Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Esker Gardens
Name of provider:	Gateway Community Care Limited
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	13 March 2023
Centre ID:	OSV-0008293
Fieldwork ID:	MON-0038135

About the designated centre

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

Esker Gardens is a community facility designed for up to four residents and provides extended /long term care to residents over 18 years of age with varying conditions, abilities and disabilities. These include residents with a cognitive impairment, residents with physical, neurological and sensory impairments and residents with mental health needs. Esker Gardens operates on integrated model of care that meets both social and medical needs. Esker Gardens provides long stay residential care for female and male residents. Esker Gardens is a bungalow in a rural setting located near a large town. Esker Gardens provides an accessible, homelike, and safe environment that provides maximum privacy and autonomy for the resident. Facilities include four resident bedrooms, two living rooms, a kitchen/dining room area, utility area and a large front and rear garden. There is transport available for group outings or individual outings. Esker Gardens provides 24-hour care 7 days a week. Esker gardens is staffed by social care workers and healthcare assistants under the management of a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Monday 13 March 2023	10:00hrs to 17:20hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations. This was the first inspection since the registration of the centre in October 2022. This inspection found that the service provided met residents' individual needs, was person-centred and was designed to support the individuality and personal preferences of each resident living there.

Esker gardens was a large detached bungalow located outside a town in Co. Longford. The house could accommodate four residents. There were three residents living there at the time of inspection with one vacancy. There were three vehicles available to support residents to access activities in the wider community in line with their personal choices.

On arrival to the centre the inspector met with the person in charge, staff and one resident who was having coffee at the kitchen table in the company of staff. The inspector gave the staff members a document called 'Nice to Meet You' that inspectors use to explain why they are visiting the centre. Staff were observed going through this document with one resident.

The inspector got the opportunity to talk with all residents and staff throughout the day. Residents spoken with said that they liked living in the centre. Some residents spoke about how different the centre was when compared to their previous residential placement. All residents had previously been accommodated in alternative care facilities prior to their move to Esker Gardens. Some residents spoke about how Esker Gardens was so much quieter than their previous residential placement, and they said that they liked this very much.

Residents spent time speaking with the inspector individually throughout the day. Some residents spoke about the circumstances and personal stories that led them to receiving residential care and spoke about how this affected them. Residents spoke about contact with family members and it was evident that this was very important to them and that this was contact was facilitated and respected. Residents had mobile phones and technological devices to allow contact with family members throughout the week. Staff supported residents to visit family members regularly, and to receive visitors, in line with residents' wishes. One resident said that they were glad to be supported to do weekly visits home to their family, as this did not happen in their previous residential placement.

Residents' wishes and choices about how they lived their lives were very much promoted in Esker Gardens. This was evident on the day of inspection, whereby one resident and staff members were planning a trip to another country in the coming weeks. The resident was observed to be actively involved in choosing what they would do when they were away, by reviewing options on the internet. They spoke with the inspector about their plans and appeared happy that this was occurring. Another resident was supported to spend time in the house engaging in a

specialised skill that was of particular interest to them. They mentioned throughout the day that they were busy doing this work. Staff spoken with described about how the resident was supported with this, and that they had hopes for the future that they may get paid employment due to their specialised skills. The inspector was informed that plans to create a workshop for the resident to allow a more appropriate space for them to engage in, and develop, this interest was being considered.

Throughout the day residents were observed freely moving around the house, having beverages and accessing the external areas independently. One resident chose to go shopping that day as they wished to purchase a present for a family member, and this was facilitated. Another resident chose to stay at the house as they were busy doing their own interests. One resident was attending an external day service and the inspector met with them later in the evening after they returned.

Through discussions and a review of documentation, it was found that residents had began to develop individual interests in their local community since their move to Esker Gardens. Residents were supported to get to know their local community through involvement with local community groups and through going to various activities such as the pub, bingo and music concerts. Staff spoke about how some residents were getting to know members of their local community through attending various leisure activities and described about how members of the community now greeted some residents by their names as they have got to know them.

