



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:	Unannounced
Date of inspection:	28 October 2021
Centre ID:	OSV-0007997
Fieldwork ID:	MON-0033065

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:	2
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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
Thursday 28 October 2021	10:00hrs to 16:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The service was supporting two residents that had moved into their new home in June of this year. The inspector had the opportunity to meet with both residents. It was found through observations and the review of the information that the residents were being supported in a manner that met their needs and wishes.

On arrival at the centre the inspector observed one of the residents engaging in arts and crafts activities with staff; the other resident had yet to begin their day and was relaxing in bed. The inspector met with both residents later in the day. One of the residents showed the inspector their room and pictures of family and friends. The other resident then met with the inspector and the other resident in the sitting room. The second resident communicated with the inspector via their tablet device and also spoke about friends and family. Staff members also supported the inspector to communicate with both residents if required.

Both residents appeared comfortable in their home. They had their preferred games consoles and had access to other games and technology if they wished to use it. The transition for one resident to their new home had proved challenging. The provider and the resident's family were still in the process of supporting them with the change. A consistent approach was being developed, and this was leading to better outcomes for the resident.

A review of records demonstrated that personal plans and personal goals had been developed for both residents. The residents were becoming more familiar with their new community. They were regularly going out for food, shopping, and day trips with staff support. Community activities had been identified as being important for both residents, and this was being facilitated. The residents were also involved in a dog walking programme. They hoped to get a dog for their home eventually.

The inspector had the opportunity to speak to a member of the residents' family. They expressed that they were happy with the service being provided. They spoke of regular contact between them and the staff team and the provider's senior management. They felt that the residents were receiving a service that was meeting their needs.

Overall the inspection found that the residents had been facilitated to settle into their new home. There were systems in place that were meeting their needs, and the provider had ensured that the centre was appropriately resourced. There were some areas that required improvement in regard to staff receiving training around certain communication techniques, and there were aspects of the residents' home that required maintenance and some parts that needed enhanced cleaning.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how

these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

A member of the provider's senior management team were acting as the person in charge at the time of inspection. A new person in charge was due to begin their role in the days following the inspection. The inspector found that the provider had implemented suitable management systems. Monthly audits were completed, and any areas that required improvement were identified and addressed promptly. The existing systems ensured that the service provided to the residents was appropriate to their needs and was effectively monitored.

An appraisal of the staffing rosters identified that there had been a period where there had been a number of staff changes. This had, however, stabilised in recent months, and the current roster demonstrated that the residents were receiving continuity of care. The inspector observed warm and friendly interactions between the residents and staff supporting them. The inspector's discussions with staff members also revealed that they were aware of the residents' needs and supported their non-verbal communication.

Overall, staff members were receiving appropriate training. The training needs of the staff team were reviewed regularly, and the provider had developed a training needs analysis. The inspector observed that the staff team had received online first aid training but had yet to receive basic life support training. This had been delayed due to the impact of the COVID-19 pandemic. The provider did, however, confirm that this training was due to take place in the coming weeks.

The inspector found that the residents had been provided with information regarding the complaints procedure and that there was easy read information on a number of topics, including the complaints procedures available for residents to review. The review of the complaints log found that there had been complaints submitted. These had been responded to promptly and the complainant was satisfied with the outcome.

Overall, the provider had ensured that there were effective systems in place to provide good quality service to residents.

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part, the staff team had access to and were completing appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured that there an effective complaints procedure had been developed. Residents and their representatives had been made aware of the methods, and there was evidence of complaints being addressed in a prompt manner.

Judgment: Compliant

Quality and safety

Overall the inspection found that residents were receiving a good quality service. However, as stated above, two areas required improvement regarding the premises and staff receiving communication training.

The residents' home had a homely environment. There were pictures of residents, their friends, and family dotted throughout the house. The inspector did find that there were areas in the house that required repair. There were parts of the main hallway, doors, and door frames damaged that needed repair. The inspector also

found that some parts of the house needed cleaning, such as hallways and the aspects of the kitchen. The upstairs of the house, which was not being used by residents, was found to require cleaning and some maintenance before future residents could be accommodated in the area.

As mentioned earlier, the residents had access to assistive technology and were communicating via these. Residents also utilised non-verbal gestures. One of the residents used sign languages to communicate their needs. The staff team, however, had not been provided with appropriate training regarding this communication. While the inspector notes that there were images of the signs that the resident used available for review, the staff team required the training to best communicate with the residents per their needs and wishes

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that the care being provided to residents was person-centered and reflected the changes in circumstances and new developments for residents.

The information reviewed also demonstrated that residents were receiving and had access to appropriate health care. Residents were supported by a community nurse, physiotherapist, and occupational therapist regularly. They also had access to a range of other allied healthcare professionals if required. The review of records demonstrated that residents were supported to attend appointments and that the staff team and provider had been acting as advocates regarding sourcing services for residents since their transition to their new community.

Adult safeguarding was a reoccurring topic for the residents' house meetings. Residents were being assisted and supported to develop the knowledge, self-awareness, understanding, and skills for self-care and protection. The inspector reviewed safeguarding plans which were formulated when required, and found them to be appropriate and detailed. The review of information also demonstrated that the provider had systems in place to respond to safeguarding concerns when needed.

The inspector reviewed the resident meeting minutes and found that the residents chose their meals using visual aids. Residents were receiving a varied diet. As mentioned earlier, they were supported to dine out when possible as per their wishes.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. Infection control arrangements at the centre reflected current public health guidance associated with managing a possible outbreak of COVID-19. The provider had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. The COVID-19 risk assessments developed for residents, the staff team,

and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable firefighting equipment. Regular fire drills had been completed; these drills were being reviewed by the provider's senior management. Residents' emergency evacuation plans had been adapted following fire drills. The review of the plans and drills demonstrated that there were systems to evacuate residents if required. The staff team had received fire safety training, and the fire fighting equipment and alarm system were being serviced.

Regulation 17: Premises

There were aspects of the residents home that needed repair. There were also some parts of the the home that required enhanced cleaning.

There were parts of the main hallway, doors, and door frames damaged that needed repair. The inspector also found that some parts of the house needed cleaning, such as hallways and the aspects of the kitchen. The upstairs of the house, which was not being used by residents, was found to require cleaning and some maintenance before future residents could be accommodated in the area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were choosing their meals and were being supported to have a varied diet.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were effective fire safety management systems in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure

that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

Judgment: Compliant

Regulation 10: Communication

A resident used sign language for aspects of their communication. The provider had yet to source appropriate training in the sign language for the staff team at the time of inspection. This impacted the staff team's ability to interact with the resident.

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 10: Communication	Substantially compliant

Compliance Plan for Greenacres OSV-0007997

Inspection ID: MON-0033065

Date of inspection: 28/10/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Hallways will be painted and new protective material will be applied to the walls to prevent damage from wheelchairs. Upstairs will be cleaned to a high standard and cleaning schedule in place	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Staff will receive training in Lámh sign language to help further the communication techniques with residents	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/12/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	17/11/2021