



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

Issued by the Chief Inspector

Name of designated centre:	Esmonde Gardens
Name of provider:	St Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	28 June 2022
Centre ID:	OSV-0001855
Fieldwork ID:	MON-0033506

About the designated centre

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

Esmonde Gardens is a designated centre which accommodates nine adults, both male and female, with mild to moderate intellectual disabilities, mental health, dual diagnosis and behaviors that challenge. The centre comprises of one single storey building and one three storey house. The single storey building, Esmonde Gardens, can accommodate up to six residents, while the three storey house, Riverchapel, can accommodate up to three residents. Both houses are located in a busy town in Co.Wexford. All residents have their own bedrooms which are decorated to suit their preferences. Both houses have communal kitchen/dining and living areas. Both houses are located close to local shops, pubs, restaurants, sports facilities, boutiques, cafés, beaches and health services. There were a number of day services/workshops allied to the centre. The staff team currently comprises of care assistants, social care workers and nursing staff. Service vehicles are available to residents in both houses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 June 2022	10:00hrs to 18:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were nine residents living in the designated centre on the day of inspection. The centre comprises of two buildings - Esmonde Gardens and Riverchapel. The inspector had the opportunity to meet with five residents living in Esmonde Gardens on the day of inspection.

The centre continued to take precautions to protect residents against the risk of contracting COVID-19. Regular temperature checks and visitor risk assessments continued to be completed with anyone entering the centre. Measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. These included wearing personal protective equipment (PPE) and regular hand hygiene.

The premises were well maintained and had recently been freshly painted. All areas of the homes were visibly clean. Residents all had their own bedrooms and they had personalised these to suit their preferences. The centre also had an external garden with raised flower beds and seating areas. Aspects of the centre had been personalised to promote a homely environment. The provider had changed one bedroom in the centre into a visitors room since the most previous inspection. This was an area where some residents enjoyed separate living space and where visits from residents family and friends could be privately facilitated. The introduction of this room had also reduced overall numbers in the centre by one resident. The inspector noted residents all had their own individual post boxes in the entrance to the centre with their own pictures identifying their own boxes.

The inspector observed that all residents regularly attended day services and engaged in individualised activities including meals out, going to the zoo, shopping, spa days, concerts and aquariums. One resident had recently enjoyed celebrating their birthday in the centre. Another resident was enjoying doing work experience in a local business and spoke with the inspector about their knowledge of and experience working with computers and how much they enjoyed this.

The staff team consisted of nursing staff, social care workers and support staff. There were no staff vacancies on the day of inspection and there were appropriate staffing levels in the centre to meet the needs of the residents living there. Relaxed and familiar interactions were observed between staff, volunteers and residents. Residents on returning home from day service and work in the evening sat down together for a cup of tea. One resident was observed chopping some vegetables for their dinner with support from staff.

Overall the inspector found that residents were enjoying living in their home and were in receipt of a person centred, safe service. Staff spoken with appeared familiar with residents' individual needs and preferences. The next two sections of this report detail the inspector's findings regarding the governance and management of the centre, and how this affected the quality and safety of the service being

delivered to the residents.

Capacity and capability

This inspection was unannounced and the purpose of the inspection was to monitor the centre's levels of compliance with the regulations. In general, high levels of compliance were observed in the areas reviewed. Two areas required minor improvements as detailed in this report under regulations 8 and 27. The provider had appropriately addressed actions from the most previous inspection of the centre. The provider had plans to re-configure the designated centre and had submitted these plans and applications to HIQA with details of these proposed changes. The provider had also made changes to the organisational management structure since the centres most previous inspection.

The inspector looked at a number of areas which impacted the care and support provided to residents, and reviewed the providers capacity to oversee and provide this support. Overall, the inspector found that residents appeared happy and safe and were directing the care and support that they received in the centre.