The house itself was found to be bright, spacious and accessible. Some residents were happy to show their bedroom which was found to be personalised and colourful with soft furnishings and framed photographs of family. Staff spoke about plans to get more furniture and items to make the sitting-room more homely. There was a large garden area both front and back, which was accessible and adorned with shrubs, trees and flowers.

Staff spoken with talked about the supports provided to residents and about how residents were getting on since their move into the centre. Two residents had moved to the centre in October 2022 and one resident had recently moved in January 2023. All residents were reported to get on well together and there were no concerns about compatibility. All residents had their own bedrooms in Esker gardens and there was ample space for residents to relax in the communal areas and to have private space if they so wished. One resident spoke about sharing a room with large number of people previously and said they they didn’t like that and that they liked Esker Gardens better. Residents spoken with said that they liked living in the centre, and that they liked who they lived with. Residents said that they staff were nice and they could go to them if they needed anything.

Staff were seen to be supporting residents with dignity and respect and were responsive to their needs and requests. Staff members spoken with appeared knowledgeable about each residents' likes, interests and their specific care and support needs. Regular 'key-worker' meetings were held individually between residents and a nominated staff. This allowed an opportunity for residents to have

one-to-one time to discuss any concerns they may have, and to choose things that they would like to do and to talk about the supports that they may need.

Overall, the inspector found that Esker Gardens provided person-centred care and support and that residents were consulted about all aspects of their care.

The next sections of the report describe the governance and management arrangements and about how this impacts on the quality and safety of care and support provided in the designated centre.

Capacity and capability

Overall, the inspector found that Esker Gardens had a good governance and management structure with effective arrangements in place for oversight and monitoring. Some improvements were required in staff training, the admissions policy and some aspects of risk management documentation, which would further enhance the good quality of care and support provided.

The person in charge worked full-time and was responsible for one other designated centre. They were supported in the operational management of the centre by a team leader who worked full-time in Esker Gardens. Both the person in charge and team leader were working at the centre on the day of inspection.

The centre was staffed with a skill mix of social care workers and health care assistants. There were three staff working during the day when all residents were present, and there was a sleepover and one waking night staff each night. There was a consistent staff team working which helped to ensure continuity of care. Staff meetings occurred regularly which facilitated staff members to participate in, and raise concerns about, the quality of care and support provided. Staff spoken with said that they felt well supported, received adequate training and that they could raise any issues to management if required and that they were listened to.

There were good arrangements for auditing the service and in ensuring ongoing monitoring by management. As the service was not yet opened for six months, the provider unannounced six monthly visits and an annual report of the quality and safety of care and support was not yet completed. Weekly audits were completed by the team leader and covered a range of areas. This was then reviewed by the person in charge which helped to ensure effective oversight. In addition, the person in charge completed monthly audits which were very comprehensive and also included reviews of incidents that occurred. From a review of incidents, it was found that the person in charge submitted all required notifications to the Chief Inspector as required in the regulations. Audits were found to effectively identify areas for improvement and included actions to address these areas. For example; the person in charge had identified training needs and gaps for some staff and had put a plan in place to address these gaps.

Residents had written contracts for the provision of services which gave a clear account of the terms of residency and fees to be charged. These were signed by residents. However, the policy for admissions was not clear on the profile of residents that could be admitted to the service, and the information on the policy was not in line with the statement of purpose of the centre. This policy was in draft form and required further review to ensure that it provided clear and transparent information about the profile of residents who could be accommodated by the provider.

In general, the governance and management of the centre was robust and arrangements for auditing practices were effective; however some improvements as detailed throughout the report were required to achieve full regulatory compliance.

Regulation 14: Persons in charge

The person in charge worked full-time. They had the qualifications and experience to manage the designated centre. The person in charge had responsibility for one other designated centre. The governance and management arrangements in place supported the person in charge to effectively manage two designated centres.

