



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

Issued by the Chief Inspector

Name of designated centre:	Earrach Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	13 December 2021
Centre ID:	OSV-0005332
Fieldwork ID:	MON-0031071

About the designated centre

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

Earrach Services is a service run by the Health Service Executive. The centre comprises of two two-storey houses which are located next to each other in a town in Co. Sligo. The centre provides residential care for up to twelve male and female residents who present with an intellectual disability. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 - 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
Monday 13 December 2021	10:15hrs to 16:15hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

There was evidence of person-centred, good quality care for the residents in this centre. Residents were supported to engage in activities of their choosing and were active participants in the running of the centre.

This was an unannounced inspection that formed part of the routine inspection schedule for the service. Throughout, the inspector adhered to the public health guidelines on the prevention of infection of COVID-19.

The centre consisted of two large houses. The houses were two-storey and located next to one another. The ground floor of each house had a spacious kitchen, dining room, two sitting rooms, a large wetroom and utility room. In addition, there were resident bedrooms downstairs. The second floor in each house was accessible by stairs and by a lift. Upstairs, there were further resident bedrooms, a staff sleepover room and a spare bedroom. In one house, this room had been converted into an in-home gym with treadmill and punch bag. There was a staff office in each house. The houses were clean, tidy and welcoming. They had been decorated nicely for Christmas. Each resident had their own bedroom. Every bedroom was decorated in very different styles in line with the resident's taste. Residents chose the wallpaper, colour scheme and bedding. Their photographs and belongings personalised the rooms further. The bedrooms were spacious and each one had their own television and comfy chair. Two downstairs bedrooms in each house were equipped with tracking hoists but these were not in use by residents at the time of inspection. These bedrooms did not have en-suite bathrooms. However, every other bedroom had their own en-suite with level access shower. It was noted during the inspection that radios and televisions were tuned to stations that were chosen by residents. Residents' art work was on display in both houses.

The inspector met with eight residents on the day of inspection. Residents were busy going about their daily routines. Some left the centre to attend day services and others remained in the centre during the day. When asked, all residents reported that they were happy in their home and that they were happy with the staff. Residents were proud of their home. Some showed the inspector their rooms and the Christmas decorations that had been put up. Residents discussed their interests and talked about their activities in day services. They talked about assisting staff to cook meals and the other chores that they completed in the house, for example, emptying the dishwasher. In addition to their Christmas plans, residents talked about other events that had taken place recently, including a birthday celebration for one of the residents. They talked about the activities that they enjoy in the wider community including shopping, going out for a meal, visiting friends, going for a walk on the beach, and horse riding. Residents reported that if they want to leave the centre and go on outings, they ask the staff and the staff support them as needed. Residents reported that they get on well with each other and enjoy living together.

Residents and staff were very comfortable in each other's company. Residents were observed sitting together and chatting. Staff were friendly and respectful when they talked to residents. Staff were very familiar with residents' communication style and favourite topics of conversation. They were observed offering choices to residents during the day and these choices were respected. Staff spoke about residents in a respectful and caring manner. They were very responsive when residents needed assistance. There was a pleasant atmosphere in the centre.

Overall, it was clear that residents in this centre had a good quality of life. The centre was comfortable and homely. Residents were supported to engage in activities that interest them. Their rights were upheld.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There was good governance and management of this service. The provider had adequate measures to oversee the quality of the service delivered. The number of staff was adequate but some improvement was needed in the area of staff training.

The inspection was facilitated by the person in charge who had very good knowledge of the needs of residents and the requirements of the service to meet those needs. The staffing numbers in the centre were adequate to meet the needs of residents. The person in charge reported that there had been a recent recruitment campaign to source additional staff for the service in light of the changing needs of some residents. New staff had recently joined the service but a number of staff had worked in the centre for a number of years. The roster had been changed recently from sleepover staff to waking night staff to support residents with changing health needs. A nurse was available in the centre during the day and out-of-hours nursing support was available as needed. When outings were planned, additional staff could be sourced to support the residents to attend events.

Staff training was recorded on a training matrix. A number of areas had been identified by the provider as mandatory training. While most staff were up to date with their training, there were a number of staff who needed new training or refresher training in some areas. There were examples of good practice where the person in charge had sourced private training companies to provide some modules that could not be delivered in-house. Dates for training in relation to the administration of emergency epilepsy medication was also finalised on the day of inspection. However, some training courses did not have any dates for completion, for example, training in relation to the management of behaviour that is challenging.

The provider had good oversight of the service. The annual review of the service

was due for completion and there was a date set for this to occur in the next few days. The provider had completed six-monthly unannounced audits in line with the regulations. In addition, there were a number of other audits that were completed monthly, bi-monthly, quarterly or every six-months in line with the provider's own schedule. A review of documentation found that these audits were completed in line with this schedule. Issues identified on any of the audits were included on a quality improvement plan with specified actions and target dates for completion. There was evidence that actions were completed within the targeted time frame.

Complaints were audited quarterly. The provider had a complaints procedure in place and there was evidence that complaints were dealt with in line with this procedure. Residents said that they would be happy to report any complaints to staff or the person in charge.

Overall, the management of this service ensured that residents received a good quality service that was in line with their assessed needs.

Regulation 14: Persons in charge

The person in charge had good oversight of the centre and knowledge of the needs of the residents. They had the required skills, experience and qualifications to run the service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was adequate to meet the assessed needs of residents. Nursing support was available on site or via an on-call system as required. The person in charge maintained a planned and actual staff rota for the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in areas that were deemed mandatory by the provider was largely up to date. Staff were supervised. However, there were a number of staff who needed refresher training or new training and no definite dates had been identified by the provider to complete this training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had good oversight of the service. Annual reviews and six-monthly unannounced audits were completed. Additional audits were in place to monitor the quality of the service delivered. There were clear lines of accountability. Staff reported that they would be comfortable raising any concerns that might arise in the service.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in the centre. There was evidence that complaints had been processed in line with the provider's procedure.