There was a consistent staff team in place providing care and support and this was clearly identified on the centre staff rota. Mandatory training was provided to staff to meet the residents' needs. There was a clear management structure in place and a regular management presence in the designated centre with a full time person in charge and a clinical nurse manager. The quality of the service provided was consistently audited and reviewed by the management team and areas in need of improvements were appropriately self-identified.

Regulation 15: Staffing

The staff team consisted of nursing staff, social care workers and support staff. There were no staff vacancies on the day of inspection and there were appropriate staffing levels in the centre to meet the needs of the residents living there. The centre had a staff rota in place which accurately reflected staff on duty during the day and night. The centre also had access to a relief panel of staff to cover shifts in the event of staff absences. The service was regularly reviewing staffing levels along with the needs of the residents to ensure that the centre was adequately resourced.

The inspector reviewed a sample of staff personnel files and found that all Schedule 2 documents were in place as required. This included up-to-date Garda vetting, staff qualifications, references from previous employers and personal identification.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a full time person in charge in place who shared their role between two designated centres. The centre was also supported by a clinical nurse manager in Esmonde Gardens and a team leader in Riverchapel. There was a regular management presence in both of the premises.

The service had a quality team who regularly audited and reviewed the service provided. This included completing a six monthly unannounced audit in the centre and the annual review of the quality and safety of care and support in the designated centre. Audits assessed the centre's performance against the regulations and the national standards and included consultation with the residents. Audits appropriately self-identified areas in need of improvements. Actions plans were devised following these audits with clear time lines and persons responsible. The person in charge and clinical nurse manager also completed regular thematic audits in the centre. A schedule was in place for these audits to be completed in the months ahead.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place in the centre. Residents all had information folders in their bedrooms where they had access to a copy of the centre resident's guide, the complaints procedure and details of advocacy services. Residents were appropriately supported to access advocacy services when required. Residents were regularly consulted regarding their views on the service provided, through regular residents meetings and through the service annual review. Any complaints noted in the centres complaints log, appeared to be treated in a serious and timely manner. There was a designated complaints officer within the organisation and it was evident that senior management had oversight of complaints.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of areas to determine the quality and safety of the care provided. This included observing care practices and a review of resident personal plans and safeguarding practices, walks around both premises, observing

infection control protocols and a review of fire safety documentation. Overall, it was found that the service provided was safe and effective.

Residents' documentation reflected their most current plan of care. Plans incorporated all aspects of supporting residents in their daily lives. The residents appeared to have regular input into their plan of care and their choice and preferences appeared to be considered and respected. The premises was designed and laid out to meet the assessed needs of the residents and was adequately maintained. The residents had personalised aspects of their home to suit their preferences and the centre was visibly clean. COVID-19 continued to present risks and the centre had implemented procedures and plans to manage this.

Appropriate fire safety systems were in place in the centre and staff were completing regular checks and reviews to ensure this. All staff had up-to-date fire safety training. Systems were in place to safeguard residents including regular staff training and key working sessions. Two areas required minor improvements as detailed in this report under regulations 8 and 27.

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents and well maintained internally and externally. The centre comprised of two premises, Esmonde Gardens and Riverchapel. Residents all had their own bedrooms and the houses also had communal kitchen/dining areas, a sitting room, laundry rooms, staff offices and bathrooms. The inspector observed that residents had personalised their spaces in the their home to suit their preferences with pictures and their personal belongings.

The provider had changed one bedroom in the centre into a visitors room since the most previous inspection. This was an area where some residents enjoyed separate living space and where visits from residents family and friends could be privately facilitated. The introduction of this room had also reduced overall numbers in the centre by one resident from ten to nine.

Judgment: Compliant

Regulation 27: Protection against infection

Procedures were in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19 in residential care facilities. Regular temperature checks were being completed by staff and residents. Hand washing facilities and alcohol gels were noted around the designated centre. There was a COVID-19 policy and protocol in place and the risk documentation had recorded the assessment and mitigation of risks associated with COVID-19 in the

designated centre. There was an emergency plan in place for in the event of an outbreak. COVID-19 and infection prevention and control was regularly discussed at staff meetings and topics including cleaning schedules, national guidance, face masks and contingency planning were reviewed with the staff team.

