



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

Issued by the Chief Inspector

Name of designated centre:	Portlaoise Area 1
Name of provider:	Health Service Executive
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	08 February 2023
Centre ID:	OSV-0002490
Fieldwork ID:	MON-0030049

About the designated centre

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

Portlaoise Area 1 is a designated centre operated by the Health Service Executive. This centre provides residential care for up to eight male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of two houses, located a few kilometres from each other in Co. Laois. One house is located in a rural setting near a town, while the second house, is located on the outskirts of a town. Both houses provide residents with their own bedroom, some en-suite facilities, bathrooms and communal use of kitchen and dining areas, sitting rooms, utility and each house has well-maintained rear and front gardens. Each house has its own transport, providing residents with access to local amenities. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 8 February 2023	10:45hrs to 15:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and over the course of the day, the inspector had the opportunity to meet with some staff members and with three residents who lived in this centre.

The inspector visited both houses that made up this designated centre, and upon their arrival to the first house, which was home to four residents, these residents were being supported by staff with their morning routines. One resident was relaxing in the conservatory area, while their feeding regime was in progress, and they were later joined by another resident, who had just gotten up after having a lie on in bed. Another resident, was sitting in part of the hallway that displayed sensory and visual objects of reference. Staff told the inspector that this resident sometimes liked to stay there for a while, as they liked peace and quiet and responded well to the sensory aspect of this part of the hallway. The inspector didn't have the opportunity to meet with the fourth resident as they had already left for their day service. In this house, residents had their own bedroom, some en-suite facilities, shared bathrooms, a conservatory, sitting room, kitchen and dining area, utility and large external grounds. As staff supported residents in this house, there was a general sense of friendliness and calm, with staff attending to and engaging with residents, while also preparing residents' afternoon lunch. Two residents lived in the second house and upon the inspector's arrival to that house, both residents were out and about in the community with the support of staff. This house also provided residents with their own bedroom, shared bathroom, sitting room, kitchen and dining room, utility and rear garden space. Recent refurbishment works had been completed in this house, providing residents with an improved kitchen space. Both houses were tastefully decorated, comfortably furnished, well-maintained and had provided a warm living environment for these residents.

Many of these residents had lived together for a number of years and got on very well together. Some were of an aging profile and required specific support with respect to their personal, manual handling and health care needs. Others, primarily required support with regards to their social care and the provider had ensured that these residents had access to the resources they required to regularly get out and about. In recent months, the centre had experienced the passing of a resident, and both staff and the person in charge spoke of the impact this had on the other residents and staff members, and of the support being offered to them during this time. These residents were supported by a consistent staff team who knew them and their assessed needs very well and of the staff who met with the inspector, they spoke very respectfully about each individual resident.

Much effort was made by staff to schedule residents' plans in accordance with residents' individual preferences, interests and capacity. As earlier stated, some of these residents were of an aging profile and their wishes were to spend more recreational time in the comfort of their own home. Some liked to have a lie on in bed in the morning and also liked to go for a nap in the afternoon. Staff were

cognisant of this and were proactive in ensuring these residents received meaningful one-to-one time to engage in sensory orientated activities that they responded well to, such as hand massage, listening to music and nail care. Other residents liked to be active in their local community and often went out for coffee, liked to go on walks, some had keen interest in the outdoors and others enjoyed going to their day service each week. Goal setting was also an important aspect of care that these residents received, with some recently visiting graves of family members, some had gone on their first holiday, while others were working towards getting back to activities that they previously enjoyed over the years. Much effort was made to ensure residents' interests were accommodated, for example, one particular resident had a keen interest in watching videos clips and films. In response to this, the recent refurbishment of their home, resulted in the provision of a new large wall-mounted television in the sitting room, for this resident to use as they wished.

Many of these residents had assessed communication needs and were able to verbalise their wishes. The inspector spoke with a member of staff regarding this, who told of how each resident had their own way of indicating to staff what they wanted. For instance, some used gestures, some used vocalisations and some were able to provide stand alone words to let staff know what they were trying to communicate. As there was good continuity of care in this centre, this meant that these residents were always cared for by staff who were familiar with their communication style, and were able to understand and interpret their wishes.

The specific findings of this inspection will now be discussed in the subsequent sections of this report.

