



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

Name of designated centre:	Azalea Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	27 June 2018
Centre ID:	OSV-0004463
Fieldwork ID:	MON-0021883

About the designated centre

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

Azalea Services is a residential service, which is run by the Brothers of Charity Services. The centre provides accommodation and support for five male and female adults over the age of 18 years, with an intellectual disability, including those with challenging behaviour and autistic needs. The centre comprises of two bungalows and both are located in close proximity to each other on the outskirts of Athlone town. Both bungalows comprise of single residents' bedrooms, en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service.

The following information outlines some additional data on this centre.

Current registration end date:	13/01/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
27 June 2018	08:50hrs to 16:00hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with three residents who live in this centre. However, none of these residents could communicate with the inspector.

Residents were preparing to go on planned outings on the morning of this inspection and staff told the inspector of the supports they were required to give to these residents in preparation of these outings. Staff demonstrated good knowledge of residents' communication needs and were able to communicate effectively with them, using pictures and objects of references.

Residents' families completed questionnaires on residents' behalf in advance of this inspection, where they expressed satisfaction with the service received by their relative.

Capacity and capability

Since the last inspection of this centre, the Chief Inspector issued the registered provider with a notice of proposal to cancel the registration of this centre due to on-going non-compliance with fire safety. In response to this, the registered provider put in place a time bound plan to bring the centre back into compliance with regulation 28. Upon this inspection, the inspector identified that the registered provider had completed these works. However, the provider was still awaiting receipt of certification to ensure the centre had adequate fire containment measures in place, to include the attic area.

The provider had arrangements in place to ensure the service received by residents was regularly monitored and reviewed. The annual review of the service and unannounced six monthly provider-led visits were occurring in line with the regulations and plans were put in place to address areas of improvement. Clear lines of authority and accountability were in place, which had a positive impact on the leadership and management arrangements of the centre. The person in charge held a full-time role and had the opportunity to visit the centre regularly each week. The person in charge was supervised by her line manager and the provider had systems available that supported the person in charge to escalate issues relating to the service to senior management, as required. Adequate staffing arrangements ensured sufficient staff were available to support residents with specific health care, mobility, social care and behaviour support needs. This also had a positive impact on ensuring that residents received continuity of care from the staff working in the centre. Regular team meetings ensured that all staff were kept up-to-date on changes happening within the organisation and staff had opportunities to

raise concerns with the person in charge, as required. Staff who spoke with the inspector were very familiar with each resident's needs and of their role in supporting these residents, especially in relation to the management of specific communication and health care needs.

There was a statement of purpose in place which described the service that was received by residents. However, it required further review to ensure it clearly described all information as required by Schedule 1 of the regulations.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge to the centre and she had the skills, experience and qualifications to effectively manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff received regular supervision and had access to appropriate training, including refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured that the directory of residents contained all information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was effectively managed and that the quality of care delivered to residents was regularly reviewed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a system in place to ensure that the statement of purpose was regularly reviewed. However, some clarity was required to some information, including:

- the care and support needs that the designated centre intended to meet
- the organisational structure
- the number, age and gender of residents for who it is intended that accommodation should be provided
- a description of the rooms in the designated centre, including their size and primary function
- the arrangements in place for dealing with reviews and development of a resident's personal plan
- the arrangements made for consultation with, and participation of, residents in the operation of the designated centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had given the chief inspector notice in writing within three working days of adverse events occurring in the centre in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Although the provider had Schedule 5 policies in place, the medication management policy failed to guide staff on the appropriate use and management of covert medication within the centre.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents received the care and support that they required and were facilitated to spend their time as they wished. Adequate transport and staffing resources had a positive impact on ensuring residents enjoyed a good quality of life.

