



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

Issued by the Chief Inspector

Name of designated centre:	Greenacres
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	05 December 2023
Centre ID:	OSV-0007997
Fieldwork ID:	MON-0033074

About the designated centre

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

Greenacres provides a residential service for male and female adults. The service is located near a village in County Meath. The location offers an excellent balance of space, privacy, and proximity to local amenities, enabling our team to promote community engagement with the residents. There are five individual bedrooms in Greencare's: two downstairs wheelchair-friendly rooms and two wheelchair-accessible bathrooms; on the first floor, there are three bedrooms, one of which has its own en-suite; there are also two bathrooms on this floor. Residents receive care on a twenty-four-hour basis. The staff team comprises a person in charge, team leads, 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
Tuesday 5 December 2023	09:00hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection. The inspector was assured that an appropriate service was provided to each resident through the review of information and observations throughout the inspection.

The inspector found that there was a warm and caring atmosphere in the residents' home. The residents engaged in their preferred activities throughout the day, appeared to be in good form, and were observed laughing and joking with the staff members supporting them.

The residents moved freely through their home. The inspector observed the residents at times, congregate with staff members in the kitchen and others relaxed in their rooms. The residents ate and chatted with staff members. Residents also baked, which they enjoyed, and Christmas music played throughout the day.

The inspector had the opportunity to meet with all five residents. Three of the residents chose to interact with the inspector, and two of the residents instead engaged in their preferred activities.

Upon arrival, the inspector met with one resident relaxing in the kitchen area. The resident was engaging in their preferred sensory activities and chose not to interact with the inspector. The inspector met another resident who was relaxing in their sensory area, and again, the resident chose to engage in their preferred activities.

Later in the morning, a resident met the inspector in the hallway and agreed to meet with them. The resident informed the inspector that they were happy where they lived. The resident spoke about their hobbies and some clubs and groups they were involved in. The resident also showed the inspector their pets and their room, which had been decorated as per their wishes.

The inspector met with two of the other residents in the afternoon. One of the residents had returned from completing a gym session with a personal trainer and was quick to inform the inspector of this. The other resident had been relaxing in their room, playing computer games. The two residents who communicated non-verbally used gestures to communicate with others and were able to get their point across to others, including the inspector. The residents were in good form and, at different times, came into one of the sitting rooms to watch TV.

Through resident meetings, the residents were encouraged to identify or were supported to identify things they would like to do. Some of the residents communicated using sign language. The majority of staff members had been trained in this communication style, and the remaining staff were due to complete the training in the New Year. The inspector found that the residents were active members of their local community. One of the residents attended a college/day service programme. Other residents were engaging in accredited computer courses.

Some residents liked attending nearby libraries and visiting the sensory rooms. One of the residents had been supported to go on an overnight break and attend a football match in England. Residents had been to musical events, gone out for food and attended the cinema. Some residents were members of an Arch Club and had prepared for and been part of a recent variety show. Residents were supported to maintain links with friends and family. A resident informed the inspector they visited their family weekly, and records showed that the other residents had regular family contact. A resident also played football with friends at the weekend.

The inspector observed warm and considerate interactions between staff members and residents throughout the day. The inspector heard staff members give residents options regarding food and activities, residents were also given time to make their decisions. The inspector spoke with two staff members, and both demonstrated good knowledge of the resident's needs and protocols regarding residents' dietary requirements and Infection Prevention and Control (IPC) practices.

Residents were supported to complete surveys regarding the service provided to them to help support the inspection findings. The feedback from residents was positive. Sensory equipment purchased for some residents was noted as being very important for some of the residents. The surveys also captured that residents had regular contact with their families. The feedback also captured that residents enjoyed playing computer games and that the residents enjoyed each others' company.

In summary, the inspection findings were positive. The inspector identified one area of improvement regarding IPC practices, but all other areas were compliant with the regulations. As mentioned above, the resident appeared happy in their home and comfortable interacting with the staff team supporting them.

