provider was taking definitive steps to address this by the plans for the building of two additional purpose built houses. Staff made efforts to mitigate the impact by alternating meal times and ensuring residents got out for activities at different times. One bedroom had been reorganised to allow better access for equipment. The time frame or completion of this action has not expired.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, the inspector was satisfied that the residents were protected by the risk management systems which were balanced and proportionate. However, a number of the plans lacked details of the actions to be taken in some situations, for example, where incidents of self-harm or choking occurred. Staff were able to tell the inspector of the correct and timely actions they would take in these circumstances.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management systems were satisfactory.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

System for the management of medicines were safe and residents medicines

were reviewed frequently

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had access to a range of pertinent multidisciplinary assessment personal support plans were implemented and these were effectively reviewed. There was evidence of consultation with the residents in regard to these and their social care needs were actively promoted.

The different needs and compatibility of residents did not allow for the meeting of each individuals needs however, but the provider was found to be actively seeking suitable alternative placements for some residents based on their assessed needs and their own stated preferences. The provider was awaiting agreement on funding to progress this. The timeframe had not elapsed.

Judgment: Substantially compliant

Regulation 6: Health care

Resident healthcare needs continued to be well managed and the person in charge provided good oversight and clinical review.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were comprehensive individual behaviour support plans implemented and the clinical support and oversight of this was evident. This had a considerable positive impact on the quality of life for the residents in the centre and incidents had decreased significantly.

Restrictive practices were minimal and reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

The residents were being protected by better recognition of incidents of harm or abuse with appropriate safeguarding plans implemented when needed. However, details outlined in the personal care plans did not take account of the preferences, personal integrity and dignity of the residents and required review.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted regarding their daily routines and preferred activities and if they did wish to remain home and have a rest this was facilitated. There was also evidence that the provider was now actively eliciting and acting on the residents views for their living environment and long-term supports.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Esmonde Gardens OSV-0001855

Inspection ID: MON-0026097

Date of inspection: 14/05/2019

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Under the assessment of support Planning in the residents PCP, a comprehensive support plan outlining "How I communicate" will be devised. This will be completed by the keyworker for each resident and reviewed as required. Thereafter will be audited by the PIC. This information will also be referred to as the residents "Communication Passport".</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The service provider and the Board of Directors are liaising with the builder regarding the new builds to be built and the plans have been submitted to planning authorities.</p> <p>In relation to one individual resident, a number of assessments have been completed and a further assessment is due to take place on 3rd July 2019 in relation to a new residential home to meet her needs.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC is in the process of developing a center specific risk register which will include all relevant risks associated with residents. Individual Safety plans will be reviewed and updated as required. An easy read first aid poster will be on display in the staff office to support staff. An updated first aid book will be out on display for the use of residents and staff.</p>	

<p>Details of actions to be taken e.g. incidents of self-harm or choking will be clearly detailed in the residents personal plans.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: In relation to one individual resident, a number of assessments have been completed and a further assessment is due to take place on 3rd July 2019 in relation to a new residential home to meet her needs. A referral has been made to psychiatrist who is now providing a two day service to the county of Wexford. She has the support of her family, the PIC, management, staff, Advocacy and the HSE to reach this goal.</p> <p>Details of actions to be taken e.g. with incidents of self-harm or choking will be clearly detailed in the resident's personal plans.</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The PIC and staff team under the guidance of senior management have devised an individualised pathway for intimate care.</p> <p>Each personal care plan will take account of the preferences, personal integrity and the dignity of the residents and will be reviewed as required.</p> <p>Personal care supervisions will be carried out by the team leads and audited by the PIC and senior management.</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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/07/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	29/08/2019

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/07/2019
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	31/07/2019