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**Loyola/Eden, OSV-0002123, 28 January 2020**

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

## Issued by the Chief Inspector

Name of designated centre:	Loyola/Eden
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	28 January 2020
Centre ID:	OSV-0002123
Fieldwork ID:	MON-0023328

## About the designated centre

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

Loyola and Eden is a residential service located in Co. Wexford. The service provides full time residential care to eight individuals over the age of eighteen both male and female with an intellectual disability. Supports are provided to residents on a 24 hours a day basis in accordance with the assessed needs of each individual resident. Supports are provided by a staff team made up of a combination of nurses and care staff. The centre consists of two bungalows which have recently been renovated to meet the needs of the residents. Each bungalow consists of five single bedrooms which have been decorated in line with the individual personal tastes and interests. Within the statement of purpose, the provider states that Loyola and Eden's main focus is to provide a high standard of care for all residents while promoting community and social inclusion.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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## 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 - 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
Tuesday 28 January 2020	09:00hrs to 17:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The inspector met with five of the eight residents on the day of inspection and had opportunities to speak with all five. On arrival at both houses that are part of this centre the inspector was greeted by a resident opening the door. In one of the houses a resident commented that the inspector was welcome to their home and they were excited to show them around.

In the morning while residents were seen to gather together in the kitchen they had individual breakfasts according to their personal preferences and where staff supported individuals they were also seen to encourage independence and choice making as appropriate.

One resident explained that they were interested in make-up and showed the inspector their new dressing table complete with light bulbs around the mirror. They had had some practical make up lessons and discussed these. The inspector was shown a new large floor cushion in a resident's bedroom in the shape of a donut and they joked with the inspector about the difficulty of getting off the floor when sitting on the cushion.

Another resident had a comfortable armchair in their bedroom where they liked to sit and relax and they showed the inspector a salt lamp that they had bought and liked to have switched on. A resident who had recently bought a new coat was seen discussing with a staff member that it was like theirs and comparing them together.

Residents were observed engaging with each other sitting for conversations on the sofa or chatting at the kitchen table. They were seen to ensure that their peers were well and took care of each other. One resident pointed out that a peer had some chocolate on their trousers and ensured that a staff member helped to wipe it off before their peer left the house. Another resident checked in that a friend was ok during a meal and asked if they had had enough to eat.

As residents were getting ready to leave for their day services they were seen to help themselves to snacks from the fridge or the fruit bowl and to be supported in independently gathering their belongings ready for their day. One of the individuals in this house liked to participate in the weekly shopping and to select fresh fruit and vegetables. A resident who had new shoes commented that they were a little dirty and were supported by the staff to clean and polish them.

Where a resident had their day service provided from their home on an individualised basis the staff were observed to utilise Lámh (a manual signing system) to support them in their communication and to provide variety in activities and opportunities for engagement throughout the day. The resident handed the inspector their personal plan inviting them to look at it and was happy to acknowledge when the inspector named them in photographs.

As this was an announced inspection, questionnaires had been sent to the provider in advance for the residents to complete. This was in order to elicit their views on areas such as their living environment, visiting arrangements, food and mealtimes, staff support and on the variety of activities available to them. The residents were supported by either a member of staff or a family member who knew them well in completing their questionnaires. The overriding themes in the questionnaires were that residents liked their homes and that they had a welcoming atmosphere. They all enjoyed personal activities with a number of residents specifically commenting on being supported to buy fresh flowers and accompanied to visit family graves as well as being happy with opportunities offered to them for outings.

## Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident which actively promoted residents well-being and independence.

The governance and management arrangements in the centre had ensured that the service was effectively governed, with good oversight systems in place. There was a clearly defined management structure with a team leader supporting the person in charge in the day to day management of the centre. There had been significant improvements in the area of auditing with the person in charge establishing clear systems of auditing utilising these to improve service provision.

There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. The inspector found that learning and improvements were brought about as a result of the findings of these reviews. The person in charge and team leader had developed a comprehensive suite of standard operating procedures to guide staff in various areas of practice and engagement with residents. Staff meetings were held regularly and the agenda items were found to be resident focused.

A core group of consistent staff was employed and staffing levels within the centre ensured that allocated numbers and skill mix were appropriate to the current needs of all residents. The actual and planned rota was in place which was evidenced to be flexible on the day of inspection with respect to additional supports if required for residents.

