



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:	15 December 2022
Centre ID:	OSV-0002123
Fieldwork ID:	MON-0029627

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:	6
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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
Thursday 15 December 2022	10:30hrs to 16:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

Overall the findings of this inspection were that this was a well managed and well run centre. A number of residents told the inspector they were happy and felt safe living in the centre. Residents were supported by a staff team who were familiar with their care and support needs. Overall, both houses were warm, clean and homely. The provider was aware of areas where minor improvements were required particularly in relation to the premises and action plans were in place for all areas identified by the provider. Some garden redesign and works were being completed at the time of the inspection.

As the inspection was completed while restrictions relating to the COVID-19 pandemic remained in place, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was done in line with public health advice. There were six residents currently living in the centre and the inspector had the opportunity to meet and briefly engage with four of them. Since the last inspection of this centre one resident had moved to live in another centre operated by the provider, one resident had moved to live in another location and a new resident was due to move into this centre.

On arrival, one resident greeted the inspector and welcomed them into their home. They told the inspector what their plans were for the day which included going to have their nails done with another resident who lived with them. They also chatted about some things that were important to them and about the things they liked to do to stay busy. They discussed how they had refurbished their bedroom and had selected the paint colour and decor and showed the inspector their room. They told the inspector they were very happy living in the centre, and that if they had any problems they would talk to staff or the person in charge.

Another resident was relaxing at the kitchen table and using a personal electronic tablet when the inspector arrived. They were happy to engage with the inspector and told them about the peers who had moved and what they did to keep in contact with them. They talked about one of their favourite television programmes 'the incredible hulk' and that they also liked the film 'Frozen'. This resident invited the inspector to have a look at the pictures in their room that were of these favourite characters. Both residents in this home liked to stay busy and said that they enjoyed being 'retired' from their day service as they had flexibility to decide every day what they liked to do.

Later in the day the inspector had the opportunity to meet two residents in the other house that comprises this centre. One resident greeted the inspector on arrival and offered them a cup of coffee. The residents had made cakes which were in the oven to have with their tea. The residents were seen to be included in activities they enjoyed in their home such as baking or helping with the garden or household tasks. Another resident was having their lunch in the living room while watching television.

They later were observed to engage with the person in charge and were happy to see them in their home. The resident supported a particular soccer team and showed the inspector a fleece blanket they had on their lap that was in the team colours.

In addition to meeting residents, all residents had completed, or were supported by staff to complete questionnaires. These questionnaires had been sent to the designated centre for residents and their representatives in advance of this announced inspection, in order to capture their views on aspects of care and support in the centre. Residents indicated they had been living in the service for a number of years. Feedback in the questionnaires was overall very positive.

Residents included things they liked to do in their homes in the questionnaires such as, arts and crafts, watching movies, playing music, baking, playing games, doing chores around the house, having visitors in and being able to sit in their kitchen with visitors at the table. They also referred to their day services and their favourite things to do in their local community such as, going to the local restaurants, taking part in chair yoga, going to the cinema, playing bocce, going bowling and taking walks. The following are a samples of the comments residents included in their questionnaires, 'I like this home because everyone is nice', 'I like my staff and they are fun', 'I like that I get to pick my meals in my resident meeting', 'I think the staff are really good to us'.

When asked in the questionnaires if there was anything they would like to change, one resident said that they would like a garden at their house, but they also indicated that they were aware of the complaints process and had raised their query, and were happy with the outcome whereby this was being reviewed by the provider.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of the inspection were that residents reported that were happy living in the centre, and that they felt safe there. They were supported by a staff team who were familiar with their care and support needs. The provider and local management team were identifying areas for improvement in line with the findings of this inspection.

The provider had submitted an application to renew the registration of this designated centre and had submitted all of the required information with this application. This inspection was completed to inform the registration renewal of the

centre.

