Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Turlough Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	20 November 2019
Centre ID:	OSV-0005883
Fieldwork ID:	MON-0026962

About the designated centre

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

Turlough services provides residential respite care for up to three adults. Turlough services can cater for male and female adults with varying degrees of intellectual and physical disabilities aged from 18 years upwards. The centre comprises of three bedrooms, a staff room, a shared bathroom, kitchen/dining area, utility room, sitting-room and has gardens to the front and rear. Residents have their own bedroom for the duration of their stay. The house is a bungalow located in a rural area outside a village and benefits from its own mode of transport for access to, and from community outings. In general, up to two residents avail of respite at any one time; however there is capacity to support three residents if needs arise. Staffing is provided by a team of support workers, and the number of staff on duty is based on the needs of the residents who are availing of respite. Night time staffing arrangements include sleepover cover and waking night staff can be provided if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
20 November 2019	16:10hrs to 20:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector met with the two residents who were availing of respite services on the day of inspection. Residents communicated with the inspector on their own terms. Residents were observed to be relaxed in the sitting-room, with one resident watching television and another resident watching programmes of choice on a tablet. Residents appeared to be comfortable in their environment and with each other. The inspector found that staff supporting residents were knowledgeable about their individual needs and were found to be supporting residents in a respectful and person-centred manner.

Capacity and capability

This centre was a new designated centre which opened in May 2019, and the inspection was completed to monitor compliance with the regulations. In general, the inspector found that the management and governance arrangements in place in the centre ensured that care was delivered to a good standard and that residents received a person-centred service. However, some improvements were required with regard to staff training, submission of notifications, record-keeping, protection of residents and risk management which would ensure the quality of care and safety of residents was promoted at all times.

The person in charge worked full-time and was found to be knowledgeable about the needs of residents. The person in charge participated in management in a number of day and residential centres in the area and was person in charge for two other designated centres. She had oversight of the centre supported by a team-leader who managed the day-to day operations and also worked as part of the staffing support for residents in the centre. As the centre was only open six months, the provider had not yet conducted an unannounced visit or an annual review of the quality and safety of care and support of residents. However, regular audits in areas such as health and safety, incidents, complaints and fire safety were conducted by the local management team.

The inspector found that the staffing arrangements were adequate to meet the needs of residents. There was an actual and planned rota in place which showed good continuity of staff. Staff received regular training as part of their continuous professional development. This included training in fire safety, safeguarding, behaviour management and specific training required to support residents' healthcare needs. However, training to support a resident with an aspect of their communication style had yet to be completed. The need for this training had been highlighted by staff at a team meeting in May and more recently by the resident's family member. The person in charge stated that this training was

due to be completed in December. Supervision meetings with staff were carried out and staff who the inspector spoke with said they felt well supported and could contact management at any time if required. There was an out of hours on-call system in place which provided further support to staff.

The inspector found that improvements were required with regard to the maintenance of records. There were several gaps in documentation including: blank restrictive practices logs, incomplete documentation with regard to dates and names of persons completing the documents, incomplete risk assessments, lack of care plan for a resident requiring intimate care support and training records for one staff were not available for review at the time of inspection, but were subsequently sent to the inspector post inspection.

There was a statement of purpose in place which outlined the services and facilities to be provided to residents. Residents had a contract for the provision of services which was agreed with the resident and advocate. However, the inspector found that in one contract this agreement did not contain the details of the fees to be charged.

Regulation 15: Staffing

The inspector found that there were adequate numbers of staffing to meet the needs of residents on the day of inspection. There was a planned and actual rota in place which showed continuity of the staff who worked there.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training records showed that staff received mandatory and refresher training as part of their professional development. In addition, staff received specific training to meet the needs of residents who had individualised healthcare needs. However, training that had been identified as a need at a team meeting in May and by a family representative as being required to aid a resident with their communication preferences had not yet been completed.