Judgment: Compliant

Quality and safety

The service supported residents to have a good quality of life and to engage in activities of their own choosing. The residents in this centre were in receipt of a safe service that was of a good standard. However, improvements in relation to infection prevention and control were required.

The centre itself met the assessed needs of residents. There was ample space for residents to spend time alone or together, if they so wished. There were adequate cooking and laundry facilities. The house was fully accessible to all residents. The house was in good structural and decorative repair and was made very homely with rooms personalised to the residents' taste. The house was clean and neat. However, it was noted that dirt and dust had accumulated on most vents in the en-suite bathrooms. In addition, rust on shower chairs and some wear on couches meant that they could not be fully wiped down and cleaned. This posed an infection prevention risk. 'All seating must be washed down' was listed as a cleaning task in the enhanced cleaning schedule that the provider had in place to help reduce the spread of COVID-19. A review of documentation found that this schedule was completed as set out by the provider. Staff were observed cleaning touch points throughout the house during inspection. However, a review of staff training also indicated that not all staff had been trained in standard infection control

precautions.

Each resident had a personal plan and an individual assessment of their health, social and personal needs. A review of the residents' assessed needs and their goals was held annually with input from the resident or their representative. Every assessed need had a corresponding care plan. There was evidence of input from a variety of health professionals as required. These plans were updated regularly. The social and personal goals set by the residents were regularly reviewed with new goals added during the year. A review of personal plans found that residents engaged in activities that were in line with their interests. This included attending concerts or the theatre, day trips to adventure parks, trips to the beach, attending the cinema, going shopping, visiting religious sites and sporting activities.

Some residents' folders contained behaviour support plans. There was input from psychology, psychiatry and clinical nurse specialists in the development of these plans. Events and situations that caused certain residents stress were identified. Strategies to alleviate that stress and to support residents to manage their behaviour had been identified. The behaviour support plans were used to ensure the safety of all residents. In addition, staff were trained in safeguarding. Staff knowledge of safeguarding was audited every second month. Any issues of concern had been reported to the relevant safeguarding team and safeguarding plans were implemented as required. Risks in relation to all residents and staff were recorded in a risk register. In addition, residents had individual risk assessments in their personal plans. These assessments identified the risks and outlined the control measures in place to reduce the risk. The assessments were reviewed regularly.

Residents' rights were respected in this centre. As outlined above, staff offered choices to residents and these were respected. Residents attended weekly meetings where they could make decisions about the running of the centre. This included planning the weekly menu and grocery list. Residents' diets were varied and there was ample fresh food in the centre. Where residents had been assessed for swallowing difficulties, staff were knowledgeable on the recommended guidelines and prepared food accordingly. Staff were observed preparing lunch for residents in line with safe swallowing recommendations. Residents reported that the food in the centre was good and talked about certain staff who made cakes and treats for special occasions.

Overall, this service was of a good standard and supported residents to live meaningful lives. Staff were knowledgeable on residents' needs and preferences. Residents were treated with dignity and respect.

Regulation 13: General welfare and development

Residents received appropriate care and support to engage in activities of their choosing. Residents were supported to pursue interests within the centre and in the wider community. Residents had opportunities for recreation, training and

occupation.
Judgment: Compliant
Regulation 17: Premises
The premises were in good structural and decorative repair. The centre was fully accessible to all residents. There was adequate private and communal space. There were adequate facilities in the centre to meet the residents' needs.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents were supported to buy and prepare their own food. There was ample wholesome food in the centre. The food was prepared so that it was in line with their assessed needs. There was a choice of food available to residents.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had a centre-wide risk register in place in addition to individual risk assessments for residents. Control measures to reduce risks were identified and the assessments were regularly reviewed.
Judgment: Compliant
Regulation 27: Protection against infection
There was good practice in relation to the completion of cleaning tasks and an enhanced cleaning rota in light of COVID-19. However, dirt on bathroom vents and damage to some surfaces posed an infection control risk. In addition, not all staff were fully training in standard precautions.
Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were fully assessed. There was a corresponding care plan for any identified need. Staff were knowledgeable on the residents health needs. There was evidence of input from a variety of health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had behavioural support plans. Staff were aware of the supports required by residents to manage their behaviour. There was input from a variety of professionals in the development of these plans.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from abuse. All staff were trained in safeguarding. Safeguarding was included in the provider's audit schedule. Staff were knowledgeable on the steps that should be taken in cases of suspected abuse. The residents' personal plans included intimate care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld and respected. Residents were active participants in the running of the centre. Staff respected residents' privacy and dignity.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Earrach Services OSV-0005332

Inspection ID: MON-0031071

Date of inspection: 13/12/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In order to comply with Regulation 16,the following actions will be undertaken</p> <ol style="list-style-type: none"> 1. There is four staff that requires refresher training in Studio 3, this training will be completed on the 17/1/22. 2. There is two new staff who require full training in Studio 3 ,this will be completed on the 31/1/22. <p>Going forward the Training Needs Analysis will identify all training required and a plan will be in place to complete this .</p>	
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>In order to comply with Regulation 27 the following actions will be undertaken</p> <ol style="list-style-type: none"> 1. Staff training will be undertaken for four staff and will be completed by the 15/1/22. 2. A deep clean of the area has been completed and included all extractor fans .Going forward these extractor fans will be cleaned weekly and recorded on the cleaning schedule. 3. One shower chair where rust was evident has now been disposed and replaced. 	

4. A leather sofa with patches of wear and tear has been disposed and replaced.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2022
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	15/01/2022