Capacity and capability

The inspection found that the provider had ensured that effective management and oversight arrangements were in place. A review of information also demonstrated that the provider had developed the required policies and procedures as per schedule five 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. Regarding this, 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 has been developed. The inspector reviewed records that demonstrated that there were effective monitoring practices. Provider's audits 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.

An appraisal of current and previous staff rosters identified that, for the most part, there was a consistent staff team in place. There have been some changes to the staff team in recent months. Still, the provider had utilised consistent agency staff members to support continuity of care. The inspector was also informed that staff members who knew the residents were returning to work in the service and that a staff member had recently started. The inspector was assured that the current vacancies would be addressed 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. The staff team has also been regularly supplied with supervision from management.

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 that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

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 had responded to this and put measures in place to protect the residents. The provider and person in charge had reviewed the incidents and had identified that a resident had not settled in the service. The provider conducted a review and determined that a transition for the resident would be positive for them. The review of information demonstrated that the resident was prepared for the transition and was happy with the move.

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 training. The residents' home was clean, and there were day- and night-time cleaning checklists for staff to follow. The inspector did find that there was one area that required improvement regarding IPC practices. In the main bathroom, the surface of the handrails used by a resident when using the toilet was damaged. This impacted the

staff member's ability to clean the area effectively. Rusting was also observed at the base of the handrails. Furthermore, there was surface damage to the footrests of a chair used by residents. The damage to both areas posed an IPC risk, which the provider had not identified.

The inspector also reviewed the provider's risk management and fire precautions arrangements. Both areas were found to be appropriate; there was proper fire detection and firefighting equipment, and the staff members had also received training in fire safety management.

As stated earlier, the findings from the inspection were positive. The residents appeared happy in their home and comfortable in their interactions 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 observed staff members interact with residents in a manner that the residents could understand. Residents were also able to communicate their needs to those supporting them. There was information available to review on how residents communicated. As mentioned earlier, staff members had received training or were due to receive training in sign language.

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 were 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
As discussed earlier in the report, surface damage to handrails was identified alongside surface damage to footrests on a chair. The surface damage meant that the areas could not be appropriately cleaned. Therefore, the damage posed an IPC risk. The inspector did find that the staff team had received appropriate training in IPC practices. There was also a proper contingency plan for staff to follow in the event of an outbreak of a respiratory virus. A staff member referenced the plan when informing the inspector of the steps they would take if a resident became unwell.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The provider had ensured that there were effective fire safety management systems

are in place.

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 6: Health care

The inspector found that the resident's health needs were under close observation. Some residents had suffered ill health earlier in the year. There was evidence of support plans being updated in response to the changing needs of the residents. The plans were well prepared; some residents required modified diets to maintain their health. A staff member informed the inspector of the plans and steps taken to support the residents.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had ensured that there were suitable arrangements for responding to safeguarding concerns. Investigations had been initiated, and the provider had taken the appropriate measures if required. The person in charge had also ensured that the staff team had completed the relevant training.

A review of residents' meeting minutes showed that residents had been assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

As discussed earlier in the report, a resident had been supported to transition out of this service. The resident was suitably prepared for the transition through the support of staff and the provider's multidisciplinary team. The resident has transitioned to another of the provider's designated centres, and the move at the time of the inspection had been positive.

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	Substantially 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
Regulation 25: Temporary absence, transition and discharge of residents	Compliant

Compliance Plan for Greenacres OSV-0007997

Inspection ID: MON-0033074

Date of inspection: 05/12/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>New Handrails have been ordered and will be installed before 31st January 2024. PIC will review all daily checklists to ensure that checklists are comprehensive and include all aid's/equipment to be checked daily including handrails. Staff to follow A-Z cleaning guidance. Any damages to be reported to Maintenance manager. ADOS to check procedures/equipment during monthly governance.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2024