Capacity and capability

This was an announced inspection to assess the provider's compliance with the regulations. Overall, this was a well-run and well-managed centre that provided residents with a good quality and safe service. The provider was found to be in compliance with most of the regulations inspected against, with some improvement required to aspects of personal planning and risk management.

The person in charge held the overall responsibility for the running and management of this centre and was regularly present in both houses to meet with residents and staff. They were supported in their role by their line manager and staff team, whom they met with regularly to discuss and review resident related care and operational matters.

Some of these residents had assessed health care needs, whereby, they required nursing care, and this was consistently provided to them both day and night. Along with this nursing support, residents were also supported by a team of health care assistants, and due to the aging profile of some residents, the centre's staffing arrangement was subject to regular review, to ensure a sufficient number of staff were at all times on duty. Where additional staffing resources were needed from

time to time, the provider had arrangements in place to provide this additional support, as and when required. Effective arrangements were in place to provide staff with the training they required appropriate to their role. At the time of this inspection, the person in charge spoke of plans to provide further staff training in areas such as respiratory care, in direct response to the assessed needs of residents.

The provider had put suitable arrangements in place to ensure this centre was resourced, as set out within the statement of purpose. The monitoring of the quality and safety of care was largely attributed to the regular presence of the person in charge at both houses. Furthermore, the provider was conducting separate six-monthly provider-led visits in each house, and where improvements were identified specific to the individual houses, time bound action plans were put in place to address these. Also supporting the effective oversight of this centre was an on-call system, which was available during out-of-hours, providing additional managerial support to staff, during these times.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this centre

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present to meet with residents and with their staff team. They had good knowledge of the residents' needs and of the operational needs of the service delivered to them. They were supported in their role by their line manager and staff team. This was the only centre in which they were responsible for and current arrangements, gave them the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing compliment for this centre was under regular review, ensuring a suitable number and skill-mix of staff were at all times on duty. Some residents required nursing care and nursing staff were rostered day and night to provide this staff support to the residents who needed it. Good consistency of care was

provided, with many staff having supported these residents for a number of years. Where additional staffing resources were required, the provider had adequate arrangements in place to facilitate this.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure each staff member received the training they required appropriate to their role. Staff received training in areas such as safeguarding, fire safety, nutritional care and manual handling. A programme was also in place to facilitate refresher training, as and when required. All staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. Suitable persons were appointed to manage and oversee the running of this centre and the provider had effective monitoring systems in place to ensure the quality and safety of care was regularly monitored. For example, in line with the requirements of the regulations, six-monthly provider-led visits were occurring, and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in this centre and at the time of inspection, was in the process of further review to support the provider's application to renew the registration of this centre.

Judgment: Compliant

Quality and safety

Residents' wishes, preferences and capacities were at the forefront of the daily operations of this centre. Staff were cognisant of ensuring residents were supported to be involved as much as possible in all aspects of their care, and staff also made every effort to ensure residents spent their recreational time as they wished.

Residents' needs were frequently re-assessed for and personal plans were updated to reflect any changes to residents' care and support arrangements. Many of the residents residing in this centre had assessed health care needs and required specific health care interventions each day to support them with this aspect of their care. The inspector spoke at length to the person in charge and with nursing staff regarding these needs, who both spoke confidently about the care and support provided to these residents, particularly with regards to their nutritional, skin integrity, respiratory and palliative care needs. Furthermore, these residents had access to a wide variety of allied health care professionals, who supported staff in the review of residents' care interventions. However, the inspector did observe where some improvement was required to the personal plans developed in response to residents' assessed health care needs, to ensure these plans gave better guidance on the specific supports that staff provided to these residents on a daily basis. Furthermore, at times, some residents required specific respiratory intervention from nursing staff; however, there was no procedure available at the centre to guide them in relation to this practice.

Regular fire drills were occurring and following the outcome of some drills in recent months, the provider had identified where improvement was required to the overall evacuation time frame. In response to this, the provider had put a number of measures in place, resulting in better evacuation time frames now being achieved. The person in charge spoke about their plans to maintain this under regular review and had a schedule of fire drills in place for the coming months to monitor this. Staff had up-to-date training in fire safety and a waking night staffing arrangement was in place, ensuring that should a fire occur at night, staff were available to quickly respond. There was a fire procedure in place for each house, and at the time of inspection, the person in charge was making arrangements to further review these procedures to ensure better clarity was given to staff on what to do, should a fire occur.