Judgment: Compliant

Regulation 15: Staffing

There appeared to be the numbers and skill mix of staff in place to meet the assessed needs of residents. At the time of inspection there was one social care worker vacancy and this was covered by regular relief staff to ensure continuity of care until the recruitment was completed. Some aspects of the rota were unclear and this was addressed on the day by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

There was a staff training and development policy in place and arrangements for identifying training needs for the service. However, there were some gaps in staff training. The person in charge had identified these and a plan was in place for this to be addressed.

The following gaps were found in relation to staff training;

- Two staff required fire training. This was scheduled for 24/03/2023.
- Two staff required manual handling. This was scheduled for later in the month.
- All staff had completed the online safeguarding awareness training. However, the full safeguarding vulnerable adults training had not been completed. This had been identified by the person in charge who had followed up with the provider's training department to seek this training.
- Two newly recruited staff required medication training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a good governance and management structure in place which included clear roles and areas of responsibilities.

There were regular management audits completed with a schedule for auditing a number of areas weekly and monthly. These audits were found to effectively identify areas for improvement, which were followed up and addressed in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had signed written contracts for the provision of services which outlined the terms and conditions of placements and the fees to be charged. However, the following was found in relation to the policy and procedures for 'admissions, transition/ discharge and temporary absence';

- The policy and procedure had recently been updated and was in draft form. It was found that it did not contain sufficient detail on the the types of diagnoses and needs of residents that the provider could accommodate. This was not in line with the information contained on the statement of purpose for the designated centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre since it's registration, found that all

notifications as required under the regulations were submitted to the Chief Inspector of Social Services.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Esker Gardens were provided with care and support that was person-centred and that respected their individual life choices. Arrangements for monitoring care and support ensured that residents' assessed needs were kept under regular review and were met. However, some improvements were required in the documentation associated with risk management.

A comprehensive assessments of needs had been completed for each resident upon their admission to the service. This included assessments of health, personal and social care needs. A range of care plans were then developed where this need was identified. In addition, each resident was supported with their healthcare needs. Referrals for allied healthcare professionals and multidisciplinary team (MDT) members were made, where the need was identified. Residents were supported to access community based healthcare services, such as physiotherapy, chiropody and dietitian services.

The centre was found to promote a rights based approach to care. Regular individual meetings were held with residents where residents were consulted about their day-to- day lives and their goals and aspirations for the future. There was evidence that residents' cultural backgrounds were respected and that they were consulted about, and promoted to enhance their independence, with regard to their individual care.

Residents' general welfare and development were promoted. Residents were found to be supported to engage in a range of leisure and recreation activities both in the house and in the wider community. Residents also had access to mobile phones and technological devices to keep in touch with friends and families. Visitors were welcome to the centre in line with residents' wishes, and there was ample space for residents to have visitors in private if they so wished.

There were arrangements in place throughout the centre for ensuring fire safety such as; regular fire drills, fire containment measures, emergency lighting and fire fighting equipment. In addition, ongoing fire safety checks occurred. However, the notice regarding the floor plan located beside the alarm panel did not include clear information about what zone one resident bedroom was located. This was addressed on the day by the person in charge.

There were contingency plans developed in the event of any emergency occurring, and in general risks were appropriately identified and assessed. One risk evident in incident reports had not been effectively documented to provide guidance on control

measures required; however this was addressed on the day. In addition, the development and management of the centre risk register was not in line with the risk management policy and procedure in place. This was acknowledged by the person in charge who undertook to address the gaps in documentation.

In summary, this inspection found a service that was well managed and that ensured residents were supported with their assessed needs. Some improvements as discussed throughout the report would further enhance the quality of care and support provided.

Regulation 10: Communication

Residents had access to mobile telephones, televisions, internet access and technological devices in line with their choices.

All residents could communicate verbally. Two residents were referred for speech and language assessments to further support communication.