Judgment: Substantially compliant

Regulation 21: Records

The inspector found that there were a number of gaps in documentation; including a

lack of intimate care plan for one resident, an out of date behaviour support plan, incomplete record of restrictive practices and improvements needed with regard to details on an epilepsy care plan. In addition, a number of documents, such as residents' meeting notes did not have dates on them which made it difficult to establish when the meetings took place.

Judgment: Not compliant

Regulation 23: Governance and management

Overall there were good governance and management systems in place with clear lines of accountability. The person in charge completed internal audits in areas such as incidents, complaints and health and safety. However, improvements were needed in the oversight arrangements and management of some areas; including staff training needs, risk assessments, records, restrictive practices and notifications.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had written contracts for the provision of services which were signed by the resident's representatives and the provider. However, one of the contracts for the provision of services reviewed did not detail the fees to be charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which outlined all the requirements as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge did not ensure that notifications with regard to some restrictive practices were submitted to the Chief Inspector as required by regulation.

Judgment: Not compliant

Quality and safety

The inspector found that in general residents received a person-centred and good quality service. However, some improvements were required to ensure that the quality and safety of care was promoted at all times.

The health, personal and social care needs of residents were assessed and plans were developed to support residents with identified care needs. Meetings were held with residents' representatives to identify goals for residents. These included goals relating to achieving optimal health, referrals to multidisciplinary supports and access to community facilities such as discos, library and cafes. These goals were reviewed and progress updates noted. The centre had access to their own mode of transport to support residents to access community outings of choice.

Communication passports were used to support residents' with communication needs. These detailed residents' preferred method of communication, their understanding of spoken language and their likes and dislikes. Residents' preferred methods of communication included use of signs, visuals and the use of specific applications on a tablet. Staff who inspectors spoke with were knowledgeable about residents' communication passports and this was observed in practice on the evening of the inspection.

The provider ensured residents' safety while staying in the centre through staff training in safeguarding. Staff who the inspector spoke with were knowledgeable about what to do in the event of a suspicion or allegation of abuse. The person in charge had received feedback from a resident's representative two days before the inspection about the service provided which detailed a concern about resident's rights. On review of this information the person in charge advised that she was going to follow up on this information to ascertain if it warranted a safeguarding referral. Some residents had care plans in place for intimate care practices; however the inspector found that one resident who required support with some aspects of personal care did not have an intimate care plan in place to guide staff.

Staff received training in behaviour management and staff who the inspector spoke with were knowledgeable about residents' support needs with regard to behaviours of concern. The inspector found in one instance that while the behaviour support plan in place was relevant to the behaviours of concern, the plan had not been updated since the resident moved to this service and some detail of the plan reflected the previous service. The person in charge advised that this would be reviewed by December. In addition, the inspector found that restrictive practices were reviewed and assessed to ensure they were the least restrictive; however the restrictive practice log in place to record the use of some restrictive practices was not completed so it was unclear how many times the restriction was used.

The premises had adequate space and facilities for the needs of residents and was found to be accessible for residents with mobility needs, with a ramp and handrail leading up to the front door. The house was found to be warm, clean and homely. Residents had use of their own bedroom for the duration of their stay, which was decorated in line with their needs and wishes.

The centre had systems in place for the detection, containment and prevention of fire. Staff were trained in fire safety and there was a system in place to ensure fire safety checks were completed by staff and the team leader. Residents had personal emergency evacuation plans in place which detailed specific strategies which may be required to support them to safely evacuate the building. Some fire drills had taken place since the centre opened; however the inspector found that there had been no fire drill taken place with a resident who had mobility needs to ensure that they could be safely evacuated in the event of a fire. In addition, a fire drill had not taken place with the minimum staffing levels and maximum residents.

The inspector found that improvements were need in the overall risk management systems in the centre. Specific risks relating to residents had assessments in place, which outlined control measures in place to reduce the risk of adverse events. However, the centre specific risk assessments were incomplete and inaccurate. For example the risk assessment relating to fire made reference to the use of oxygen, which the person in charge and team leader confirmed was inaccurate. The person in charge stated that these risk assessments were currently being worked to make them more specific and relevant to the centre.

