



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

Issued by the Chief Inspector

Name of designated centre:	St Laurence
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	20 May 2021
Centre ID:	OSV-0005644
Fieldwork ID:	MON-0032930

About the designated centre

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

The designated centre provides full-time accommodation and support to adults with physical disabilities and neurological conditions. The designated centre is located on the outskirts of a large city. It comprises a period house, nine self contained apartments and a four bedroom detached house adjacent to the main building. The main building contains a basement kitchen and laundry, a ground floor dining room, sitting room and offices / training rooms. Modern accommodation is linked to the ground floor and this comprises of a reception area, bedrooms for three residents, staff offices, therapy rooms, bathrooms and toilet facilities. The first floor, which did contain offices, was no longer in use. The nine self contained apartments are opposite the period building. All are ground floor level and wheelchair accessible, have a front and back door, with a small garden area to the front. Each apartment has a living room and kitchen area, bathroom, bedroom and hallway. One apartment has two bedrooms. The detached house has four bedrooms, each has an en-suite, a living area, a kitchen / dining room and bathing and shower rooms. The first floor consists of a bedroom and office space that are not utilised. The staff team was nurse led and comprised of nursing staff, social care workers and care support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 20 May 2021	09:00hrs to 15:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

Since the previous inspection of St. Laurence designated centre, a number of notifiable incidents had been reported to the chief inspector. The purpose of this risk inspection was to review the regulations relative to these incidents and ascertain the level of compliance with the regulations. On arrival, the inspector was greeted by the person in charge. A brief background of the centre was provided and the current well-being of residents was discussed. All residents were being supported to adhere to current national guidelines and to partake in the national COVID-19 vaccination programme.

This inspection of St. Laurence designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn throughout the inspection. The registered provider had been informed of the inspection 48 hours in advance to allow for preparation of a clean space and the informing residents of the inspection.

Interactions observed between residents and the staff team were very relaxed and jovial in nature. Staff were aware of the support needs of the residents including the impact COVID 19 pandemic had on their personal and social life. Personal goals had been reassessed to ensure these took into account the national restrictions in place. Staff ensured activities continued to promote meaningful activities during an individual's stay in the centre. Residents were supported to attend the in house day service on a rotational basis to reduce numbers present.

One resident requested to meet with the inspector and this was supported. The resident spoke of their happiness living in the centre. Whilst they agreed it had been very difficult over the past twelve months as a number of residents had passed away and because of COVID 19, they felt the staff were doing a good job. They liked having their own space but knew they could call staff if they needed anything. They missed their normal day service or going for a pint on a Friday night but they were hopeful things would start getting back to normal soon. They were happy that some of their closest friends now lived in the centre as well. The things that really annoyed them about wearing the mask when out and about was that it got irritating after a while on their neck but hopefully with all the vaccinations being completed the need for masks would be gone soon enough.

The inspector called to visit the activity room whilst on inspection. This afforded the inspector the opportunity to meet with four residents. They were watching an old movie on the TV and one resident was reading their paper. They all expressed being happy in their home and one resident who had recently transitioned into the centre said the staff were all very nice. All residents said they would be happy for things to get back to normal. One resident whom had been unwell at the beginning of the year expressed that the staff looked after them and their peers well. It was sad that

one of their friends had passed away but they had been driven up around the house and they could go out to say goodbye.

Overall residents discussed being happy in the centre and the staff team affording a safe service. Residents spoke of the last year being difficult but they were looking forward to some things going back to normal in the near future. The inspector found that whilst a clear governance structure was in place some improvements were required to ensure governance oversight was maintained following significant incidents. Residents were supported to achieve a high level of health care and were supported to make decisions in their daily life. The regulations reviewed as part of the risk based inspection will be discussed in more detail throughout the remainder of the report.

Capacity and capability

As part of the risk inspection of the designated centre, the capacity and capability of the registered provider to afford residents a safe and effective service was reviewed. Since the previous inspection of the centre a number of notifiable incidents had been reported to the chief inspector. The purpose of this risk inspection was to review the regulations relative to these incidents and ascertain the level of compliance with the regulations.

The registered provider had ensured a clear governance structure was in place. A suitably qualified and experienced person in charge had been appointed to the centre. They reported directly to the person participating in management in the centre. A social care leader had also recently been appointed to the centre.

The registered provider had ensured the allocation and skill-mix of the staff team was appropriate to the assessed needs of residents. Nursing care was provided at all times in the centre in accordance with each individual's needs. The staffing allocation was regularly reviewed to ensure the changing needs of residents was supported. The actual and planned roster reviewed by the inspector reflected this. The person in charge had ensured that effective measures were in place for the appropriate supervision of the staff team. Members of the governance team had the responsibility to complete a formal supervision for a delegated number of staff.