Where risk was identified in this centre, it was quickly responded to and responsive measures put in place to maintain residents' safe from harm. The person in charge was vigilant in ensuring all staff were made aware of any new control measures put in place in response to risk and monitored the effectiveness of these control measures, on an on-going basis. However, a review of some resident specific risk assessments was required, to ensure these accurately described the risk that was identified, and gave better clarity on the specific control measures that the provider put in place in response to these risks.

Overall, residents were receiving the care and support that they required, in accordance with their assessed needs. Although there were some improvements identified as part of this inspection, these did not take from the quality of care and quality of life experienced by the residents who lived in this centre.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured these residents were supported to express their wishes. They were cared for by staff who knew them well, and were familiar with each resident's typical communication style. These staff were aware of any particular or individual communication supports required by each resident as outlined within their assessment of need.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to welcome visitors into their home and the layout of this designated centre, offered residents with areas to meet with their visitors in private. Residents were also encouraged to visit family, if they so wished.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised to two houses, both of which were well-maintained, clean and provided residents with a homely living environment. Where residents had mobility needs, the layout and design of the centre was considerate of this. Residents were encouraged to decorate and furnish their bedroom to their own personal taste, with many proudly displaying items of interest to them. The provider was responsive to any refurbishment works required in this centre, with recent works completed to the kitchen area of one of the houses comprising of this centre.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in this centre and at the time of inspection, was in the process of further review to support the provider's application to renew the registration of this centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective systems in place for the identification, response and monitoring of risk in this centre. Where incidents occurred, a system was in place for staff to report this incident, to allow it to be reviewed, responded to and inform any risk management activities that may be required. A risk register supported the person in charge in their on-going review of organisational risks. However, some improvement was required to residents' specific risk assessments, to ensure these clearly outlined the risk that was identified, and the control measures that were put in place to mitigate against this risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety systems in place, including, fire detection and containment arrangements, regular fire safety checks were occurring and adequate emergency lighting was available throughout the centre. Regular fire drills were occurring and a fire procedure was available to guide staff on what to do, should a fire occur. Furthermore, a waking staffing arrangement was in place at night, meaning, that should a fire occur, staff were available to quickly respond. Staff had also received up to date training in fire safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed for on a regular basis and personal plans updated as and when required. The registered provider had ensured that arrangements were put in place to meet the needs of each resident, in line with their assessments. Personal goal setting was completed with each resident and a key-worker staff was appointed responsibility for ensuring residents received the support they required to achieve their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Where residents had specific health care needs, the provider had ensured that these residents received the care and support that they required. Nursing care was provided to residents both day and night and residents also had access to a wide variety of allied health care professionals. Although personal plans were developed in response to residents' health care needs, some required improvement to ensure they provided better clarity on the specific health care interventions required by residents, particularly in areas such as nutritional care. Furthermore, from time to time, some residents required specific respiratory intervention from nursing staff; however, there was no procedure available at the centre to guide staff in relation to this practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to ensure staff were supported in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up to date training in safeguarding and there was a designated safeguarding officer available, to review any safeguarding concerns, should they arise in this centre. At the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much respected, with the daily operations of this centre led by residents' preferences, wishes and capacities. Staff were mindful and respectful of residents' preferred way to spend their recreational time and made every effort to facilitate residents' choice. Due to the aging profile of some residents, they chose to spend much of their time at home, and this was facilitated by staff. Residents were engaged with through daily interaction with staff and also at regular resident meetings, regarding the running of their home.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Portlaoise Area 1 OSV-0002490

Inspection ID: MON-0030049

Date of inspection: 08/02/2023

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In service risk assessment training to be attended by PIC on 13/2/23. Risk assessments to be individualized for service users depending on needs and associated care plans to be updated accordingly in line with risk assessments.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>PIC has compiled a care plan support schedule for all staff to receive one to one support with their respective care plans for residents.</p> <p>Resident’s personal plan will be reviewed by their key worker to ensure clarity for all care interventions in response to health, personal and social care needs.</p> <p>A procedure will be developed to guide nursing staff in relation to residents who require specific respiratory interventions in addition to reviews of health care plans for residents requiring respiratory care.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/04/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/05/2023