The inspector found that residents appeared happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. Some of the staff within the centre had received additional training allowing them to train or support others, for example, in the management of behaviours that

challenge, and there was evidence of staff leading by example with individuals in their daily interactions. Staff had all completed training and refreshers in line with residents' needs and were in receipt of support and supervision provided by the person in charge and team leader. The provider was currently recruiting volunteers to support residents across the organisation. An identified volunteer had been assigned to this centre and the inspector spoke with the volunteer coordinator and reviewed systems of training and induction in place.

From a review of a sample of personnel files the inspector found that recruitment procedures were satisfactory with the required documents and checks being completed. Staff supervision systems were carried out also. There was a formal system for the recruitment and oversight of volunteers who supported the residents.

#### Registration Regulation 5: Application for registration or renewal of registration

All information was submitted as required, however there were incomplete sections of the application form that had to be subsequently submitted.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The staff numbers, skill mix and performance observed was found to be delivering high quality care to the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. Staff were in receipt of formal supervision and support.

Judgment: Compliant

#### Regulation 21: Records

The provider had ensured that all records as required in relation to Schedules 2, 3 and 4 were maintained and were reviewed by the inspector

Judgment: Compliant

### Regulation 22: Insurance

There was written confirmation of insurance cover which included details of insurance against risks in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were appropriate governance and management structures in place. There was an annual review of care and support and six monthly visits by the provider with evidence of follow up on actions from these reviews. The person in charge and service manager were meeting regularly and recognising areas for improvement and putting plans in place to make these required improvements.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers were part of the service offered to residents. As such the provider had ensured that robust recruitment procedures were in place. The provider had in place a system of informal and formal supervision of volunteers.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of incidents indicated that the person in charge was submitting notifications to the Office of the Chief Inspector as required by regulation.

Judgment: Compliant

## Quality and safety

The quality and safety of care delivered to residents in this centre was found to be very good. Residents who spoke with the inspector explained what they liked to do and talked about their lives. Residents were observed to be well engaged and provided with good levels of care and support by a very caring and person centred staff team. Residents attended day programmes and some commented that they had retired but transitioned to a more supportive day programme while others were supported on an individual basis from their home. All residents had plenty of activity in their lives, some loved to dance, go bowling, listen to music or go swimming. Residents presented as very happy throughout this inspection.

This centre comprises of two houses and both were found to be clean, spacious, well designed, homely and meeting residents' specific care and support needs. In both houses residents expressed an interest in the garden and some had grown tomatoes the previous year and were looking forward to this again in the summer. In one house there was a bespoke sculpture in the garden of a signpost with the resident's family homes and distances to them identified. The gardens were ramped for ease of access for all who lived in the centre. The residents had their own bedrooms which were decorated in line with their wishes and preferences and included items from their family home. Personal items were displayed throughout the house and residents had had photos that were important to them framed and on display above the fireplace in the living rooms.

All residents had an assessment of need in place and a personal plan had been developed. These documents were found to be person-centred and staff supported them to develop and reach their goals. There were personal daily activities highlighted and both long and short term goals identified, alongside each of these was a section on how the staff team could support the resident when engaging in tasks. There were weekly meetings between staff in the residential service and staff in day services to ensure that goals were aligned and supported as an integral part of the resident's life.

Residents' health care needs were appropriately assessed and support plans were in line with these assessed needs. Each resident had access to appropriate health and social care professionals in line with their assessed needs. The residents were supported to attend specialist medical appointments and hospital clinics as required, and there were up to date recommendations from these, that staff were familiar with and supported the resident in complying with.

The registered provider and person in charge were promoting a positive approach to responding to behaviours that challenge. There were detailed behavioural support plans available, with clear systems for assessing their effectiveness, or if they were adhered to. Staff who spoke with the inspector were knowledgeable in relation to

residents' behaviour support needs in line with their positive behaviour support plans. The inspector found that there were some restrictive practices on the day of inspection but these were appropriately assessed, reviewed and monitored.

The inspector found that the provider and person in charge were proactively protecting the residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding. The person in charge was actively engaged with the residents and their families regarding practices in place to support the residents.

An area discussed with the person participating in management of the centre, and team leader on the day of inspection was the right of the residents in accessing their finances. For some residents who did not have access to their bank cards there was no record of assessments of capacity having been carried out. The provider was to engage with residents' families or representatives in more formalised discussions as resident bank statements were going to their families and not to the residents directly. In addition it was unclear where residents had savings and the systems for access of these or if residents knew of their savings.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge and service manager. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. There were also systems to identify, record, investigate and learn from adverse events in the centre.

