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Portlaoise Area 2, OSV-0002488, 23 January 2023

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

Issued by the Chief Inspector

Name of designated centre:	Portlaoise Area 2
Name of provider:	Health Service Executive
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	23 January 2023
Centre ID:	OSV-0002488
Fieldwork ID:	MON-0030830

About the designated centre

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

Portlaoise Area 2 is a designated centre operated by the Health Service Executive. The centre provides residential care for up to nine male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two houses, located in Co. Laois. Residents have their own bedrooms and access to bathrooms, sitting rooms, utilities, kitchen and dining areas and to garden spaces. Residents have access to a range of local amenities such as shops, churches, restaurants, pubs, leisure facilities and barbers. The staff team comprise of a mix of staff nurses and care assistants, who are on duty both day and night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 (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 23 January 2023	09:30hrs to 15:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and over the course of the day, the inspector had the opportunity to meet with staff members and with eight of the residents who resided in the centre. Overall, the inspector found that since the last inspection of this centre in September 2022, the provider had made improvements to many aspects of this service.

This designated centre comprised of two houses, one of which was located within a town in Co. Laois and the other was situated a short distance from a village in Co. Laois. Residents had resided in this centre for a number of years and had their own bedroom, some had en-suite facilities, shared bathrooms, sitting rooms, conservatories, kitchen and dining areas, utilities and access to outdoor garden areas. Both houses were well-maintained, nicely decorated and provided residents with a comfortable living environment.

Upon the inspector's arrival to the first house, they were greeted by a member of staff who requested that they perform temperature checking and hand hygiene. Four residents lived in this house and all got on well together. One resident was sitting at the kitchen table waiting on a cup of tea, one resident was sitting in the sitting room, while another was having a lie in bed. The inspector didn't have the opportunity to meet with the fourth resident, as they had already left for their day service. One of these residents was celebrating their birthday on the day of the inspection and birthday banners were displayed to acknowledge the celebrations. This resident also had planned their activities for the day with staff to mark the occasion. One of these residents responded well to sensory activities and therapies, and had recently engaged in salt therapy which they really liked. Staff told the inspector that they were also working closely with a holistic therapist to identify other activities that this resident might like to engage in. They also told of how another resident had recently re-connected with family members and were establishing ways to maintain and nourish this connection. These three residents invited the inspector to see their bedrooms, which were tastefully decorated in line with their own preferences. For instance, following a hotel break-away, one resident was inspired to re-decorate their room and had a voice controlled electronic system, which they used to listen to music when relaxing in their bedroom. Another resident had a keen interest in sensory items and their bedroom contained a diffuser, soft colours and furnishing and therapeutic lighting and water features. The inspector was informed by the person in charge that they were currently reviewing the storage arrangements in another residents' bedroom, in order to provide this resident with increased floor space. These residents displayed many photographs of their family and friends and many other items of interest to them. Both staff and the person in charge told the inspector of how these residents enjoyed the outdoors, and of the provider's plans to install a covered seating area in the rear garden of this house, for residents to use, over the summer months.

When the inspector arrived to the second house, they were also greeted by a

member of staff for temperature checking and hand hygiene. Five residents lived in this house and they also got on very well together. Two of these residents were relaxing in the sitting room, while staff prepared dinner for them, and another resident was relaxing in their bedroom. The remaining two residents were out and about with staff and later returned to the centre in the afternoon. These residents had their own personal preferences for social activities, with some liking to go to discos, others liked to go on daily drives with staff, some regularly went to a local leisure centre to use the jacuzzi, while others preferred to spend much of their recreational time in the comfort of their own home. Some of these residents required specific behavioural support and also had particular communication and intimate care needs, and the staff who met with the inspector were very aware of this and of their role in effectively supporting these residents. The provision of a large assisted bath was available in the main bathroom of this house, which some residents liked to regularly use. Over the course of the inspector's time in this house, these residents were observed to interact well together in the communal areas and were supported by staff to come and go from the centre, in line with the planned activities for the day.

Over the course of this inspection, there was a pleasant and homely atmosphere in both houses, where residents were being supported by staff with their daily routines. Various staff members took time to meet with the inspector, and spoke confidently about the centre's fire evacuation arrangements, residents' assessed health care and personal care needs, safeguarding and behavioural support arrangements. Very friendly and kind interactions were observed between residents and staff, and where residents had communication needs, staff were observed to effectively interpret residents' frequently used gestures when communicating with them. Prior to this inspection, many residents completed a satisfaction questionnaire, where they expressed their satisfaction with many aspects of the service they received, in areas such as, their meals, the range of activities available to them, staff support and visiting arrangements.

Since the last inspection, the provider had improved the arrangements in place for safeguarding, which resulted in an on-going emphasis being placed on overall effectiveness of residents' personal and intimate care arrangements. However, prior to this inspection, the Chief Inspector for Social Services, received information pertaining to the intimate care of residents, while residents were out in the community. This will be discussed further later in the report.