The person in charge had been working in the centre for a number of years and they were found to be knowledgeable in relation to residents' care and support needs and to be motivated to ensure they were living a good life. The person in charge had responsibility for two other centres operated by the registered provider. They were regularly visiting both of the houses that comprise this centre and monitoring the quality of care and support for residents. They were supported by a team leader who was found to be knowledgeable in relation to residents' likes, dislikes and preferences. Together they were motivated to ensure residents were happy and safe in their homes and making choices in relation to their day-to-day lives.

There were effective systems in place for the day-to-day management of the centre which tracked what documents required review, and when. Regular audits were being completed and the actions from these were tracked and leading to improvements in relation to residents' care and support and their homes. The provider's systems to monitor the quality of care and support for residents included six monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were being completed in a timely fashion.

The staff team were working with each resident to develop and maintain their independence. They were also supporting them to identify and record their likes, dislikes and preferences, and to set goals for things they would like to experience. Kind, caring and respectful interactions were observed between residents and staff throughout the inspection. Staff were observed to pick up on residents' communication cues and to respond appropriately.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there was a staff team in place that was providing continuity of care and support to residents. There were regular reviews of residents' assessment of need which the provider used to inform staffing levels. There were three staff vacancies in the centre at the time of the inspection which the provider

was filling from their permanent relief panel. This provided an assurance that there was a consistent staff member in place to fill these positions until they had been recruited for. The inspector found that one position had been recruited and a new staff member was due to start early in 2023 and the provider was in the process of recruiting to fill the other two positions. A relief panel was available to cover for staff's planned and unplanned leave.

Planned and actual rosters were in place, from a sample of rosters reviewed, all the required shifts were covered and rosters were well maintained.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. They were supported in this role by a team leader. There was a clear focus on quality improvement in the centre.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and these actions were being logged, tracked and completed. They were resulting in improvements in relation to residents' care and support and in relation of their homes.

Regular staff meetings were occurring with minutes reviewed by the inspector, these were seen to be resident focused. The person in charge also attended provider communication meetings and there were senior management meetings and health and safety meetings that also provided a forum for sharing information that may be pertinent to the operation of the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider was in the process of supporting a new resident to move into the centre. There was a clear admission process in place and the inspector found that the provider and person in charge were adhering to all time lines and guidance as laid out by their policy and associated procedures.

The new resident had visited the centre on a number of occasions and had been supported to spend an overnight in the house. They had been provided with easy-

to-read documentation and had met with the provider alongside their family to participate in decisions such as decoration decisions for their room.

The registered provider and person in charge had completed a suite of assessments in line with their policy including compatibility assessments for the new resident and the residents already living in the house. A contract outlining the services to be provided and any fees that may be occurred had been drawn up and discussed with the resident and their family and was ready for signing on admission.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. They were being supported to be independent and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to access day services, and to take part in activities in accordance with their interests.

The provider had identified that some improvements were required in relation to the design and accessibility of the garden in one house to ensure it met residents' needs. They had secured funding to complete these works and the garden redevelopment was under construction. Residents in the other house had also expressed a desire for their external space to be reviewed and this had been identified by the team leader and person in charge for action. Residents showed the inspector their private rooms and these had been decorated to reflect individual preferences. Communal areas were warm and comfortable and while some areas were worn and required replacement or refurbishment, such as the kitchen surfaces

in one house, this had been identified.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 17: Premises

The centre comprises two single storey houses in close proximity to each other on the outskirts of a large town. Both are set in their own standalone site and each is registered to provide a home for four individuals. Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. The two houses were spacious, warm, clean and comfortable. Shared spaces were homely and residents' bedrooms were decorated in line with their wishes and preferences. Externally works were being completed in one house as outlined above and were for review in the other house.

There were systems in place to log areas where maintenance and repairs were required and evidence that a number of works had been completed since the last inspection including painting and decoration. However, some works were still required including painting and repairs in hallways or where surfaces were worn and damaged such as in a kitchen which had an impact on the effectiveness of cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The provider and person in charge had ensured that residents could freely access food and drinks within their home as they wished. Residents spoke to inspectors about their favourite meals and how staff supported them in making meals they liked. Over the course of the day the inspector observed staff and residents preparing fresh meals or baking within the homes and taking resident's preferences into account. Where the texture or dietary requirement of food or drinks required modification this was also taken into account and care taken that any food or drinks presented were safe textures as prescribed.