Regulation 10: Communication

Residents had communication passports in place, which detailed their preferred method of communication and how staff should support them with their communication. One resident used technology as part of a communication aid and staff who the inspector spoke with was knowledgeable about it's use. Residents had access to televisions and internet.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises met the needs and numbers of residents on the day of inspection and the premises was accessible, clean and homely. Residents had their own bedrooms for the duration of the stay, which had adequate storage facilities for residents' personal items.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that improvements were needed in the overall management of risks and systems in place. The person in charge explained that they were currently working on the environmental risk register to make it more centre specific, and the inspector noted that the documents in place were incomplete and not accurate with regard to specific risks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the detection, containment and extinguishing of fire. Staff had received fire safety training and fire drills were carried out. However, the fire drills did not ensure that all residents could be safely evacuated from the centre. For example, a fire drill had not taken place with one resident who had mobility needs as yet, and there had been no fire drill completed with the maximum numbers of residents and minimum staff.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had suitable medication storage facilities, which were clean and located securely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments in place for health, personal and social care needs and meetings occurred with participation from residents' families. Goals were set with residents that included promotion of best health, social skill building and community participation.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that a restrictive practice that was in place had not been assessed and reviewed, and the use of some restrictive practices were not recorded in the restrictive practice log maintained in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had received training in safeguarding residents and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern. However, the inspector found one resident who required support with some aspects of personal care did not have an intimate care plan in place.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Turlough Services OSV-0005883

Inspection ID: MON-0026962

Date of inspection: 20/11/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: On inspection 1 staff member had not completed Adult Safeguarding training, this staff member completed the training on Nov 27th 19. All staff working in the centre are booked for LAMH training for 16th Dec 19.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: An intimate care plan for one resident was completed on Dec 9th 19. A referral has been sent to the Psychology Team to update and review a Behavior Support plan for one resident, this will be completed by Jan 31st 20. All restrictive practices are now listed in residents Personal Profiles, the Health and Safety Register and will be reported to HIQA in all future notifications. An epilepsy care plan for one resident has been reviewed and updated on Nov 25th 19. All documentation in residents profiles is being reviewed and updated, this will be completed BY Jan 31st 20. The Team Leader is being supported by the Quality Department to set up the Personal Plans and have a clear review system in place, this will be completed by January 20th 2020.	

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All staff training records have been reviewed by the Person in Charge and the Team Leader, areas for improvement in training have been identified and rectified with staff attending necessary and recommended training in specific areas such as Safeguarding and LAMH training. All risk assessments both personal and environmental are being reviewed by Team Leader and Person in Charge and will be amended by 31 Dec 19. The records and restrictive practices are under review and will be amended by 31st Dec. The Person in Charge will include one restrictive practice which had been omitted in a previous notification to HIQA, this will be included in the next NF39 on or before 31st Jan 20.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Service Agreement for one resident has been amended to include the amount on the daily contribution 21st Nov 19.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in Charge will now include one restrictive practice for one resident in NF39 to HIQA by 31ST Jan 20.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

management procedures: The environmental risk register is being reviewed by the Person in Charge and the Team Leader and will be completed by 31st Dec 19.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill to include one resident was completed on 21st Nov 19.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A referral has been sent to the Psychology Team to review and update a Positive Behaviour Support Plan for one resident, this will be completed by 31st Jan 20.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: An intimate care plan was completed on 9th Dec for one resident.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	16/12/2019
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	31/01/2020
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the	Not Compliant	Orange	31/01/2020

	chief inspector.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	21/11/2019
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	31/12/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and	Substantially Compliant	Yellow	21/11/2019

	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.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/01/2020
Regulation 08(6)	The person in charge shall have	Substantially Compliant	Yellow	09/12/2019

	safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.			