Overall, there was a noted improvement within many aspects of the service delivered to residents. The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was an announced inspection to assess the provider's overall compliance with

the regulations. Since the last inspection of this centre, significant improvements were found in relation to safeguarding, governance and management, notification of incidents, residents' assessment and personal planning and also to positive behavioural support arrangements. These improvements had led to residents receiving a better quality and safer service. However, this inspection did identify where some improvement was still required to aspects of risk management.

The person in charge held the overall responsibility for the running and management of this centre and was supported in their role by their line manager and staff team. They were frequently present in both houses to meet with the residents and also with staff, whom they held regular meetings with, to discuss and review residents' care. They were also in regular contact with their line manager to review operational matters.

This centre's staffing arrangement was subject to regular review, ensuring that residents had access to number and skill-mix of staff that they were assessed as requiring. Some of these residents had assessed health care needs, whereby, they required nursing care, and this was consistently provided to them. Most of these residents required a certain level of staff support in response to their personal and intimate care needs, positive behavioural support needs and to also engage in activities of their choice, and the adequacy of this centre's staffing arrangement allowed for this. From time to time, where additional staffing resources were required, the provider had ensured relief staff, were available to provide this additional support.

The monitoring of the quality and safety of care was largely attributed to the regular presence of the person in charge at both houses, and where they identified that improvements were required to various aspects of the service delivered to residents, these were quickly brought to the attention of the provider and responded to. For example, in response to the behaviour support needs of a resident, additional staff resources were recently provided to this centre, to provide this resident with a more individualised service. Also supporting the effective oversight of this centre was an on-call system, which was available during out-of-hours, providing additional managerial support to staff, during these times. Furthermore, in line with the requirements of the regulations, six-monthly provider-led visits were occurring, which reviewed various aspects of the service delivered to residents. Where improvements were identified as part of these visits, the provider had ensured action plans were put in place to address these.

Since the last inspection, improvements were also noted to the timely notification of incidents to the Chief Inspector, as and when required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was preparing to submit an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present at the centre to meet with staff and residents. They were familiar with the residents' assessed needs and of the operational needs of the service delivered to them. This was the only designated centre operated by this provider that they were responsible for, giving them the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to regular review, ensuring residents were at all times supported by the number and skill-mix of staff that they required, in accordance with their assessed needs. Where additional staffing resources were required by this centre, the provider had arrangements in place to allow for this.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received the training they required appropriate to their role and, also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge held regular meetings with their staff team and also maintained frequent contact with their line manager to discuss operational matters. The monitoring of the quality and safety of care was primarily overseen by the completion of six-monthly provider-led visits, and where improvements were required, time bound action plans were put in place to address

these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre, and at the time of inspection, it was in the process of review by the person in charge, in preparation for the renewal of registration.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, response, assessment and monitoring of incidents occurring in this centre. They had also ensured that the Chief Inspector, was notified of all incidents, in accordance with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this centre, each had their own preference for how they wished to spend their day. Some liked to go to day service, some liked to relax at home, some wished to take part in their preferred activities, while other enjoyed going for drives with staff. Staff were mindful of these residents' individual preferences and endeavoured to support residents to spend their time as they wished. Residents were also supported to have regular contact and visits with family, and were encouraged to also maintain links with their local community, in accordance with their wishes.

The re-assessment of residents' needs was occurring, as and when required, and personal plans were updated to reflect any changes to residents' care and support arrangements. Since the last inspection, much emphasis was placed on improving residents' intimate care arrangements and associated personal plans, which now provided clearer guidance to staff on the specific support that residents required with this aspect of their care. Where residents had assessed health-care needs, staff were fully supported by multi-disciplinary teams, in the review of these residents' health care interventions. Consistent nursing support was provided to residents in both houses and of the nursing staff who met with the inspector, they confidently

spoke about the specific health care needs that some residents had, particularly in the areas of nutritional and neurological care. For instance, they spoke of how a resident was supported to be independent with checking their own blood sugar levels, and of the daily prompts and initiatives used by staff to remind this resident of the importance of adhering to their recommended diet. Personal goal setting was an important aspect of the care delivered to these residents and suitable arrangements were in place to ensure these residents had access to the supports they required to work towards their goals.

Since the last inspection, better arrangements were in place for the reporting, response and monitoring of any safeguarding related concerns. There were some safeguarding plans in place and at the time of inspection, the person in charge told the inspector that these were working well in keeping residents safe from harm. Staff spoke with the inspector about the intimate care arrangements in place for residents and of their vigilance in reporting any concerns they had with regards to this aspect of care delivered to residents. As part of this inspection, the inspector informed the person in charge that the Chief Inspector was recently in receipt of information pertaining to a particular incident relating to the incontinence care arrangements for residents, when out and about in the community. The person in charge took an account of this and before close of this inspection, was making immediate arrangements to conduct a preliminary screening of this incident and report it to the designated officer for safeguarding, for further review.

