



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

Issued by the Chief Inspector

Name of designated centre:	Chestnut Grove
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	27 February 2024
Centre ID:	OSV-0008676
Fieldwork ID:	MON-0042119

About the designated centre

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

The centre is within walking distance of a nearby town and within a ten minute drive to a larger town. The centre can cater for up to five male or female residents from the ages of 18 years and over. Individuals that are supported in this centre may have an intellectual or physical disability, Autism or acquired brain injury. Each resident has their own bedroom and there are recreational areas available within the centre. The centre is staffed 24 hours a day, seven days a week by a mixture of direct support workers and social care workers. The centre is managed by a person in charge who is supported in their role by a centre manager and two team leaders.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 February 2024	10:00hrs to 18:15hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, the inspection findings were positive and the regulations reviewed during the inspection were found to be fully compliant. The residents were in receipt of adequate care and supports which also promoted their safety.

Upon arriving at the residents' home, the centre manager and a member of the provider's senior management team greeted the inspector. The person in charge was on annual leave at the time of the inspection. Two residents had already left for their external day program and one resident was getting ready to leave for theirs. Centre staff facilitated transport for the residents to and from their day program.

Upon return from their day programs residents relaxed in their home with some choosing to spend time in their bedrooms. Later on they were observed to have dinner together.

The inspector had limited interactions with the residents and they did not verbally communicate their views. However, there was sufficient information available to demonstrate that residents' needs were being met and their safety promoted.

Residents appeared comfortable in the presence of staff members and staff were observed to support them with their daily choices. For example, one resident communicated through their actions that they would like some toast before they left for their day program and staff members were observed to support them to make the toast without rushing them.

The provider had arranged for the majority of staff to have training in human rights. The inspector spoke with one staff member and they were asked how they were putting that training into everyday practice to promote the rights of the residents. They said that the training encouraged them to presume residents had capacity to make their own decisions and said that in the past too many decisions were made for residents. The staff member then gave an example that if a resident received a phone call, that the staff member would now ask them if they wanted to take the call rather than assume the answer and hand them the phone. They also said that they encouraged residents to choose their own clothes each day.

The inspector carried out a walk-through of the designated centre and it was observed to be tidy, clean and warm. Staff were observed to further clean the centre as per the centre's cleaning checklist.

Each resident had their own bedroom, one of which had an en-suite. A senior manager informed the inspector that rooms were decorated in line with each residents' preferences. For example, some rooms were more minimalist as one of the residents did not like clutter and other rooms had family photographs displayed. One resident had brightly coloured collector items that were of special interest to them and they also had decorations displayed for a milestone birthday which they

had recently celebrated.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's granted application of registration of the centre in order to assess if they were operating within compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This was the first inspection of this centre since it opened in December 2023.

Overall, the inspector found that the service was well run with appropriate oversight and systems in place.

The inspector reviewed the provider's governance and management arrangements and found that there were measures in place to provide effective oversight and monitoring of the centre. For example, senior management completed monthly governance audits.

From a review of a sample of staff rosters, the inspector found that the provider had maintained safe staffing levels as deemed necessary for the assessed needs of the residents.

Staff members had access to and had completed a comprehensive range of training courses in order for them to support the residents. For example, staff had training in fire safety and a range of infection prevention and control (IPC) trainings. In addition, there were arrangements in place for formal supervision for staff members.

From a review of documentation and from speaking with some members of the management team, each of the residents had been supported to transition safely to the centre.

Regulation 15: Staffing

There was a full staffing complement in place. There was a planned and actual roster in place that were maintained by the person in charge.

The inspector reviewed the current staff roster and a sample of some of the previous rosters. It was found that the provider had ensured that safe staffing levels

were maintained.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training oversight document in place that demonstrated what training staff members had completed or were due to complete. The inspector observed that the staff team had access to a suite of training and refresher training in order to support the residents.

Some staff were due to complete some training; however, they were scheduled to complete any outstanding training within the coming weeks.

Training provided included:

- adult safeguarding
- medication management
- epilepsy awareness and rescue medication administration
- training in the management of behaviour that is challenging, including de-escalation and intervention techniques
- fire safety
- trainings with regard to infection prevention and control, for example hand hygiene
- feeding, eating, drinking and swallowing.

The provider had arranged for staff to receive training in human rights. Further details on this have been included in what resident told us and what inspectors observed section of the report.

In addition, from a sample of staff supervision, staff members were in receipt of formal supervision in order to support them in their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place led by the person in charge. They were supported in their duties by a centre manager, team leaders and the staff team.

There was a schedule of audits that were due to be completed each month by the person in charge or delegated to the centre manager. For example, in the areas of

health and safety, residents' finances and fire safety.

In addition, a senior manager also completed a monthly review of the service called the monthly governance report. Areas reviewed included, incident management and restrictive practices.

The inspector observed that there were staff meeting occurring and learning from incidents was discussed to promote sharing learning.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Prospective residents were given an opportunity to visit the centre in advance of admission. The inspector observed that the provider arranged for the centre staff to work with the residents for a few days in their day services in advance of the residents moving to the centre. This supported the residents and the staff team to get to know one another in an environment already comfortable for the residents.

In addition, the residents were provided a contract of care with their terms and conditions of residency which included if any fees would apply. Contracts were signed by the residents' representatives.

Judgment: Compliant

Quality and safety

The inspector found that residents received care and support that was safe and of good quality.

The provider had ensured that assessments of the residents' health, personal and social care needs had been completed. There were personal plans developed as a result of the assessments to guide staff on how to support the residents. For example, there were intimate care plans and communication plans. The health needs of the residents were known and appropriate healthcare was provided for them. For example, residents had access to a general practitioner (GP).