Since the last inspection, the provider had made improvements to the fire containment and detection systems in place. Clear procedures were in place to guide staff on how to effectively respond to fire within the centre and regular fire drills demonstrated that staff could effectively evacuate residents from the centre. The provider had further fire precautions in place including fire fighting equipment, clear fire exits and regular checks of fire systems. Emergency lighting was available inside the centre and the provider had lighting available to safely bring staff and residents from rear fire exits to fire assembly points. Staff had received up-to-date training in fire safety and staff were aware of their role and responsibility in the event of a fire in the centre. At the time of this inspection, the provider was still awaiting receipt of certification to ensure the centre had adequate fire containment measures in place, to include the attic area.

The centre comprised of two houses which were located within close proximity to each other. Each resident had access to their own bedroom, some en-suite facilities, kitchen and dining areas, utility spaces, sitting rooms, shared bathrooms and each house had ramped access available to rear and front garden areas. Both houses were found to be in a good state of repair and provided residents with a homely and comfortable environment to live in.

Arrangements were in place to ensure safeguarding concerns were identified and managed in a timely manner. In response to a recent safeguarding incident, the provider had put effective safeguarding measures in place which ensured residents were maintained safe from similar incidents re-occurring. Where residents presented with behaviour that challenges, arrangements were in place to support these residents. Where restrictive practices were in place, clear guidance was available to guide staff on the appropriate application of these practices. However, improvements were required to the risk assessment of these practices and

to the records maintained for their use.

The provider had a system in place to ensure organisational risks were regularly reviewed and that residents were kept safe from identified risks. Risk registers were maintained and reviewed regularly by the person in charge and a system was in place for the escalation of risk to senior management, as required. Incident reporting was promoted by the person in charge which had a positive impact on informing the risk management activities required within the centre.

Safe medication management practices were in place and staff received training and support in the safe administration of medicines to residents. Where residents presented with specific health care and communication needs, arrangements were in place to ensure these residents received adequate support from staff. Clear guidelines were available to staff on the specific care and support residents required and staff who spoke with the inspector were very confident in their role to support these residents.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported at all times in accordance with their wishes. Where required, residents were supported to access assistive technology and aids to promote their full capabilities.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with the extent of their disability and assessed needs. Residents had access to facilities for recreation and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to ensure risks were identified, assessed, managed and regularly reviewed.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken precautions against the risk of fire in the centre and had systems in place to ensure residents could be safely evacuated from the centre. However, certification was required to ensure one premises within this centre had suitable fire containment measures in place, to include the attic area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had safe medication management systems in place and each resident had a self-administration capacity assessment completed.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with specific healthcare needs, they had access to appropriate health care in line with their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date knowledge and

skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Where restrictive practices were in place, staff had access to clear guidelines on how to appropriately apply these restrictions. However, the provider failed to ensure that risk assessments for these restrictive practices were completed and that clear records of their use in line with schedule 3 of the regulations was maintained.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had systems in place to identify, respond to and manage any allegation of abuse in the centre. All staff had received up-to-date safeguarding training.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Azalea Services OSV-0004463

Inspection ID: MON-0021883

Date of inspection: 27/06/2018

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed and updated to ensure that it clearly describes all the information as required by Schedule 1 of the regulations. Clarity has been provided to the following information as required:</p> <ul style="list-style-type: none"> - the care and support needs that the designated centre intended to meet - the organisational structure - the number, age and gender of residents for who it is intended that accommodation should be provided - a description of the rooms in the designated centre, including their size and primary function - the arrangements in place for dealing with reviews and development of a resident's personal plan - the arrangements made for consultation with, and participation of, residents in the operation of the designated centre. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Best Possible Health subgroup within the organization is meeting in August 2018 to</p>	

<p>review the medication management policy in relation to providing clarity for staff in the appropriate use and management covert medication.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>External fire safety consultants have been engaged and a report has been received from the competent person to state that the premises in question has suitable fire containment measures in place, including in the attic area.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>All risk assessments have been completed for restrictive practices that are in place . A log of all restrictive practices is now maintained to ensure clear records of their use in line with Schedule 3 of the regulations.</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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	13 th of July 2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24 th July 2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	28 th September 2018

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	1 st July 2018
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