Where risk was identified in this centre, it was quickly reported by staff, responsive measures were put in place and these were monitored to ensure their overall effectiveness in mitigating against the risk. Since the last inspection, the inspector observed evidence of increased staff vigilance in the reporting of care and welfare related risks, and in the provider's overall response to these. However, some improvement was required to the trending of incidents, to ensure that where possible, the root cause of incidents was established. For example, in recent weeks, there was a slight increase in the occurrence of specific behavioural related incidents occurring for one resident. Upon the inspector's review this resident's behaviour support plan, this plan clearly identified possible triggers for the escalation of this particular behaviour. Following further review of the incident reports by the inspector, they observed information within these reports, whereby, it was possible that one of the identified triggers, as per in the residents' behaviour support plan, may have attributed to the recent escalation of these behavioural related incidents. However, the regular trending of these incidents had not led to this being identified by the provider. This was brought to the attention of the person in charge to review.

Regular fire drills were occurring and records of these demonstrated that staff could effectively and promptly support these residents to evacuate. Staff had up-to-date training in fire safety and a waking night staffing arrangement was in place in each house, ensuring that should a fire occur at night, staff were available to quickly respond. There was a fire procedure in place for each house, however; at the time of inspection, the person in charge was making arrangements to further review these documents to ensure they gave better clarity to staff on what to do, should a fire occur.

Overall, the improvements that the provider had made in this centre, since the last inspection, had resulted in these residents experiencing better and more positive outcomes in terms of their health, social and personal and intimate care.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that these residents had the support that they required to express their wishes. Staff were very familiar with residents' preferred communication style and of how to appropriately communicate with them.

Judgment: Compliant

Regulation 11: Visits

Residents were encouraged to receive visitors in their home, and equally supported to visit family, should they wish to do so.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses, one of which was located within a town in Co.Laois, while the other was located a short distance from a village in Co. Laois. Both houses provided residents with their own bedroom, some en-suite facilities, shared bathrooms and communal access to kitchen and dining areas, utilities and recreational areas. Both houses also had garden spaces for residents to use, as they wished. Each house was nicely decorated, in a good state of repair and provided residents with a homely living environment.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available at the centre and at the time of inspection, the person in charge was in the process of reviewing this document for the purpose of renewal of registration.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk in this centre. Staff were aware of any incidents which had occurred and of any additional control measures that they were to implement to prevent the re-occurrence of similar incidents. Although the person in charge maintained a documented monthly review of incidents, some improvement was required to this process to ensure it was effective in identifying trends in relation to specific incidents which were occurring. For example, recently there was a slight increase in particular behaviour related incidents for a resident. However, the trending of these incidents had failed to give consideration to the triggers for this behaviour, as identified within the residents' behaviour support plan, as being a possible root cause for the recent escalation in these incidents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety arrangements in place, including, fire detection and containment arrangements, emergency lighting and clear fire exits. Fire drills were regularly occurring and records of these demonstrated that staff could effectively support these residents to safely evacuate. A waking night time staffing arrangement was in place in each house, meaning that should a fire occur at night, staff were available to quickly respond.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had effective arrangements in place for the re-assessment of residents' needs and updating of their personal plans, as and when required. Personal goal setting was an important aspect of the care provided to these residents and staff ensured residents were supported to achieve their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Where residents' had assessed health care needs, the provider had ensured that these residents received the care and support that they required. Clear guidance was available to staff to inform them of how to provide residents with appropriate care and support, with regards to this aspect of their care. All residents had access to a wide variety of allied health care professionals, and staff maintained regular contact with these professionals, in the review of residents' health care interventions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents required positive behavioural support and the provider had ensured that suitable arrangements were in place to support these residents. Staff were aware of the particular behaviours exhibited by some residents and of the proactive and reactive strategies to implement on a daily basis. Clear behaviour support plans were in place for these residents, which were subject to on-going multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements were in place, ensuring staff were supported to identify, report and respond to any concerns relating to the care and welfare of residents. There were some safeguarding plans in place and these clearly identified the specific safeguarding arrangements that were to be adhered to, to ensure residents were maintained safe from harm. At the time of inspection, the inspector made the person in charge aware of unsolicited information received by the Chief Inspector, relating to an incident involving residents' intimate care arrangements, while residents were out in the community. Prior to the close of this inspection, the person in charge was putting immediate arrangements in place to conduct a preliminary screening of this incident for reporting to the centre's designated officer for safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with all daily operations being led by residents' preferences, assessed needs and capacities. Residents chose how they wished to spend their recreational time and the provider had ensured that suitable arrangements were available to facilitate this. Regular meetings were held with residents, ensuring they were involved in various aspects of the running of their home. Over the course of this inspection, staff were observed to interact in a kind, respectful and friendly manner with residents.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Portlaoise Area 2 OSV-0002488

Inspection ID: MON-0030830

Date of inspection: 23/01/2023

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The procedures for identifying trends in relation to behaviors of concern will include in the review the triggers of incidents to determine possible root cause as part of the analysis review.</p> <p>A monthly review of all risks in the centre is in place to identify any patterns or trends. Future monthly reviews of incidents to identify trends will be supported by the A/DON alongside the PIC to ensure robust reviews.</p> <p>Evidenced based behavior monitoring charts are being completed to monitor and inform risk assessments and behaviors support plan reviews and development.</p> <p>The Behavior Support Plans are being reviewed by the behavioral support therapist to ensure the Pro Active and Reactive Strategies are sufficiently and accurately detailed to guide staff interventions.</p>	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/02/2023