Staff maintained records of fridge and freezer temperatures and food was observed to be stored safely within these and dated when opened. Menu plans were uploaded onto the provider's electronic system and were spot checked and monitored to ensure they were varied and offered good nutritional content.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider and person in charge had supported two residents to transition to live in other locations since the last inspection. The provider had adhered to their policy at all times and there had been a clear process in place to guide staff in supporting each resident during these periods of transition. The inspector reviewed meeting minutes and planning documents including easy read and social stories that were developed to support residents and to ensure their voice was heard. Where one resident had a visual impairment the staff had recorded information onto an electronic tablet for them to listen to.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre. However, the inspector observed a number of staff not wearing their face masks properly during the inspection. For example, some were wearing their masks below their nose or under their chin.

There were a number of damaged surfaces in kitchens and other areas of the houses where it was not possible to clean and disinfect them effectively. The provider was aware of this and this is reflected in the judgement against Regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape, including emergency lighting. The evacuation plans were on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency. The inspector observed pipe work in both houses that ran through the ceiling and did not appear to have been sealed or 'stopped' this meant that containment between the house and attic spaces was potentially compromised. The provider and person in charge undertook to have that assessed by a specialist in fire safety following the inspection.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency. Issues identified during drills were being followed up on, and the relevant documentation updated following drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found that they were person-centred and detailed in nature. Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. Assessments were occurring at least annually and were multidisciplinary including the resident and their representative.

Residents' opportunities to develop and maintain relationships and to hold valued social roles formed part of the development of residents' goals and these were regularly discussed at meetings between residents and their keyworkers. Photographs were taken over the course of the year and had been placed into individual albums, this supported residents in talking about their goals and interests. Daily schedules and options to support choice making were available for all residents.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the provider was recognising residents' changing needs and responding appropriately by completing the required assessments and

supporting residents to access health and social care professionals in line with their assessed needs. Resident had their healthcare needs assessed and were supported to attend appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. Residents were supported to access national screening programmes in line with their health and age profile, in line with their wishes and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge ensured residents were supported to maintain best possible mental health and were supported to attend specialist services as required. Residents were involved with Psychiatry and/or Psychology services and accessed behaviour support as indicated. Support plans were developed for residents and reviewed as required, including anxiety management plans, stress reduction plans and positive behaviour support plans. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices.

Staff completed training to support residents in line with their assessed needs. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had individual restrictive practice documents that were easy-to-read and contained photographs to explain what was in place and impacted them.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection.

Safeguarding plans were developed and reviewed as required. Residents had assessments completed which guided the development of financial support plans and personal or intimate care plans. Areas where residents may be vulnerable had been considered and the associated risks assessed to guide the development of personal support plans. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation

to their roles and responsibilities.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences. Surveys were sent to residents annually to gather their thoughts on what it was like to live in the centre.

Residents were very complimentary towards how staff respected their wishes and listened to what they had to say. They talked about choices they were making every day in relation to areas such as where and how they spent their time, what they ate and drank, and how involved they were in the day-to-day running of the centre.

Some residents had accessed independent advocates, and there was information available and on display in relation to independent advocacy services and the confidential recipient.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 Loyola/Eden OSV-0002123

Inspection ID: MON-0029627

Date of inspection: 15/12/2022

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A new work top/kitchen will be sourced and fitted by 30th June 2023. Any outstanding maintenance and painting work will be completed by 31st January 2023. The maintenance contractors have been contacted and will commence painting/repairs.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider and person in charge undertook to have that assessed by a specialist in fire safety training following the inspection. The contractors have been contacted and will complete works by 31st of January 2023 to be fully compliant in fire safety.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2023