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk, for example a behaviour support therapist. While there were some restrictive practices in place they were kept under review and were in place for residents' safety, for example a locked door into the kitchen area to prevent some residents accessing and eating

unsafe food.

The inspector also found that there were appropriate systems in place for identification, reporting and response to safeguarding concerns. For example, any safeguarding concerns were appropriately reviewed and safeguarding measures put in place to help prevent similar incidents reoccurring.

The centre was being operated in a manner that promoted and respected the rights of residents. For example, staff used pictures to help communicate with residents in order to establish what a resident's choice maybe for activities and food options.

Staff were found to offer choices of activities based off residents' known preferences and there were sufficient staff on duty in order to facilitate outings.

The premises had suitable areas for recreation and leisure. It was observed to be clean, tidy and in a good state of repair.

The inspector observed that there were risk management arrangements in place. The arrangements ensured that risks were identified and control measures put in place were required. For example, some residents travelled in the centre vehicle separately due to the risk of peer-to-peer incidents.

There were suitable fire safety management and containment systems in place. For example, doors in the centre were found to be fire containment doors with self-closing devices fitted.

Regulation 10: Communication

There were communication support plans in place for each resident based on available information the centre had at the time of the inspection. One resident had received a speech and language assessment and there were plans in place to carry out communication assessments for the other two residents in the near future. The assistant director spoke about plans to gather more information from different sources about known ways the residents may communicate. The plan was to further elaborate on communication plans based on any new information gathered.

In addition, the provider had arranged for staff members to receive training in sign language and it was scheduled in the coming weeks.

Additionally, the residents had access to televisions, phones and internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The staff team used different methods to gather residents' preferences in order to facilitate the residents to engage in the types of activities they liked. For example, staff used what was already known about the residents, meetings with the residents themselves and pictures of activities.

Examples of activities the residents engaged in were, trips to the library, going for walks or drives and going out for dinner to particular chain restaurants. There was documentary evidence of these being facilitated.

In addition, residents were encouraged and facilitated to keep in contact with their family.

Judgment: Compliant

Regulation 17: Premises

The staff team ensured that the residents' home was presented in a clean and tidy manner and found to be suitably decorated. The premises were of sound construction and kept in a good state of repair externally and internally.

Through a review of documentation and what was observed on the day of the inspection, the inspector observed that any maintenance issues were dealt with in a timely manner. For example, a leak was observed on the sitting room ceiling the day before this inspection and it was repaired prior to the arrival of the inspector.

Some areas for improvement were observed. For example, an area of the plaster on the en-suite of one resident's room was observed to be peeling in one small area of the ceiling and the paintwork appeared slightly darker than the rest of the ceiling. In addition, a kick board was missing from a wardrobe in the spare bedroom and a section from the intumescent strip around the hot press fire containment door was missing. The assistant director arranged for maintenance to rectify any issues identified by the 01 March 2024 and written evidence of same provided to the inspector on the day.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks

specific to individuals, such as risks during transport, had also been assessed to inform care practices.

The inspector observed that both the centre's vehicles were serviced and from a sample of the vehicles it was observed that it was taxed and had an up-to-date national car test (NCT).

In addition, there was a daily lint removal system in place in the centre to help mitigate the risk of a tumble dryer fire.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were personal emergency evacuation plans (PEEP) in place for the residents.

In addition, regular practice fire evacuation drills were completed to ensure both staff and residents knew what to do in the event of a fire in the centre. This included a drill completed during the hours of darkness.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of their health, personal and social care needs conducted. Following the assessments, personal plans were created to guide staff on how best to support the residents. For example, there were intimate care plans in place to guide staff as to what supports residents required and what their preferences were.

In addition, each resident had identified goals that they were being supported to work towards. For example, promoting independence skills within the home with regard to bringing their laundry to the washing machine, making their bed and learning to prepare some simple meals or snacks, for example toast. Examples of some other goals related to going to the library and one resident wanted to go camping with their mother.

Judgment: Compliant

Regulation 6: Health care

From a small sample of records reviewed, residents' health needs were known and were kept under review and staff supported residents to attend healthcare appointments. In addition, a staff member spoken with was knowledgeable with regard to residents' healthcare needs. Residents had access to a range of allied healthcare professionals.

For example:

- GP
- neurologist
- behaviour therapist
- mental health professionals
- occupational therapist
- physiotherapist
- speech and language therapist.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration. For example, there was a trial of the removal of a perspex screen over the breakfast bar in the kitchen. However, it was deemed still required and at the time of the inspection it was put back up for residents' safety due to some residents accessing and eating unsafe food.

Residents had access to a behaviour therapist to support them to manage their behaviour positively. Where required, residents had a behaviour support 'do and don't' guidance or a behaviour support plan in place to guide staff as to how best to support them.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to respond to safeguarding concerns. For example, there was an identified designated officer, and it was found that any

safeguarding concerns were reviewed, reported to relevant agencies and a safeguarding plan put in place to help mitigate future risks.

From speaking with a staff member they were aware of the steps they would take if they were made aware of or if they witnessed a safeguarding concern.

In addition, residents' finances were checked daily by staff members, weekly by the team leaders and monthly by the person in charge to ensure sufficient oversight.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that the centre was operated in a manner which was respectful of residents' rights and choices. For example, residents attended weekly meetings where they discussed human rights, activities and menu choices.

Social stories had been developed to support residents to have a better understanding of different topics that may impact them. For example, the inspector observed that there were social stories completed with the residents to inform them of any restrictive practices that could affect them and why they were required.

Staff had received training in the area of assisted decision-making to help promote a better understanding of the law and in turn how to support residents in this area.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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