A cleaning schedule was in place in the centre which included regularly cleaning all aspects of the centre. The centre also availed of services with industrial contract cleaners bi-annually, who completed deep cleans in the premises. A spill kit was observed in the centre for the management of bodily fluid spills and this was regularly checked by staff.

Mop storage and usage systems in both Esmonde gardens and Riverchapel required review. Systems in place did not ensure that mops were fully clean and dry between uses and colour coded systems for separating mops for kitchen and bathroom areas were not fully identifiable in Riverchapel.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that there were appropriate fire safety systems in place in the centre. Measures were noted around the designated centre to promote fire safety including, fire fighting equipment, containment measures, emergency lighting, and detection systems. Fire fighting equipment was regularly reviewed and serviced by a fire specialist. Staff were completing daily and weekly checks on the centre escape routes. The centre was completing emergency evacuation drills on a regular basis and residents all had personal emergency evacuation plans in place and the centre evacuation procedures were prominently displayed around the premises. All staff had up-to-date centre fire safety training.

The centre had a health and safety lead who recently reviewed all electrical equipment in the centre to ensure their use was safe in the centre. A fire specialist also regularly attended the centre to review detection systems and service fire safety equipment. The inspector had one query regarding fire safety systems on the day of inspection, management confirmed their efficiency following the inspection day.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had full assessments of need and personal plans in place which informed their plan of care. Residents' meetings were held weekly and these were

used to discuss any ongoing issues in the centre or any new developments. The inspector observed that residents regularly attended day services and enjoyed individualised activation. Plans included individualised personal goals which the residents were supported to work towards. Individual plans were also in place for any identified healthcare needs. Residents all had individualised risk assessments in place, and these were also used to inform their plan of care.

Judgment: Compliant

Regulation 8: Protection

Overall, the inspector found that safeguarding residents was a priority in the organisation. All staff had received up-to-date training in safeguarding and it was evident that any safeguarding concerns were treated seriously. Residents appeared to be living together compatibly in both Esmonde Gardens and Riverchapel, and minimal safeguarding incidents occurred in the centre. One to one key working sessions were completed with residents on safeguarding.

The inspector reviewed systems in place to audit and safeguard residents' finances. Staff were checking residents' cash balances twice daily and management then had oversight of these weekly. There was a service auditor who also completed checks at random on residents financial log books. The inspector reviewed a sample of cash balances and receipts and found that these were all correct.

However, the service did not have full oversight of two residents' financial records on the day of inspection and could not fully ensure that their finances were not being misappropriated. One resident did not have full control over their own finances and their disability allowance and the service could not fully determine what happened to sums of money withdrawn from their account at times. The service had self-identified this concern and had supported this resident to access advocacy services, in an effort to address this issue. A second resident had no oversight of their bank balance, the service confirmed following the inspection day that this had been resolved and that the service now had full oversight of the residents bank balance and confirmed that no misappropriation had occurred.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Esmonde Gardens OSV-0001855

Inspection ID: MON-0033506

Date of inspection: 28/06/2022

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>The organization has now adopted the current guidance for IPC specifically Mops, South East Community Healthcare (SECH) Cross Divisional Cleaning Guidelines and Procedures 2021.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The service continues to seek to establish how best to support residents with financial matters in line with their individual will and preferences, this is supported through a range of MDT supports and our own understanding and experience working with individuals, both internal and external. A review of our restrictive practices policy and procedure are underway for completion and approval by our Quality Review Group by 30-9-22. With regard to resident’s who do not currently manage their own finances, support plans taking into account the will and preference of these residents are now in place, external Social Work and local Safeguarding support plans are supporting the residents along with external advocates, the arrangements in place with regard to residents finances, at this point, in so far as is reasonably practicable, now assure the provider that no safeguarding issues exist in this area at present.</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	01/09/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2022