The provider had a policy on the prevention of infection. Staff practice on the day of inspection was observed to be of high standard. Hand washing protocols and individual procedures were in place to manage common illnesses. A cleaning protocol relating to nebuliser use was required and clear information for staff on the disposal of associated health care waste such as masks and plastic connectors.

The registered provider had ensured a number of effective fire safety systems were in place. However, at the previous inspection in this centre, concerns were raised with respect to fire containment in one of the houses. The registered provider has consulted extensively on the concerns raised and a programme of works was planned, as significant fire containment issues have been identified. These are still not completed however, and concerns regarding the containment of fire within the house remain. Additionally there were no identified procedures in place for the evacuation of oxygen in the event of a fire.

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt, storage, and disposal of medicines. Audits were completed regularly, and these audits demonstrated any medication errors that occurred and there were clear procedures in place to manage these.

<b>Regulation 12: Personal possessions</b>
Resident's personal possessions were protected and accounted for. More formalised processes were required to support residents in ensuring that appropriate support was in place for the management of their finances.
Judgment: Substantially compliant
<b>Regulation 17: Premises</b>
Overall, the inspector found that there was adequate private and communal space for residents and that the physical environment was clean.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The safety of residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and learning from adverse incidents.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The provider had a policy on the prevention of infection. Staff practice on the day of inspection was observed to be of high standard. However there was no guidance on the cleaning protocols for nebuliser use or the management of health care waste arising from this.
Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were suitable arrangements to detect and extinguish fires in the centre. Some works had been completed in relation to fire containment in the centre since the last inspection however more were still outstanding. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Guidance was required for the management of oxygen and medicines that are required such as for the management of seizures, in the event of a fire. Staff had appropriate training and fire drills were held regularly. Residents' personal evacuation plans were reviewed regularly.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the ordering, receipt, prescribing, storage and disposal of medicines. Audits were completed regularly in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for residents which were reviewed in line with residents' changing needs. Support plans and risk assessments were developed in line with residents' assessed needs. Plans were found to be person centred.

Judgment: Compliant

## Regulation 6: Health care

Residents had appropriate assessments completed and were given appropriate support to enjoy best possible health. Residents' changing needs were recognised and appropriate assessments and supports put in place. Residents had access relevant health and social care professionals in line with their assessed needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour.

Judgment: Compliant

## Regulation 8: Protection

Residents were appropriately safeguarded and protected in this designated centre.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Loyola/Eden OSV-0002123

Inspection ID: MON-0023328

Date of inspection: 28/01/2020

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:            To ensure that this regulation is compliant the person in charge will complete the following. Application for registration or renewal of registration was updated and completed on the 03.02.2020 and sent to the inspector:</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:            The P.I.C and team leader are to arrange a meeting with families re: residents been in control of their own finances and receiving their bank statements. This will be completed by June 2020. The PIC and team leader will ensure all assessments are completed to support the residents around managing their finances.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection</p>	

against infection:

The PIC completed a document on the Management and care of nebulisers and also completed and signing sheet of when staff clean the nebulisers. This document was sent to the inspector on the 03.02.2020. The P.I.C will also send the signing sheet completed to the inspector.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
To ensure that regulation 28 is compliant the service provider and the P.I.C will ensure the following is completed

There is suitable arrangements to detect and extinguish fires in the Centre. Some works had been completed in relation to fire containment, new fire resistant glass was completed over the bedroom doors that require the glass and new hinges attached to bedroom doors as per fire inspection report. The register provider will complete the actions from the report to put new fire doors in place in the Centre by December 31st 2020.

There was documentary evidence of servicing of equipment in line with the requirements of the regulations. The P.I.C has ensured that there is now clear guidance for the management of oxygen and medicines that are required such as for the management of seizures, in the event of a fire. This information is now documented on the fire warden/fire evacuation sheet beside the persons names, all staff working in this Centre are aware of the protocol, it was discussed at two staff meetings in January 2020. Staff have appropriate training and fire drills are held monthly. Residents' personal evacuation plans were reviewed regularly.

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	03/02/2020
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/06/2020
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	03/02/2020

	ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	02/02/2020