The training matrix presented to the inspector on the day of the inspection did not evidence that staff were supported to access appropriate training. This included training in the area of infection control and dysphagia. The person in charge was afforded the opportunity on the day of the inspection to review the training records provided to ensure they accurately reflected the current training status of all staff. The reviewed matrix also evidenced areas of training not supported such as breaking the chain of infection and the use of PPE. This required review to ensure the assessed needs of all residents was supported by a suitably trained staff team.

The registered provider had ensured the completion of regulatory required

monitoring systems such as the annual review of service provision and the six monthly unannounced visits to the centre. Whilst an action plan had been developed to address any areas of non-compliance identified these tools had not been utilised to review all areas of service provision. Following a review of all serious incident's which occurred within the centre, there was not clear evidence of a review of the actions leading to the incidents or learning, if any, which could be utilised to drive service improvements. All serious incidents were not addressed within the annual review which staff described as having an impact on both residents and the staff team. These were also not addressed within the six monthly unannounced visit. The potential impact of incidents on service provision or residents was not evident in the annual review, as consultation with residents was not incorporated in the report.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the number, qualifications and skill mix of the staff team was appropriate to the assessed needs of residents. Nursing care was provided as required.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff were appropriately supervised. Staff training records presented to the inspector on the day of inspection did not evidence that staff were supported to access appropriate training including refresher training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure

to the centre. Improvements were required to ensure that monitoring systems utilised within the centre was competed effectively and comprehensively to allow for a complete review of all aspects of service provision including serious events.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that notice was given in writing to the chief inspector following adverse events.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure for residents which was in an accessible and age-appropriate format and included an appeals procedure.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service provided to individuals whilst residing in the centre. As part of this risk inspection the inspector found that residents were supported in a respectful and dignified manner. They were supported to make choices in their daily life and to consent in all areas of their care and support. Residents discussed being supported to chose where they lived and how they spent their time. They also spoke of how they were supported to make choices with respect to their health care needs.

The registered provider had ensured that each resident was supported to achieve their best health whilst availing of the service in the centre. Health care plans had been developed to ensure that all staff providing supports to residents' health care needs did so in a consistent manner. Residents were facilitated and supported to attend appointments with their general practitioner (G.P) and other members of the multi-disciplinary team.

Following an incident such as a fall, measures were implemented to support the residents, including regular observations and G.P review as required. Staff supported

residents to avail of multi-disciplinary supports such as speech and language therapy and dietician. The recruitment of additional multi-disciplinary supports was being implemented by the registered provider. In the interim residents were supported to avail of the required services externally.

In addition to supporting the health care needs of residents, there were individual measures in place to ensure the safe administration of medicines and medicinal products. Each resident had a medicine care folder which included the assessed to ensure where possible residents were supported to self-administer medicine products. Also, information was provided with respect to the side effects of prescribed medicines, and in the use of as required medicines such as analgesia. Medicines were reviewed on a regular basis by the prescribing practitioner.

As appropriate, the inspector found that residents received supports at times of illness and at the end of their lives. Residents were supported at the end of their life to ensure their emotional, spiritual and physical needs were supported in a dignified and respectful manner. Where possible, residents informed staff of their end of life decisions and these were respected by the staff team.

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented some measures to ensure the effective assessment, management and ongoing review of risk. Where an identified risk occurred the person in charge had ensured that the relevant risk assessed had been reviewed including the current control measures. Completed risk assessments also included any additional measures required to reduce the impact and likelihood of the risk occurrence.

On the day of inspection it was observed that a notifiable incident had not been reported to the chief inspector in line with regulatory requirements. Actions required to be completed after the incident had been carried out. The person in charge completed the notification retrospectively in the days following the inspection.

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented some measures to ensure the effective assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents, staff and visitors were protected

from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that each resident was supported to achieve the best health whilst availing of the service in the centre

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

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	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Laurence OSV-0005644

Inspection ID: MON-0032930

Date of inspection: 20/05/2021

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff training is being updated and the training matrix has been revised to reflect same.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review template for any resident who passes away in any circumstances will be sourced and included in the provider End of Life policy for future use. This will include any learning where appropriate.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Concern raised by a resident in relation to a staff member was subsequently reported to HIQA and HSE Safeguarding following the inspection and case was closed by safeguarding with no further concerns.	

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	30/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/08/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	31/01/2022

	for consultation with residents and their representatives.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	27/05/2021