Judgment: Compliant

Regulation 11: Visits

There was a visitors' policy and procedure in place. There were no restrictions on visitors to the centre. Residents were supported to receive visitors in line with their choices. There was ample space for residents to receive visitors in private, if they so wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to identify and take part in activities of interest to them. Since their admission to the service, all residents had been supported to engage in activities and develop new interests the wider community in line with their choices and personal preferences. This included; attending day services, getting regular hair cuts and beauty treatments, attending local community groups, going to local bars, going to bingo and going to concerts.

In addition, there were opportunities for leisure and recreation in the centre such as internet access, access to televisions, baking and playing board games. Residents were supported to develop and have access to items to enhance their personal skills

and interests.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of residents. The house was clean and well maintained. Each resident had their own bedroom and there were ample bathrooms and showering facilities. There was a spacious garden that was accessible. All the requirements under Schedule 6 of the regulations were in place.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy and procedure in place. Where risks had been identified these were assessed and were kept under ongoing review. The person in charge updated one resident's risk assessment on the day of inspection, when it was discussed about a possible trend in incidents that had occurred. There was a risk register in place for the service and emergency plans developed. However the following was found in relation to the documentation;

- The documentation with regard to the risk register for the service was not in line with what was contained on the provider's risk management policy and procedures.
- Risk assessments around behaviours of concern had a control measure included ,saying that all staff had a specific training, which was found to be inaccurate.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety including arrangements for fire containment, fire detection, fire extinguishing and a system for ongoing reviews of fire safety. Regular fire drills occurred which demonstrated that residents could be evacuated to a safe location in a timely manner. However, the identification of zones on the floor plan linked to the fire panel was unclear. This was addressed on the day by the person in charge when it was brought to their attention.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were comprehensively assessed and care plans kept under regular review. Meetings that occurred included participation with residents and their representatives, as appropriate. A MDT meeting was due to occur the following week to review one resident's needs and care plans.

Residents were supported to identify and achieve personal and meaningful goals for their future.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Residents had general practitioners (GP) and access to pharmacy services of their choosing. Where required, MDT referrals had been made and access to MDT appointments were facilitated. Residents' choices with regard to their healthcare was respected.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place for safeguarding and the provision of intimate care. There were no safeguarding concerns at the time of inspection. There were arrangements in place to ensure that safeguarding concerns were identified, responded to and reported in line with procedures. This included ongoing reviews of incidents that occurred, regular one-to-one meetings with residents, staff training and regular team meetings where incidents were discussed.

Judgment: Compliant

Regulation 9: Residents' rights

Most staff had undertaken training in 'Human Rights; and a rights based approach was evident in the centre. Regular residents' meetings occurred where residents were supported to make day-to-day choices in their lives including; food choices, activities, contact with family and receiving visitors. Regular 'key-worker meetings' occurred between residents and nominated staff, where residents were given opportunities to talk about their lives, to discuss goals for the future and to plan things that they would like to do. These meetings were documented and goals kept under review. Residents' cultural identities and choices relating to cultural cuisine were respected.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Esker Gardens OSV-0008293

Inspection ID: MON-0038135

Date of inspection: 13/03/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Two staff required fire training. This will be completed by 31.05.23 • Two staff required manual handling training. This will be completed by 31.05.23 • All staff will receive the full safeguarding vulnerable adults training by 31.06.23. • Two newly recruited staff required medication training. One staff completed the training on 06.04.23. Second staff will complete the training by 31.05.23	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Admission/Transition/Discharge & Temporary absence of residents policy has been reviewed and will be disseminated by 30.04.23 The reviewed policy clearly outlines the profile of residents that could be admitted to the service 30.04.23	
Regulation 26: Risk management	Substantially Compliant

procedures	
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Register has been updated and now includes all identified risks- Completed 04.04.2023 Risk assessment has been reviewed and all staff will have completed Studio 3 training by 26.05.2023	

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	30/06/2023
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	26/05/2023

	management and ongoing review of risk, including a system for responding to emergencies.			